This document is the result of collaboration between New Mexico’s Family Infant Toddler Program and the New Mexico Early Childhood Outcomes Stakeholder Group. Much of the information and forms have been adapted from the National Early Childhood Outcomes Center, which is funded by the Office of Special Education Programs to enhance state’s ability to measure Early Childhood Outcomes.

The Interagency Coordinating Council (ICC) and the Family Infant Toddler (FIT) Program appreciates the families with Parents Reaching Out who met as a focus group to review materials and share their experiences with the Early Childhood Outcomes process. Their guidance, support and insight not only resulted in an improved process, but more importantly lead to an improved method of involving the families of children receiving services from FIT agencies across the state of New Mexico in that process.
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Family Service Coordinators (FSC) will want to pay particular attention to text in this color font!
The purpose of this document is to provide the rationale for collecting and reporting early childhood outcomes, including:

- The foundations necessary for making decisions concerning early childhood outcomes. The first section is designed to provide an overview of the information early intervention providers will need to understand in order to participate in the early child outcomes process.

- Early childhood outcomes measurement procedures, including,

- Instructions for completing the New Mexico Early Childhood Outcomes Summary Form, and

- Instructions for reporting the early childhood outcomes results.

The Foundation

The Need

The New Mexico Department of Health is the “lead agency” for early intervention services as defined under Part C of the Individuals with Disabilities Education Act (IDEA). The early intervention system, which in New Mexico is known as the Family Infant Toddler (FIT) Program, is required to report on a number of Federal performance indicators.

While Part C services have been recognized for yielding long-term benefits to participating children and their families, there is little quantifiable research that shows the benefits of early intervention.

In an era of greater government accountability, policymakers and funding sources, both in New Mexico and nationally, are looking for results-based information to determine whether to invest more funding in Early Intervention (EI) programs.

The U.S. Office of Management and Budget (2004) reported the following in regard to the effectiveness of the Part C program.

… this program cannot demonstrate the level of impact it has on infants and toddlers. This is the primary reason it scores a zero for “Results.” While annual data shows that this program has met its process goals, such as the number of children served, there are no data on the key measure of program performance--the educational and developmental outcomes of infants and toddlers served through this program. (Performance and Management Assessments: IDEA Grants for Infants and Families).

The Federal Requirements

Part C Early Intervention Services in New Mexico are funded through a combination of State and Federal dollars. The Federal Part C funds come through the U.S. Department of Education’s Office of Special Education Programs (OSEP).

In the reauthorization of the Individuals with Disabilities Education Act (IDEA) in 2004, Congress requires reporting on the results or outcomes of special education and early intervention (Part C) services. As required by the new 2004 IDEA law, OSEP has directed states to develop six year State Performance Plans (SPP), and for states to submit Annual Performance Reports (APR) across 14 performance indicators. Early childhood outcomes is one of those indicators.

OSEP funded the Early Childhood Outcomes (ECO) Center to provide technical assistance to state Part C agencies regarding the measurement of child and family outcomes.
The Challenge

The development of child and family outcome measures is challenging. The population being served under Part C is quite varied in levels of developmental delays and disabilities, and services are always individualized for each child and family. New Mexico also serves children who are at risk for developmental delays based on either biological/medical conditions or environmental factors. Measuring child outcomes for this population where the model of service is primarily preventative is also challenging.

Children enter EI services at any point between birth and their third birthday, and children stay enrolled for different periods of time depending on their unique situation. All of this challenge aggregation of outcomes across children and families.

Additionally, the population of New Mexico is extremely diverse culturally and linguistically with a served population consisting of 52% Hispanic/Latino, 30% White 15% American Indian (Navajo, Mescalero Apache, Jicarilla Apache and 20 Pueblo tribes - each with unique language and culture), 2% African American, and 1% Asian/Pacific Islander. Finally, New Mexico is the fifth largest state in the US and the majority of families live in rural and frontier communities, making assessment and data collection more challenging.

New Mexico’s Response

In response to OSEP’s challenge New Mexico created a statewide stakeholder group with representation from FIT Program staff, FIT providers, and parents of children served. The stakeholder group also included stakeholders from preschool special education (IDEA Part B – 619) as they too have to measure early childhood outcomes. The New Mexico Early Childhood Outcomes (NM ECO) Stakeholders, formulated the guiding principles (next page) for measuring outcomes that included aligning with existing systems, enhancing the experiences of families receiving services, and yielding valuable and reliable data.

While the early childhood outcomes system will continue to evolve, the groundwork was laid by this dedicated group of individuals who have given time and expertise to this task.
Guiding Principles for New Mexico’s Early Childhood Outcomes System

Our intent in designing an outcome measurement system is to align with existing systems and activities throughout the state, enhance the experiences of families receiving services, and do no harm.

Our purpose is to provide feedback that is useful to the practitioners in guiding services/instruction, to guide program improvement, and to yield valuable and reliable data. We will ensure opportunities for parent representation and participation at every level of system development and implementation.

Have Ease of Implementation

- Be cost effective
- Be imbedded in existing routine processes, i.e. IFSP development, not be an add-on task.
- Be kept simple, not cumbersome for program staff.
- Have consistent methodology
- Have T & TA provided
- Yield Effective Results

Be accountable to every child (not just those in the program for the minimum requirement of 6 months)

- Be holistic and individualized
- Be meaningful and beneficial for everyone involved.
- Be authentic (Truly representative of the child in a natural environment)
- Utilize multiple data sources/methods, including family input
- Utilize a team approach
- Be implemented only by individuals trained in the specific measurements being used
- Validate the good job we do

Build Relationships with Families

- Be based on relationships
- Build family capacity to stay involved and advocate for their child
- Respect and listen to families
- Be positive and strength based
- Be culturally and linguistically sensitive, authentic and functional
- Ensure that assessment process is conducive to parent participation.

The Benefits

Using good data regarding early intervention services can help individual FIT Providers and the State FIT Program to make improvements in services. Early childhood outcomes can provide valuable information as one component of data-based planning, tracking and analyzing of early intervention services.

New Mexico will see the following benefits from these efforts:

- **Accountability** - for federal and state resources and requirements.
- **Improved program quality** - A statewide, unified approach to measuring child outcomes offers the potential of consistent data that can be used for research, and to plan improvements in services. High quality information offers the promise of better understanding of what works and what doesn’t.
- **Efficient use of scarce resources** - the most effective approaches are identified and disseminated.
Items to Consider When Measuring Functional Outcomes

- What does the child typically do? It is not assessing the child’s capacity to function under ideal circumstances.
- What is the child’s actual performance across settings and situations?
- How the child uses his/her skills to accomplish tasks?

Functional outcomes are not (1) a single behavior, (2) the sum of a series of discrete behaviors, (3) based on developmental domains (like on many assessments), and (4) not trying to separate child development into discrete areas (communication, gross motor, cognitive, etc).

OSEP adopted a set of three child outcome indicators that were based on the ECO Center’s recommendations.

The Outcomes Unveiled

Percentage of infants and toddlers with IFSPs who demonstrate improved:

1. Positive social-emotional skills (including positive social relationships)
2. Acquisition and use of knowledge and skills (including early language/communication)
3. Use of appropriate behaviors to meet their needs

For New Mexico’s Federal Annual Performance Report, OSEP requires that the following items must be reported for each of the three outcome indicators:

**Group A:** % of infants and toddlers who did not improve functioning.
These children either acquired no new skills or behaviors, or their level of functioning has regressed between entry and a subsequent measurement.

**Group B:** % of infants and toddlers who improved functioning, but not sufficient to move nearer to functioning comparable to same-aged peers. These children acquired new skills and behaviors but there has been no positive change in their developmental trajectories. At subsequent measurement, they were acquiring new skills at the same or lower rates than they had when they began services.
Group C: % of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it. These children acquired skills and new behaviors at a faster rate after beginning services than they had before. There was a positive change in their developmental trajectories but they had not attained functioning comparable to same-aged peers by the time of a subsequent measurement.

As you see, the emphasis on measuring outcomes is to determine whether a child has improved as a result of early intervention services. This requires measurement at a minimum of two points in time to ascertain progress in development, and comparing those measurement points to typically developing children.

Group D: % of infants and toddlers who improved functioning to reach a level comparable to same-aged peers. These children did not show functioning comparable to same-aged peers at entry but did at a subsequent measurement.

Group E: % of infants and toddlers who maintained functioning at a level comparable to same-aged peers. These children showed functioning comparable to same-aged peers at both entry and subsequent measurement.

A very simple illustration shown in the graph below may be useful here. The child with a delay discovered at about 12 months of age would certainly grow and develop (as indicated by the dashed bar). Without EI, however, that child will likely always have a significant gap between his functioning and that of a typically developing child. With EI, improvement can be made in successfully closing the gap or at least making progress toward closing the gap.

Measuring progress from points in time can also yield valuable information for providers who are interested in improving services. If children are not “closing the gap” it will be important for providers to discern the reasons and correct it through staff training or changes in practice.

Additional information related to OSEP reporting for ECO can be found in Appendix G.
Understanding the Three Early Childhood Outcomes

First, the linkage of three outcomes to the overarching goal constitutes the overall vision for what we hope children achieve as a result of participating in early intervention. Next, consider the following critical assumptions and issues concerning outcomes and measurement of achieving outcomes.

- Achievement of the outcomes is age-based, i.e., children of different ages will demonstrate achievement in different ways.
- There are many pathways to competence for children with atypical development (e.g., using sign language, wheelchair). This seems obvious but may get lost in assessment scores that do not account for alternative ways of demonstrating a particular item. So when thinking about achievement of outcomes include any assistive technology, supports or alternative means (e.g., sign language instead of speaking) the child typically uses.
- Outcomes reflect the child’s everyday functioning across a variety of settings and not what the child is capable of under ideal or highly unusual circumstances.
- Determining the achievement of outcomes would not be complete with only looking at a child’s performance in terms of assessment results. Thus, the measurement of the achievement of outcomes must include other critical information such as observations of caregivers across settings, and progress on child-focused outcomes and objectives on the child’s IFSP. (This will be discussed in more detail in the next section.)
- IDEA Part C requires assessment and a summary in the IFSP concerning the child’s developmental status in five “domains” (cognitive, physical, communication, social/emotional, adaptive) but these domains do not directly provide the information needed for the three early childhood outcomes. Further, a single outcome may include specific behaviors/assessment items that come from more than one domain.
- There is overlap of specific behaviors across the three outcomes and that’s ok because behavior is integrated.

The descriptions on the next page include examples from the national ECO Center and the NM ECO Stakeholders. These are just examples of things to consider for each of the child outcomes. These items are not meant to show all the ways outcomes could be demonstrated across the birth to three age span or across the range of abilities and disabilities of children served in early intervention.
Outcome 1: Positive social-emotional skills (including positive social relationships)

Involves:
Relating with adults
Relating with other children
For older children – following rules related to groups or interacting with others.

FOR EXAMPLE, children:
- Demonstrate attachment with the significant caregivers in their lives.
- Initiate and maintain social interactions.
- Behave in a way that allows them to participate in a variety of settings and situations, for example, on the playground, at dinner, at the grocery store, in childcare, etc.
- Demonstrate trust in others.
- Build and maintain relationships with children and adults.
- Regulate their emotions.
- Understand and follow rules.
- Solve social problems.
- Use a system of communication to interact in social situations.

Outcome 2: Acquisition and use of knowledge and skills (including early language/communication)

Involves:
Thinking
Reasoning
Remembering
Problem Solving
Using symbols and language
Understanding physical and social worlds.

FOR EXAMPLE, children:
- Display curiosity and an eagerness for learning.
- Explore their environment.
- Explore and play with people and objects including toys, books and other materials.
- Engage in daily learning opportunities through manipulating toys and other objects in an appropriate manner.
- Use vocabulary either through spoken means, sign language, or through augmentative communication devices to communicate in an increasingly complex form.
- Learn new skills and use these skills in play, for example, by completing a puzzle or building a fort.
- Acquire and use the precursor skills that will allow them to begin to learn reading and mathematics in kindergarten.
- Show imagination and creativity in play.

Outcome 3: Use of appropriate behaviors to meet their needs

Involves:
Taking Care of Basic Needs
Getting from Place to Place
Using objects as “tools” (e.g., forks, sticks, crayons, switches)
In older children, contributing to their own health and safety

FOR EXAMPLE, children:
- Use gestures, sounds, words, signs or other means to communicate wants, needs, thoughts and preferences.
- Meet their self-care needs (feeding, dressing, toileting, etc.). Their ability to meet self-care needs allows them to participate in everyday routines and activities.
- Use their ability to modulate themselves.
- Use objects (for example, forks, sticks, pencils, crayons, clay, scissors, switches, other devices, etc.) as tools in appropriate ways.
- Move from place to place or seek help to do so in order to participate in everyday activities, play, and routines.
- Seek help when necessary to assist with basic care or other needs.
- Demonstrate understanding of rules related to health and safety.
- Adapt to new settings and situations (transitions, such as moving from home to school, from playtime to naptime, etc.).
A Basic Overview

A good place to begin might be by looking at the entire picture. The flow chart below offers an overview of the entire process. The following pages contain details of each step.

1. Child enters FIT Program.

2. Family Service Coordinator (FSC) arranges for Comprehensive Multidisciplinary Evaluation, utilizing the Infant-Toddler Developmental Assessment (IDA) which has been cross-walked to the ECO outcomes.

Child not eligible for EI services: nothing more is needed for ECO.

3. IFSP is scheduled. Family Service Coordinator begins gathering data necessary for ECO Baseline:
   - Assessment Results
   - Clinical Opinion
   - Parental Input
   The same information as for the IFSP

4. At initial IFSP meeting or soon after the IFSP the team will:
   - review all data
   - using decision tree, come to consensus on rating child compared to typically developing children and
   - complete ECO Summary Form
   - complete the brochure and meet with the family to share the information
   - enter the rating into FITKIDS within 60 days

5. At the child’s exit, the team meets to review all data, come to consensus on rating child compared to typically developing children and completes both pages 1 and 2 of the Child Outcomes Summary Form, complete the brochure and meet with the family to share the information.
The Children Included in Outcome Measurement

All children determined eligible for the FIT Program will be included in the outcome measurement.

Frequency of Outcomes Measurement

The early childhood outcome measurement will occur at entry and the ratings entered into FITKIDS within 60 days of the child’s initial IFSP, and when a child exits or transitions out of the FIT Program.

Every child will be included in the outcomes measurement process twice while they are receiving Part C early intervention services through the FIT Program. The first measure is the child’s baseline measurement. The exit measurements are compared to the baseline measurement to determine the child’s level of progress while in Part C services.

The outcomes measurement at exit frequently will occur when the child “transitions” from the FIT Program due to their third birthday. In these cases specific transition activities are planned in the child’s IFSP and certain transition requirements must be met. Other children may have a planned exit from the program before they turn three, such as when they are no longer eligible for FIT supports and services or the family informs the team that they intend to move out of state.

Some children may however exit the FIT program for a variety of other reasons that may not be predicted including: family suddenly moving out of state without giving EI program notice; family not able to be contacted; family withdraws from the FIT program; or a child dies. Obviously, an outcome measurement at exit in these circumstances will be challenging. In these cases, however the the IFSP team must reconvene to determine the exit outcomes measurement. Information provided by the parents during EI visits, ongoing assessment, etc. is to be considered. This must be conducted within 30 days of the child being inactivated in FIT-KIDS.

Sources of Information Used for Determining Early Childhood Outcomes

Multiple sources of information will be used to determine the status for each of the childhood outcomes for each child. Most of this information needed is collected as part of the planning for the development of the child’s IFSP or as part of a child’s transition.

The use of **multiple sources of information** as part of the initial evaluation and ongoing assessment is currently required in Part C services in New Mexico. Thus, collecting child assessment information is currently part of the process in developing an effective IFSP development with the family and is not an added step.

**At a minimum, the following sources of information are required in determining a child’s status relating to the three early childhood outcomes.**

1. **Results of assessment instrument(s)**

---

### Points in Time for Child Outcome Measurement

- At entry
- At exit
Important Note for Infant Assessment:

For infants under the age of 6 months, it may not be helpful to use one of the assessment tools required for all other children. Providers may be exempt from using one of the otherwise required tools for determining ECO ratings, as long as they utilize a tool of their choice along with clinical observation/opinion to assess infants under the age of 6 months. The FIT Program’s Service Definitions and Standards provide a list of tools approved to determine eligibility for children under the age of 4 months. Providers may choose to use one of these tools to gather data for determining ECO ratings as well, thus using one assessment tool for multiple purposes.
provides teams a resource for gathering and reviewing information from the family which is essential for determining ratings. The MEISER also provides information about functional behaviors mapped to the three child outcomes and may be used to support age-anchoring.

The key question is, "How much information will the assessment provide about the attainment of the three outcomes?"

**Instruments that are not on the list may be considered upon request to the FIT Program.** These requests must be accompanied by the following information:

- Justification for use of the requested tool and how it will adequately address the three outcome indicators,
- Explanation of why the requested tool is more beneficial to your agency than the tools listed above.

**Prerequisite skills for appropriately completing early childhood assessment measures include a good understanding of typical early childhood development.**

Further, providers need to have a good understanding of atypical development. Providers should also thoroughly know and be able to complete one of the authorized assessment tools.

**Age Adjustment for Premature Infants:**

A keen difference between evaluation for eligibility and evaluation for Child Outcome ratings is that for Child Outcome ratings, we do not adjust for prematurity. For premature infants, use their chronological age to compare to the skills of same-age peers.

See Appendix C for more information.

**Parent/Caregiver Information and Input**

The summary information for childhood outcomes is expected to take into account the child’s functioning across a full range of situations and settings.

Gathering information about children from parents concerning early childhood outcomes is an important and required component of this system. Parents and other caregivers are the key source of information for developing an IFSP that reflects their priorities and concerns. Likewise, parents and family caregivers have unique insights about their child’s abilities across settings and daily routines.

Gathering information from parents should be infused into the information gathering process that is completed during the steps taken to gather information for the routines based interview, for the child’s evaluation, developing the IFSP and collecting child outcome data. The FSC and evaluation team may find the discussion prompts (See Appendix D) helpful.

It is important that parents know that child information is being collected as part of required program accountability. Information from parents and caregivers is necessary for inclusion in the ECO ratings but parents are not required to be present at the time of the ECO rating.

To help the family understand the early childhood outcomes process and why information is gathered for the early childhood outcomes, a parent brochure entitled, *An Introduction to Early Childhood Outcomes* (See Appendix H) is reviewed and discussed with the family as they are introduced to the early intervention program and process. Once the Childhood Outcomes ratings are determined the FSC will complete page 4 of the brochure and meet with the family. The FSC may consider using “New Mexico Early Childhood Outcome
Descriptors” (See Appendix E) to support the family’s understanding and to respond to any questions or concerns the family may have.

In addition to parental input, it may be helpful to solicit information from childcare providers and other early learning settings (e.g. Early Head Start) and other family members, as appropriate. The discussion prompts mentioned previously can be very helpful. (See Appendix D)

**Clinical Opinion**

Clinical opinion requires a discussion among service providers, professionals, child care providers, etc., who have valuable information about a child’s developmental status regarding the three child outcomes, as well as input for IFSP planning and evaluation. Again, gathering information for the early childhood outcomes is part of routine information gathering to develop, implement, and evaluate a child’s IFSP. Useful information may come from reports or assessments completed by professionals (e.g., speech/language specialist), observations of the child, and review of medical and other records, etc.

During the team meeting where ECO ratings are being decided, the Family Service Coordinator should specifically inquire about the child’s development with service providers who are familiar with the child. Direct questions concerning the child outcomes assist the team in making decisions on ratings. For instance, in a discussion with an Occupational Therapist who sees the child every other month, the Service Coordinator may ask a direct question, “Do you think Billy’s use of appropriate actions or behaviors to meet his routine needs is comparable to other children his age?” If the answer is no, then ask, “Do you think Billy has improved his functioning in this area since you have been working with him?” If the answer is yes, then ask, “Do you think he is getting closer in his performance in this area to children his age than where he was at when you first saw him?”

Other areas to consider related to clinical opinion include progress made on IFSP outcomes/objectives, and issues identified in the IFSP planning, implementation and/or evaluation processes. It may also be appropriate to include physician’s input.
Bringing the Information Together: Utilizing The New Mexico Early Childhood Outcome Summary Form And Process

New Mexico utilizes the Child Outcomes Summary Form (see Appendix B) to document the early child outcomes and the methods used for making child outcome decisions. (This form and its use are based on the work of the National Early Childhood Outcomes Center.)

Using a Team Approach

The Family Service Coordinator, working with the child and family, will be responsible for gathering all the information outlined above (e.g., assessment and evaluation results, observations of the child performance across settings and situations by individuals, including parents and other caregivers, who regularly interact with the child). Additionally, the Family Service Coordinator will ensure participation of other appropriate service providers or evaluators to develop ECO ratings.

The ECO Summary Form is being used because it allows providers to use various child assessments in reporting child outcomes and aggregates multiple sources of information about the child to make child outcome decisions.

In addition to the Family Service Coordinator, the team will include at least one other discipline with a thorough understanding of early childhood development and early childhood assessments. The team will review the information collected by the Family Service Coordinator about the child, decide if further information is needed, and once all the necessary information is collected, they will come to consensus on rating each child outcome, and complete the Early Childhood Outcomes Summary Form.

Overview

The New Mexico Early Childhood Outcomes Summary Form can be found in Appendix B. It will be useful for you to print this form for referral while reading the rest of this manual.

The New Mexico Early Childhood Outcomes Summary Form is a one page two sided form. This form can be found in Appendix B, and it will be useful for you to print this form for referral while reading this text. On page 1 there is space to record the ratings of all three of the child outcome based on seven categories. For exit measures, progress is also recorded. On page 2 of the COSF, there is space for listing supporting evidence. Page 2 must be completed for children exiting the program and is used if information to determine the rating is not contained in the child’s IFSP. If the information used to determine the initial rating is not sufficient in the Present Abilities, Strengths and Needs page of the IFSP, then page 2 must be completed. In order to be sufficient information it would be required that:

- All developmental levels are documented using age ranges obtained from evaluation and assessment results
- Functional descriptions of strengths and needs are provided
- Functional descriptions include what will support child in making progress in each developmental area
- All information is written using family
Key features of the Early Childhood Outcome Summary Form and practices include:

- It uses information from assessments and observations to get a global sense of how the child is doing.
- It is not an assessment.
- It is based on a rating scale that considers a child’s functioning compared to other children of the same age, their distance from typical.
- It is based on a child’s functioning, what a child generally does across settings and situations, and not what a child can do under ideal circumstances.
- It documents children’s movement toward typical development, which is one type of evidence that early intervention is effective.
- It documents the extent of children’s progress which is further evidence of effectiveness of early intervention.
- It provides a rating of the overall sense of a child’s current functioning for the three outcomes.
- It does not rate or summarize:
  - Information on the services provided to the child,
  - The family’s satisfaction with services,
  - An explanation of why the child is functioning at a specific level, or
  - Information for planning for the individual child. Information at a rich, detailed level will be more helpful for early intervention planning purposes.
- It can be used in a team process to enrich decisions made about a child.
- It provides a common framework for deciding on child outcomes, which promotes uniformity in implementation of the overall child outcome system in an agency and across the state.
Ratings require:

- Looking at functional behaviors, and
- Collecting and synthesizing input from many sources familiar with the child in many different settings and situations.

Ratings account for:

- The many different ways that children function effectively,
- Forms of effective functioning that are less common,
- Patterns of behavior that may interfere with future development, and,
- The use of assistive technologies and accommodations

Detailed Instructions for Completion of the NM ECO Form

For each child outcome, the team will:

- review the child outcome information collected by the FSC about the child from the RBI, evaluation, observations, IFSP process, and what was learned from the family,
- decide if further information is needed for any child outcome,
- discuss and come to consensus about a rating on the scale for each child outcome.

The FSC will complete the Child Outcomes Summary Form.
Page 2 is required to be completed for all children exiting or transitioning out of the FIT Program. Page 2 is also required for the initial rating if the IFSP Strengths and Needs page does not contain sufficient information and documentation to support the rating.
Sufficient information would require:

- All developmental levels are documented using age ranges obtained from evaluation and assessment results
- Functional descriptions of strengths and needs are provided
- Functional descriptions include what will support child in making progress in each developmental area
- All information is written using family friendly language
- Relevant to daily life

At exit or when the team does not feel the information contained in the child’s IFSP and record is sufficient to determine a rating the page 2 of the Child Outcomes Summary Form is completed for all three outcomes.

### CHILD OUTCOMES SUMMARY FORM

Additional Supporting Evidence for Outcome Ratings

<table>
<thead>
<tr>
<th>1. POSITIVE SOCIAL-EMOTIONAL SKILLS (INCLUDING SOCIAL RELATIONSHIPS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sources of information</td>
</tr>
</tbody>
</table>

Enter the source(s) of the evidence being used to describe the child's skills or behaviors (e.g., IDA, HELP, Head Start Teacher, NMSBVI DS, etc.).

<table>
<thead>
<tr>
<th>2. ACQUIRING AND USING KNOWLEDGE AND SKILLS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sources of information</td>
</tr>
</tbody>
</table>

Enter the date the evidence was collected (e.g., date of the assessment, last observation date, date of conversation with professional about child outcomes, etc.).

<table>
<thead>
<tr>
<th>3. TAKING APPROPRIATE ACTION TO MEET NEEDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sources of information</td>
</tr>
</tbody>
</table>

Adapted from the Early Childhood Outcomes Center and from materials developed by Naomi Younggren, DoD for EDIS

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The family has the right and must be given the opportunity to review and receive copies of all information contained in their child’s file.
The Family Service Coordinator (FSC) will gather all the information related to the three early child outcomes and will have access to the child’s record if additional information is needed.

As seen in the previous illustration, the team will consider the following:

- Does the information collected about child outcomes include:
  - Assessment information about the child’s development?
  - Assessment information reported in ways that reflect the child’s development according to what children of that particular age are expected to do?
  - Information about the child’s functioning in different settings?
  - Information about the child’s functioning in different situations and across normal routines?
  - If appropriate for the child, information about any assistive technology and/or accommodations available across settings that assist the child’s functioning?
  - Parent information related to outcomes about their child’s abilities and progress?
  - Professionals and other service provider’s information and input related to the outcomes about the child’s abilities and progress?
  - Progress made on IFSP outcomes/objectives?
  - Developmental status notes identified in the IFSP planning, implementation and/or evaluation processes?
  - Information about the child’s functioning related to the child outcomes from any other observations, notes, etc.?

Until each of these questions can be answered positive, the ratings cannot be determined effectively.

**Important:**

While the definitions for each rating assist the team in assigning each rating, in order to ensure accurate and reliable data, the decision tree found in the Appendix D must be used for:

- every child,
- every child outcome summary form, and
- every individual outcome.
Reporting Child Outcome Progress

The FIT Program takes data on the entry and exit ECO scores for all children that have exited and uses a formula to generate the data reports for OSEP. These reports are in aggregate only.

Storage of the NM ECO Summary Form

The NM ECO Summary Form(s) for each child should be stored in each child’s file. Since the team may ask questions this information needs to be readily accessible.

If you need help...

In this manual, we have attempted to include all information that will guide you through the ECO process. However, if you still have questions, please consult the appendix. And if you still have questions, contact your FIT Regional Manager or your ECLN Consultant. You can also find additional information and trainings on the NM FIT Training and Resource Portal. An electronic fillable version of the Child Outcome Summary and other materials are available on the FIT Portal.
Early Childhood Outcomes

A Review of the Process for Measuring Early Childhood Outcomes

1. Child enters FIT program

Details: Child enters the program at least 6 month prior to transition.

2. Family Service Coordinator (FSC) arranges for Comprehensive Multidisciplinary Evaluation, utilizing the Infant-Toddler Developmental Assessment (IDA) which has been crosswalked to the ECO outcomes.

Details: While other instruments may be used for the CME, one of the approved tools must be included during assessment for use in “rating” the child's development in relation to typically developing children.

3. IFSP is scheduled. FSC begins gathering data necessary for ECO Baseline:

- Assessment Results
- Clinical Opinion
- Parental Input

The Same information as for the IFSP

Details: In preparation for the IFSP, the FSC begins to gather data from individuals involved in the child’s life. Those individuals are to be invited to participate in the IFSP/Outcomes Meeting either by discussion with the FSC prior to the meeting, in writing prior to the meeting, or, preferably by attending the meeting. Assessment results should be crosswalked with the outcomes.

4. At initial IFSP meeting, or within 60 days of the IFSP the team will:

- Review all data
- Using decision tree, come to consensus on rating child compared to typically developing children and complete ECO Summary Form
- Complete the brochure and meet with the family to share the information

Details: Using the information gathered by the FSC, the IFSP team will review the NM ECO Summary Form and agree on a rating for the child to describe child’s development in the three outcome areas as it compares to typical development.

5. At the child’s exit from the program the team will:

- Review all data
- Using decision tree, come to consensus on rating child compared to typically developing children and complete both pages 1 and 2 of the COSF.
- Complete the brochure and meet with the family to share the information
Appendix A: Definition of Terms

Different sources use words like “outcomes” and “indicators” differently. Accordingly, for purposes of communication, the ECO Center has adopted the following definitions:

**Outcome** A statement of a measurable condition(s) desired for the population of children with disabilities or their families (e.g., children show physical and motor competence). (See example below.)

**Indicator** A measure or metric that serves to quantify whether the outcome has been obtained (e.g., an assessment of motor skills). Indicators may reflect only one aspect of an outcome or one perspective, and thus multiple indicators sometimes provide better evidence of the achievement of an outcome. (See example below.)

**Measure or measurement** The method or tool used to collect the data for the indicator (e.g., a survey or a specific assessment such as the Battelle Developmental Inventory).

**Evidence statement** A statement that incorporates a statistic and provides evidence as to whether or not an outcome has been achieved (e.g., the percentage of children showing gains in motor skills). (See example below.)

**Outcomes system** A process for the regular collection, analysis, reporting, and use of indicator data

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Indicator</th>
<th>Evidence Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>As a result of services, children demonstrate positive social emotional skills</td>
<td>% of children who Maintain... Reach... Improve... Do not improve... ...functioning at a level comparable to same-aged peers</td>
<td>% of children who reached or improved functioning at a level comparable to same-aged peers</td>
</tr>
</tbody>
</table>
Appendix B: NM Child Outcome Summary Form

New Mexico Family Infant Toddler Program
CHILDMOUTCOMES SUMMARY FORM

Child's Full Name: ____________________________ Agency Name: ____________________________

Child's Date of Birth: ___________ Chronological Age at Time of Summary: ___________

Date of Rating: ___________ Initial IFSP/First rating  Exit Rating (Page 2 must be completed)  

Eligibility category: ☐ Developmental Delay ☐ Established Condition ☐ Medical/Biological Risk ☐ Environmental Risk

*To answer the questions below, think about the child’s functioning as indicated by assessments & based on observations from individuals in close contact with the child. Answer questions 1a, 2b and 3b for exit ratings.

1. POSITIVE SOCIAL-EMOTIONAL SKILLS (INCLUDING SOCIAL RELATIONSHIPS)
   - Relating with adults • Relating with other children • Following rules related to groups or interacting with others (if older than 18 mos.)
   1a. To what extent does this child show age-appropriate functioning, across a variety of settings and situations, on this outcome?

<table>
<thead>
<tr>
<th>Not Yet</th>
<th>Emerging</th>
<th>Somewhat</th>
<th>Completely</th>
</tr>
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<tbody>
<tr>
<td>1</td>
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<td>6</td>
<td>7</td>
<td></td>
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</tbody>
</table>

1b. Has the child shown any new skills or behaviors related to positive social-emotional skills (including positive social relationships) since the last outcomes summary?

   (Select one)  ☐ Yes  ☐ No

2. ACQUIRING AND USING KNOWLEDGE AND SKILLS
   - Thinking, reasoning, remembering, & problem solving • Understanding symbols • Understanding the physical & social worlds
   2a. To what extent does this child show age-appropriate functioning, across a variety of settings and situations, on this outcome?

<table>
<thead>
<tr>
<th>Not Yet</th>
<th>Emerging</th>
<th>Somewhat</th>
<th>Completely</th>
</tr>
</thead>
<tbody>
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<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
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<td>6</td>
<td>7</td>
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</table>

2b. Has the child shown any new skills or behaviors related to acquiring and using knowledge and skills since the last outcomes summary?

   (Select one)  ☐ Yes  ☐ No

3. TAKING APPROPRIATE ACTION TO MEET NEEDS
   - Taking care of basic needs (e.g., showing hunger, dressing, feeding, toileting, etc.) • Contributing to own health & safety (e.g., follows rules, assists with hand washing, avoids inedible objects) (if older than 24 months) • Getting from place to place (mobility) & using tools (e.g., forks, strings attached to objects)
   3a. To what extent does this child show age-appropriate functioning, across a variety of settings and situations, on this outcome?

<table>
<thead>
<tr>
<th>Not Yet</th>
<th>Emerging</th>
<th>Somewhat</th>
<th>Completely</th>
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</tr>
</tbody>
</table>

3b. Has the child shown any new skills or behaviors related to taking appropriate action to meet needs since the last outcomes summary?

   (Select one)  ☐ Yes  ☐ No

☐ Yes This child’s IFSP and record include documentation to fully support these ratings.
☐ No This child’s IFSP and record are not sufficient to fully support these ratings. See page 2 of this form for additional supporting evidence.

Team Members involved in deciding the summary ratings:

<table>
<thead>
<tr>
<th>Roles</th>
<th>Names</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Service Coordinator</td>
<td></td>
</tr>
</tbody>
</table>

It is required that the FSC and at least one discipline participate in the rating of the ECO

Form Effective October 1, 2015

Revised October 18, 2016  Page 26 of 99
## CHILD OUTCOMES SUMMARY FORM
### Additional Supporting Evidence for Outcome Ratings

#### 1. POSITIVE SOCIAL-EMOTIONAL SKILLS (INCLUDING SOCIAL RELATIONSHIPS)

<table>
<thead>
<tr>
<th>Sources of information</th>
<th>Date</th>
<th>Child’s skills or behaviors related to this outcome.</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
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</tbody>
</table>

#### 2. ACQUIRING AND USING KNOWLEDGE AND SKILLS

<table>
<thead>
<tr>
<th>Sources of information</th>
<th>Date</th>
<th>Child’s skills or behaviors related to this outcome.</th>
</tr>
</thead>
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</tbody>
</table>

#### 3. TAKING APPROPRIATE ACTION TO MEET NEEDS

<table>
<thead>
<tr>
<th>Sources of information</th>
<th>Date</th>
<th>Child’s skills or behaviors related to this outcome.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Adapted from the Early Childhood Outcomes Center and from materials developed by Naomi Younggren, DoD for EDIS

The family has the right and must be given the opportunity to review and receive copies of all information contained in their child’s file.

Form Effective October 1, 2015

Revised October 18, 2016
Appendix C: Instructions for Completing the Early Childhood Outcomes Summary Form

Directions for Completing the Form:

1. Page 1: Provide all the requested information. Please print legibly or use the electronic fillable form available on the NM FIT Training and Resource Portal.

2. Questions 1A, 2A and 3A: Check only one rating for each outcome. Definitions for the scale categories are provided on the New Mexico Early Childhood Outcome Descriptors. **USE THE DECISION TREE for SUMMARY RATING DISCUSSIONS!**

3. Questions 1B, 2B and 3B: *(do not complete for initial rating)* Check yes or no to indicate if the child has made progress since the initial outcomes rating. Progress is defined as the acquisition of at least one new skill or behavior related to the outcome.

4. Determine if the information needed to complete the rating is sufficient, includes information received from the family and is document on the “Present Abilities, Strengths and Needs (PASN) page of the IFSP. If you answer no, complete page 2 to document the additional information used to obtain a rating for each of the outcomes. **PAGE 2 IS COMPLETED FOR ALL EXIT RATINGS!**

Sufficient information would require:

- All developmental levels are documented using age ranges obtained from evaluation and assessment results
- Functional descriptions of strengths and needs are provided
- Functional descriptions include what will support child in making progress in each developmental area
- All information is written using family friendly language
- Relevant to daily life

5. If necessary on the initial and *always* on exit complete page 2. Indicate the source of the evidence (e.g., parent, speech therapist, day care provider, XYZ assessment), enter the date the evidence was obtained, provide a description of child’s functioning to support rating by summarizing all the information gathered. An example of a completed section can be found on page 21.

To Help You Decide on the Summary Rating for Questions 1A, 2A, and 3A:

This outcomes summary asks you to consider and report on what is known about how this child behaves across a variety of settings and situations. Children are with different people (for example, mother, big brother, childcare provider) and in different settings (for example, home, grocery store, playground). The purpose of the summary is to get an overall picture of how the child behaves across the variety of people and settings in his or her life. For each of the three summary questions, you need to decide the **extent to which the child displays behaviors and skills expected for his or her age** related to each outcome area. Please see Appendix K “Developmental Milestones for Typical Development” this general information about child development along with other sources you may have will support you in being able age anchor a child’s skills and behaviors as they related to typical development for a child the same age.
Use the Decision Tree for Summary Rating Discussions.

The summary scale is based on a developmental framework that assumes:

1. Children develop new skills and behaviors and integrate those skills and behaviors into more complex behaviors as they get older;

2. These skills and behaviors emerge in a somewhat predictable developmental sequence in most children, thus allowing for descriptions of what 2 year olds generally do, what 3 year olds generally do, etc.;

3. The development of children with disabilities can be compared to the development of their same-age peers.

4. Some of the skills and behaviors that develop early serve as the foundation for later skills and behavior, or expressed another way, later skills build on earlier skills in predictable ways. Teachers and therapists can use the earlier skills to help children move to the next higher level of functioning developmentally. We refer to these earlier skills that serve as the base and are conceptually linked to the later skills, as “immediate foundational skills.” For example, children play alongside one another before they interact in play.

5. Some children’s development is characterized by delays, meaning they acquire skills and behaviors at a substantially slower pace than other children.

6. Some children’s development is atypical in that their functioning is so different from that of other children their age that it is considered outside the limits of age expected behavior for children of that age.

Use the following information to help you answer each question, as you use the Decision Tree for Summary Rating Discussions:

- Ratings are expected to take into account the child’s functioning across a full range of situations and settings. Therefore, information from many individuals in contact with the child could be considered in deciding on a rating. These may include (but are not limited to): parents and family members, caregivers or child care providers, therapists, service providers, case managers, teachers, and physicians. If there is not enough information available about a child’s functioning across settings and situations, you will need to gather more information before you can decide on a rating.

- Many types of information could be considered in selecting a rating. These may include (but are not limited to): parent and clinical observation, curriculum-based assessments, norm-referenced assessments, service provider notes about performance in different situations, and progress and issues identified in the IFSP/IEP or individualized planning process.

- Depending on the assessment tool, assessment tools can be a useful source of information for reaching a summary decision but resulting information should be placed in context with other information available about a child. Many assessment tools are domain-based and were not designed to provide information about functional behaviors and functioning across a variety of situations. Knowing that a child has or has not mastered assessment items that are related to the outcome provides helpful information but the information should be used in conjunction with what else is known about the child. A high score on a set of items in a
domain related to the outcome might not mean the child has achieved the outcome and, conversely, a low score might not mean the child has not achieved it.

- Ratings should reflect the child’s current functioning across settings and in situations that make up his/her day. Ratings should convey the child’s functioning across multiple settings and in everyday situations, not his/her capacity to function under ideal circumstances.

- A standardized testing situation is an unusual setting for a young child. If the child’s functioning in a testing situation differs from the child’s everyday functioning, the rating should reflect the child’s everyday functioning.

- If the child is from a culture that has expectations that differ from published developmental milestones for when young children accomplish common developmental tasks, such as feeding themselves or dressing themselves, use the expectations for the child’s culture to decide if child’s functioning is at the level expected for his or her age.

- If the child was born prematurely, use the expectations for the child’s chronological age, not the corrected age. The intent of the form is to describe the child’s current functioning relevant to expectations for his or her age. Presumable over time and with support, many children born prematurely eventually will perform like same age peers.

- If assistive technology or special accommodations are available in the child’s everyday environments, then the rating should describe the child’s functioning using those adaptations. However, if technology is only available in some environments or is not available for the child, rate the child’s functioning with whatever assistance is commonly present. Ratings are to reflect the child’s actual functioning across a range of settings, not his/her capacity to function under ideal circumstances if he or she had the technology.

**Additional Information**

The outcomes reflect several beliefs about young children:

- It is important that all children be successful participants in a variety of settings both now and in the future. Achieving the outcomes is key to being successful participants.

- Programs for young children and their families are working to ensure that all children will have the best possible chance of succeeding in kindergarten and later in school – even though school might be several years off for some children. Children who have achieved the outcomes prior to kindergarten entry have a high probability of being successful in kindergarten.

- Learning and development occur continuously in the years preceding kindergarten. There is much variation in how children develop but children whose development is consistently below what is expected for their age are at risk of not being successful in kindergarten and later school years.

Note: The outcomes summary form was not designed to determine eligibility for services. It would be inappropriate to use it in this way.
Child Outcome Summary (COS) Process Discussion Prompts

The pages that follow provide a few ideas for some types of questions or prompts that could be used to elicit conversation about a child’s functioning with regard to the three global child outcome statements. As teams discuss child functioning in these outcomes areas, they generally draw on many sources of information and ask excellent questions that provide a specific description of what the child generally does with regard to each outcome. However, some teams have looked for further guidance about the kinds of questions that might help them focus on functional skills and span many of the components reflected in each outcome. The list that follows is by no means a comprehensive list of the types of questions or topics that might be discussed. It also is not intended to be used as a checklist necessary for discussion or as a checklist that will always constitute a complete discussion. However, it might provide some ideas to expand team approaches. It also may be helpful if individuals new to the COS process are quickly training other staff in using it and want more information for that purpose. As you begin to use this resource, we encourage you to share comments and additions with us at staff@the-eco-center.org so that we can include and circulate them as well.
Outcome 1: Child has positive social relationships.

Thinking about relating to adults, relating to other children, and (for those older than 18 months) following rules related to groups or interacting with others.

- How does the child relate to his/her parent(s)?
- How does the child relate to other relatives or extended family and close family friends (e.g., grandparents, aunts, extended kin, etc.)? Do these interactions with people differ depending on the setting the child is in with these people?
- How does the child interact with familiar caregivers (e.g., child care providers, babysitters)?
- How does the child relate to strangers? At first? After a while? In different settings and using different approaches?
- How does the child interact with/respond to people in community settings (e.g., park, library, church, grocery store, with neighbors on walks, at the bus stop, in restaurants, at playgroups or outings, etc.)?
- How does the child interact with/react to peers (e.g., at child care, in the park, in the neighborhood, in brief interactions in stores or at restaurants)?
- How does the child relate to his/her siblings, cousins, or kids he/she sees frequently?
- What is the child’s eye contact with others like? Does it differ across situations or with different people?
- How does the child display his/her emotions?
- How does the child read and react to the emotions and expressions of others?
- How does the child respond to touch from others?
- How does the child maintain interactions with people?
- In what situations and ways does the child express delight or display affection?
- In the child’s interactions, are there behaviors that may interfere with relationships or seem inappropriate in interactions expected for the child’s age (e.g., screaming, biting, tantrums)? How often does this occur? In what situations? In what situations does it not occur?
- Does the child display awareness of routines? How?
- How does the child respond to transitions in routines or activities? Are the child’s actions different for familiar transitions versus new transitions, or different across settings or with different people?
- How and in what situations are interactions with others initiated?
- How does the child engage in mutual activity (e.g., joint attention, communicate to convey desire to engage, initiate interaction or play, follow rules for mutual games)?
- Does the child seek out others after an accomplishment? How?
- Does the child seek out others after frustration or when angry? How?
- Does the child participate in games (e.g., social, cooperative, rule-based, with turn-taking)? What do the child’s interactions look like in these situations?
- Does the child display an awareness of rules and expectations? How? Does the child behave differently in different contexts (e.g., quieter in church, more active outside)?
- Does the child attempt to resolve his/her conflicts? How? What do these actions look like with peers, parents, etc.?
- How does the child respond when others are not attending to him/her?
- How does the child respond when someone arrives? Someone new? Someone familiar? How does the child respond when someone leaves?
- Talk about the child’s functioning with regard to turn-taking, showing, and sharing? With adults? With other children?
- How would you expect other children this age to act in these situations?
Outcome 2: Child acquires and uses knowledge and skills.

Thinking, reasoning, remembering, and problem solving; understanding symbols; and understanding the physical and social worlds.

- How does the child use the words and skills she/he has in everyday settings (e.g., at home, at the park, at child care, at the store, with other kids, at child care, in restaurants, with different people)?
- Tell me about a time when he/she tried to solve a problem (e.g., overcome an obstacle/problem interfering with something important to him/her). What did he/she do?
- What concepts does the child understand? Does the child incorporate these into strategies that he/she uses to accomplish something meaningful? How?
- How does the child understand and respond to directions and requests from others?
- How does the child imitate others’ actions (e.g., peers, adults) across settings to learn or try new things?
- How does the child display understanding of differences in roles, characteristics, and expectations across people and situations (with increasing age role understanding may change from immediate household roles and differences to more external community helper roles)?
- Can the child use his/her understanding to communicate problems or attempt the solutions that others suggest (e.g., try new strategies that they haven’t thought of based on gestures or suggestions using words they know)?
- Can the child answer questions of interest in meaningful ways?
- Does the child use something learned at one time at a later time or in another situation?
- Does the child display an awareness of the distinctions between things (e.g., object characteristics, size differences, differences in object functions)?
- What does the child do if an action or a strategy attempted isn’t successful? (e.g., how does he/she try to modify approach, show persistence, etc.)
- How does the child demonstrate her/his understanding of symbols into concepts, communication, and play?
- How does the child interact with books, pictures, and print?
- How does the child’s play suggest understanding of familiar scripts for how things work, what things are related, what comes next, and memory of previous actions in that situation?
- Does the child’s play show attempts to modify strategies/approaches and to try new things? How?
- Are there kinds of knowledge and skills that are not similar to same age peers and/or that might interfere with acquiring and using knowledge and skills?
- How would you expect other children this age to act in these situations?
Outcome 3: Child takes appropriate action to meet his/her needs.

Taking care of basic needs; getting from place to place and using tools; and (if older than 24 months) contributing to own health and safety.

- What does the child do when she/he can't get or doesn't have what she wants?
- What does the child do when he/she wants something that is out of reach or hard to get?
- What does the child do when he/she is upset or needs comfort?
- What does the child do when she/he is hungry?
- What does he/she do when he/she is frustrated?
- What does the child do when she/he needs help?
- How does the child convey his/her needs?
- How are the child’s actions to seek help or to convey his/her needs different from one setting to another? How do they differ with different people? (e.g., child care vs. home vs. community setting, with parent vs. grandparent, familiar person vs stranger)
- Tell me about the child’s actions when dressing and/or undressing?
- What does the child do before and after peeing and pooping?
- What does the child do at mealtime (eating, drinking)? Are there differences across settings and with different people?
- How does the child get started playing with toys? What does the child do when he/she is interested in a different toy than he/she has?
- Tell me about the child’s actions/reactions with regard to hygiene (tooth brushing, washing hands/face, blowing nose, etc.).
- Does the child show awareness of situations that might be dangerous? What does he/she do (give examples, e.g., to drop-offs, hot stoves, cars/crossing streets, strangers, etc.)?
- Are there situations when a problem behavior or disability interferes with the child’s ability to take action to meet needs? How consistently? How serious is it? Does the child take alternative approaches? What are those?
- Are the actions the child uses to meet his/her needs appropriate for his/her age? Can he/she accomplish the things that peers do?
- How does the child respond to delays in receiving expected attention and/or help from others?
- How does the child respond to challenges?
- Does the child display toy preferences? How do you know?
- How does the child get from place to place when desired or needed?
- What does the child do when she/he is bored? How does she/he amuse her/himself or seek out something fun?
- How does the child respond to problematic or unwanted peer behavior?
- How does the child use materials to have an effect (e.g., drawing materials, tools, etc.)?
- How would you expect other children this age to act in these situations?
# Appendix E: New Mexico Early Childhood Outcome Descriptors

## New Mexico Early Childhood Outcome Descriptors

| Completely means: | 7 | • 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, ______ has all of the skills that we would expect of a child his age in the area of **(outcome e.g., taking action to meet needs)**. |
|-------------------|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Somewhat means:   | 5 | • Child shows functioning expected for his or her age **some of the time and/or in some settings 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, ______ 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 **(outcome)**. |
| Emerging means:   | 3 | • Child shows occasional age-appropriate functioning across settings and situations. More functioning is **not** age-appropriate than age-appropriate.  
Relative to same age peers, ______ shows occasional use of some age expected skills, but more of his skills are not yet age expected in the area of **(outcome)**. |
| Not yet means:     | 1 | • 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, ______ 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 **(outcome)**. |
| Child does not yet demonstrate skills typical of other children his or her age | 2 | • 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, ______ is showing some emerging or immediate foundational skills, which will help him to work toward age appropriate skills in the area of **(outcome)**. |

*Adapted from the Early Childhood Outcomes Center and from materials developed by Naomi Youngren, DoD for EDIS. May 2011 – The Early Childhood Intervention and Education Branch/Division of Special Education/Early Intervention Services/MSDE. Have you informed the family of their right to have a copy of all forms and materials used in the ECO process?*
Appendix G: Cross-walks for Selected Assessment Tools

Introduction to the ECO “Crosswalks” of Birth-to-Five Assessment Instruments to Early Childhood Outcomes

The “crosswalks” identify relationships between assessment instruments and the three child outcomes on which state Part C and 619 programs must report to the Office of Special Education Programs (OSEP). States must report children’s progress in the outcome areas of:

1. Positive social emotional skills (including positive social relationships)
2. Acquisition and use of knowledge and skills (including early language/communication and early literacy)
3. Use of appropriate behaviors to meet their needs

Understanding the Three Child Outcomes

The three child outcomes reflect a global, overarching goal for all children: to be active and successful participants now and in the future, in a variety of settings. Accomplishments in various dimensions of each outcome area move a child toward that goal, as follows.

Outcome 1: Positive social emotional skills involves relating with adults, relating with other children, and, for older children, following rules related to groups or interacting with others. This outcome includes attachment/separation/autonomy, expressing emotions and feelings, learning rules and expectations, and social interactions and play.

Outcome 2: Acquisition and use of knowledge and skills involves thinking, reasoning, remembering, problem solving, using symbols and language, and understanding physical and social worlds. This outcome includes early concepts (symbols, pictures, numbers, classification, spatial relationships), imitation, object permanence, and language skills.

Outcome 3. Use of appropriate behaviors to meet their needs involves taking care of basic needs, getting from place to place, using tools and, for older children, contributing to their own health and safety. This outcome includes integrating motor skills to complete tasks, self-help skills (dressing, feeding, grooming, toileting, household responsibility), and acting on the world to get what one wants.

The three child outcomes are functional in that they reflect a child’s ability to take meaningful action in the context of everyday living. The outcome areas cross developmental domains, emphasizing the integration of skills and behaviors across domains for meaningful action. The presence of an isolated skill or behavior gives limited information about a child’s functioning. The outcomes address whether a child can integrate skills and put them to use across settings and situations. A child’s natural use of pointing to indicate what he needs or wants, for example, reflects functioning better than his ability to point to objects when asked to do so by a tester as part of an assessment.
Assessing the Three Child Outcomes
Assessing children’s functioning in the three outcome areas requires multiple sources of information, including observation, family input, and data from one or more assessment tools. Observation and family input provide information about children’s functioning across situations and settings. Data from the administration of a commercial assessment tool can be used to compare a child’s skills and behaviors to those of his same-age peers. A limitation in the use of currently available assessment tools, however, is that they are not designed for direct measurement of the three outcomes. Most are organized around domains, with items separated into discrete areas of development, such as expressive language, receptive language, cognitive, gross motor, and fine motor. Some call for standardized assessment items to be administered in a setting other than the child’s natural environment, making it difficult to use the information to determine whether a child uses this skill in everyday life.

The review of currently available assessment tools has been a primary activity for states as they consider options for measuring child outcomes. A key question is “how much information will an assessment tool provide about the attainment of the three outcomes?” ECO developed the crosswalks to assist states and programs in making decisions about what instruments might be useful to include in an outcomes measurement system, including reporting to OSEP. The crosswalks indicate how the contents of the assessments map to the three outcomes. The crosswalks also allow comparisons across instruments to see their various strengths and weaknesses with regard to the three outcomes.

Crosswalking Purposes
The ECO crosswalks display how content on a given assessment instrument is related to each of the three child outcomes. Organized in a table format with assessment areas assigned to each outcome, they provide a visual depiction of coverage. By showing how an assessment tool covers each of the three outcome areas, the crosswalks are meant to help states, programs, and providers see the extent of information available in an outcome area from a given assessment tool. Some of the crosswalks include examples of assessment items to illustrate the types of skills and behaviors the tool targets. In addition to comparing tools, states can use the crosswalks to determine areas in which additional information will need to be collected, such as through observation and family input, to make up for any shortcomings in the data provided by an assessment tool.

The crosswalks are not meant to be used as a “checklist” or “score sheet” for measuring child outcomes. ECO does not recommend the use of isolated items or areas of items from any given tool. We support the use of assessment instruments in the way in which they were designed to be used. In addition, given the functional nature of the outcomes, we support the use of assessment tools in conjunction with other sources of information about a child’s functioning, such as observation and family report.

Crosswalks were generated for instruments based on the frequency of informal requests from states. Priority was also given to instruments that states identified for outcomes measurement in the State Performance Plans submitted to the Office of Special Education Programs in 2005. These crosswalks are presented as a service to the field. The ECO Center does not endorse the use of any specific assessment instrument. Thus, a completed crosswalk does not constitute the endorsement of an instrument. If a crosswalk of an instrument is not available it is because, given the reality of finite
resources, it has not yet been completed. For more information about crosswalk content or specific instruments, please email a request to staff@the-eco-center.org.

Crosswalking Processes
We use the following guidelines in completing the crosswalks.

Level at which assessment tools are crosswalked. Criterion-referenced or curriculum-based assessment tools are typically crosswalked at the sub-area level, using the developer’s headings. As appropriate, examples of items from a sub-area are included to illustrate the aspects of development that relate to the outcome. Norm-referenced tests always are crosswalked at the lowest level that the tool developers recommend valid interpretation of the data and have provided normative information. This is usually at a subscale or sub-domain level.

Assignment of assessment area or sub-area to an outcome. We place areas/sub-areas/items from each assessment tool under the outcome to which they are most closely linked conceptually. For example, items about getting along with peers go with Outcome 1. Decisions are based on content of the area rather than the heading title because headings do not always reflect the range of behaviors and skills included. Particularly in the sub-areas of language and learning, it is difficult to assign items to outcomes when item content lacks specificity. In such cases, we assume that the item pertains to a general, overarching acquisition and use of knowledge and skills, and therefore make the assignment to Outcome 2.

Double classification. Although many sub-areas or items can be double classified because of the interrelated nature of development in young children, we try to minimize double classification in order to minimize redundancy. Sub-areas or items that relate to a second outcome area, but not as strongly as they relate to a primary outcome area, are only classified with the primary area. Sub-areas or items are double classified when it is felt that the information contributes equally or nearly equally toward understanding achievement of more than one outcome.

“Precursor skills.” Some items on assessment tools target skills that, while not functional in and of themselves, may lead to functional behaviors. For example, a child’s ability to use a pincer grasp may lead to his ability to feed himself or hold a pencil. Precursor skills that are clearly linked to one of the outcomes are placed with that outcome. We assign general or cross-cutting precursor skills to Outcome 2, as part of general acquisition and use of knowledge and skills. We also note in the crosswalks when precursor skills for functional behaviors skills, such as those associated with motor development, may not be appropriate or expected for children with sensory, motor, or other impairments.

Inclusion of every skill in a crosswalk. Not all skills in an assessment tool can be classified. Items/areas are left out that do not contribute to understanding the child’s functional abilities in any particular outcome area. The decision not to classify areas such as sleeping, riding a tricycle, or moving to music is not meant to imply that such experiences are not important for young children.

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1 Crosswalks of norm-referenced instruments include a note providing information about the lowest appropriate threshold for crosswalking on that specific instrument.

The Early Childhood Outcomes Center 10-2-06
Status of the Crosswalks
Crosswalks are available on the ECO website in draft form. On each crosswalk, a footnote indicates the date and the status of the draft. For instance, some drafts are preliminary; others have been revised based on input from assessment tool authors or publishers. Please compare the date on any crosswalk you are using to the version on the web site to see if you have the latest version since revisions are frequently posted.

Questions and comments are encouraged and should be sent to staff@the-eco-center.org. Also, please contact us if you are interested in a crosswalk that is not found on our website. Additional information about measuring outcomes can be found on our website at www.the-eco-center.org.
## Infant-Toddler Developmental Assessment (IDA) Record: Crosswalk to Child Outcomes

<table>
<thead>
<tr>
<th>Outcome 1: Positive social relationships</th>
<th>Outcome 2: Knowledge and skills</th>
<th>Outcome 3: Action to meet needs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>3. Relationship to Inanimate Objects</strong></td>
<td><strong>2. Fine Motor</strong></td>
<td><strong>1. Gross Motor</strong></td>
</tr>
<tr>
<td>12.1 (extends toy to adult)</td>
<td>12, 16.1, 17, 17.2, 18.2 (Imitates scribble; executes circular stroke with crayon; imitates vertical and horizontal stroke; imitates cross; etc).</td>
<td>1-20.2* (Holds head steady; rolls: supine to prone; supports weight: bounces actively; sits alone, 1-2 minutes; crawls on belly; walks well alone; runs well; walks up stairs; etc)</td>
</tr>
<tr>
<td><strong>4. Language/Communication</strong></td>
<td><strong>3. Relationship to Inanimate Objects</strong></td>
<td><strong>2. Fine Motor</strong></td>
</tr>
<tr>
<td>4.1, 8.1.8.3, 9 (Vocalizes spontaneously to persons; plays pat-a-cake; responds to ‘no’; extends toy to adult)</td>
<td>1-4, 5.1, 7, 9-12, 13.1, 14.1-15, 16-16.1, 18, 19, 20.1, 20.3, 21 (Looks at object; follows visually; uncovers toy; puts one object inside another; knows use of 3 objects; copies circle; etc)</td>
<td>1-13, 16.1-17, 17.2, 18.2-19* (Retains rattle; rakes pellets; releases cube into cup; cuts paper with scissors; imitates scribble; executes circular stroke with crayon; imitates vertical and horizontal stroke; imitates cross; etc)</td>
</tr>
<tr>
<td><strong>6. Relationship to Persons</strong></td>
<td><strong>4. Language/Communication</strong></td>
<td><strong>3. Relationship to Inanimate Objects</strong></td>
</tr>
<tr>
<td>1-3, 4-5.1.7, 8.1-9, 10-11, 11.2-13, 14-17, 19-23.1 (Looks at adult; social smile; creates social contact; plays peek-a-boo; begins to object to separation; seeks affection or reassurance; begins cooperative play; talks about daily events; etc)</td>
<td>1-4, 4.2-6, 7-8, 8.2-10.2, 11.1-14, 14.2-19.1 (Vocalizes ah, eh, uh; attends to voices squelcs; imitates sounds; uses dada, mama as names; recognizes names of 2 objects; has 5-6 words; follows 2 directions; uses 3 word sentences; Identifies 7 pictures; Tells use of 3 objects; etc)</td>
<td>5, 6, 8, 20.3 (Reaches and grasps toy; displeased at loss of toy; works to obtain toy out of reach; copies circle)</td>
</tr>
<tr>
<td><strong>7. Emotions &amp; Feeling States</strong></td>
<td><strong>6. Relationship to Persons</strong></td>
<td><strong>4. Language/Communication</strong></td>
</tr>
<tr>
<td>1-19 (Expresses discomfort; shows pleasure on social stimulation; shows anticipatory excitement; laughs aloud; expresses many recognizable emotions; expresses affection toward familiar persons actively; labels feelings in self, etc)</td>
<td>3.1, 6, 7.1, 9.1, 11.1, 13.1, 18 (Distinguishes parent; facial mimic, imitates knocking with hand; responds to pick up gesture; understands &quot;no&quot;; imitates actions; imitates adult activities)</td>
<td>6.1, 11, 14.1 (Uses vocal signals to gain attention; indicates wants by pointing; uses words to make wants known)</td>
</tr>
<tr>
<td>12, 14, 18 (Shows pleasure in new skills; begins to play cooperatively with peers, child becomes more versatile---- language and social skills in coping with stress or tension.</td>
<td>10, 11 (Looks for hidden object; begins to detour around obstacles)</td>
<td>1-12, 14 -15.1* (Comforts self by sucking thumb or fingers; works to obtain toy out of reach; feeds self cookie or cracker; handles cup well; helps with dressing; washes and dries hands and face; etc)</td>
</tr>
<tr>
<td><strong>5. Self-Help</strong></td>
<td><strong>8. Coping Behavior</strong></td>
<td><strong>6. Relationship to Persons</strong></td>
</tr>
<tr>
<td>8 Extends and releases squeaky toy or other object to adult in play</td>
<td>13 (Is able to give full name when asked)</td>
<td>8, 15, 17 (Pushes/Moves to avoid; indicates wants by pointing, uses words to make wants known)</td>
</tr>
<tr>
<td>Outcome 1: Positive social relationships</td>
<td>Outcome 2: Knowledge and skills</td>
<td>Outcome 3: Action to meet needs</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>---------------------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td></td>
<td>8. Coping Behavior</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1-9, 11, 12.1-13, 15-17 (Shows avoidance; comforts self with thumb or pacifier; uses vocal signals to gain assistance; uses toys to relieve tension or distress; points or asks for desired object; tries to things for self; etc.)</td>
<td></td>
</tr>
</tbody>
</table>

* Many of the skills in this area are precursors for functional behaviors. Precursor skills may not be appropriate or expected for some children, including those with sensory or motor impairments. Skills and behaviors that are not precursor to, or components of, any specific outcome were not included in the crosswalk. These included:


Fine Motor: 11.2. Releases ball, 18.1 Builds a cube structure


Note: Draft developed at state request. This draft has not been through the ECO review process to establish consistency with the crosswalks posted on the ECO web site.
### Early Childhood Outcomes


(AEPS Measurement for Birth to Three Years): Crosswalk with Child Outcomes

<table>
<thead>
<tr>
<th>Outcome 1: Has positive social relationships</th>
<th>Outcome 2: Acquires and use skills and knowledge</th>
<th>Outcome 3: Takes appropriate action to meet needs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Social-Communication Area</strong></td>
<td><strong>Fine Motor Area</strong></td>
<td><strong>Fine Motor Area</strong></td>
</tr>
<tr>
<td>A. Prelinguistic communicative interactions</td>
<td>B. Functional use of fine motor skills</td>
<td>A. Reach, grasp, and release</td>
</tr>
<tr>
<td>1. Turns and looks toward person speaking*</td>
<td>4. Orients picture book and turns pages</td>
<td>1. Simultaneously brings hands to midline*</td>
</tr>
<tr>
<td>2. Follows person’s gaze to establish joint attention*</td>
<td>5. Copies simple written shapes after demonstration</td>
<td></td>
</tr>
<tr>
<td>3. Engages in vocal exchanges by babbling</td>
<td></td>
<td>2. Brings two objects together at or near midline*</td>
</tr>
<tr>
<td></td>
<td><strong>Cognitive Area</strong></td>
<td>3. Grasps hand-size object with either hand using ends of thumb and fingers*</td>
</tr>
<tr>
<td></td>
<td>A. Sensory stimuli</td>
<td>4. Grasps pea-size object with either hand with hand/arm not supported*</td>
</tr>
<tr>
<td></td>
<td>1. Orient to auditory/visual/tactile events</td>
<td>5. Aligns and stacks objects*</td>
</tr>
<tr>
<td>B. Transition to words</td>
<td>B. Object permanence</td>
<td></td>
</tr>
<tr>
<td>1. Gains person’s attention and refers to object, person, or event</td>
<td>1. Visually follows object or person to point of disappearances*</td>
<td></td>
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<tr>
<td></td>
<td>2. Locates object in latter of two successive hiding places</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Maintains search for object that is not in its usual location</td>
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</tr>
<tr>
<td></td>
<td><strong>C. Causality</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1. Correctly activates mechanical toy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Reproduces part of interactive game/action in order to continue</td>
<td></td>
</tr>
<tr>
<td>B. Interaction with environment</td>
<td><strong>D. Imitation</strong></td>
<td></td>
</tr>
<tr>
<td>2. Participates in established social routines</td>
<td>1. Imitates motor action that is not commonly used*</td>
<td></td>
</tr>
<tr>
<td>C. Interaction with peers</td>
<td>2. Imitates words not frequently used</td>
<td></td>
</tr>
<tr>
<td>1. Initiates and maintains interaction with peer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Initiates and maintains communicative exchange with peer</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Draft developed by the Early Childhood Outcomes (ECO) Center and revised based on preliminary feedback from users and the tool publisher and/or developers. The draft may be subject to further changes. Please note that this draft is different from the crosswalk being used by the tool publisher and/or developer. We welcome your feedback to staff@the-eco-center.org

Revised October 18, 2016
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<th>Outcome 3: Takes appropriate action to meet needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive Area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Problem solving</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Retains objects when new object is obtained</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Uses object to obtain another object</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Navigates large object around barriers</td>
<td></td>
<td></td>
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<tr>
<td>4. Solves common problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F. Interaction with objects</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Uses imaginary objects in play</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G. Early concepts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Categorizes like objects</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Demonstrates functional use of one-to-one correspondence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Recognizes environmental symbols</td>
<td></td>
<td></td>
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<tr>
<td>4. Demonstrates functional use of reading materials</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Demonstrates use of common opposite concepts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Repeats simple nursery rhymes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social-Communication Area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Transition to words</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Uses consistent word approximations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Comprehension of words and sentences</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Locates objects, people, or events without contextual cues</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Carries out two-step direction without contextual cues</td>
<td></td>
<td></td>
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<tr>
<td>Gross Motor Area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Balance in sitting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Assumes balanced sitting position*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Sits down in and gets out of chair*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Balance and Mobility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Walks avoiding obstacles*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Stoops and regains standing position *</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Runs avoiding obstacles*</td>
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<td></td>
</tr>
<tr>
<td>4. Walks up and down stairs*</td>
<td></td>
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<tr>
<td>Adaptive Area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Feeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Uses tongue/lips to take in and swallow solid foods and liquids</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Bites and chews hard and chewy foods</td>
<td></td>
<td></td>
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<tr>
<td>3. Drinks from cup and/or glass</td>
<td></td>
<td></td>
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<tr>
<td>4. Eats with fork and/or spoon</td>
<td></td>
<td></td>
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<tr>
<td>5. Transfers food and liquid between containers</td>
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<td></td>
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<tr>
<td>B. Personal hygiene</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Initiates toileting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Washes and dries hands</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Brushes teeth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Undressing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Undresses self</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Interaction with environment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Meets observable physical needs in socially appropriate ways</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Draft developed by the Early Childhood Outcomes (ECO) Center and revised based on preliminary feedback from users and the tool publisher and/or developers. The draft may be subject to further changes. Please note that this draft is different from the crosswalk being used by the tool publisher and/or developer. We welcome your feedback to staff@the-eco-center.org.
<table>
<thead>
<tr>
<th>Outcome 1: Has positive social relationships</th>
<th>Outcome 2: Acquires and uses skills and knowledge</th>
<th>Outcome 3: Takes appropriate action to meet needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social-Communication Area</td>
<td>D. Production of social-communicative signals, words, and sentences</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1. Uses 50 single words</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Uses two-word utterances</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Uses three-word utterances</td>
<td></td>
</tr>
</tbody>
</table>

*Precursor skills for functional behaviors. These skills may not be appropriate or expected for some children, including those with sensory, motor, or other impairments.

Note: Areas that are not precursor to or components of any of the three outcomes, and therefore not included in the crosswalk, were:

**Gross Motor Area**
D. Play Skills
1. Jumps forward
2. Pedals and steers tricycle
3. Catches, kicks, throws, and rolls ball
4. Climbs up and down play equipment
Battelle Developmental Inventory—Second Edition (BDI-2)

Table 1. Crosswalk of Domain Items to Child Outcomes

When using the BDI-2 as one of multiple sources of information for measuring child outcomes, the following crosswalk applies. As a standardized, norm-referenced assessment tool, the BDI-2’s domain scores are the smallest unit of information that can be used if scores are converted directly to measure child outcomes. However, as one of multiple sources of information, items from BDI-2 domains can contribute to the understanding of a child’s functioning in each of the three outcome areas. This table shows how various items from domains map to the three child outcomes. If converting domain scores directly to child outcomes, see Table 2 of this document.

<table>
<thead>
<tr>
<th>Domain: ADAPTIVE</th>
<th>Outcome 1</th>
<th>Positive social relationships</th>
<th>Outcome 2</th>
<th>Acquires and use skills and knowledge</th>
<th>Outcome 3</th>
<th>Takes action to meet needs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
<td>Self-care</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>SC1-35 (feeding, dressing,</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>toileting)</td>
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<td></td>
<td>Personal responsibility</td>
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<td></td>
<td>PR1-25 (movement, safety,</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>organizes own activities)</td>
</tr>
<tr>
<td>Domain: PERSONAL-SOCIAL</td>
<td>Adult interaction</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Adult interaction</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>A11-30 (looks at, responds to</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>adults, initiates social</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>contact)</td>
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<tr>
<td></td>
<td></td>
<td>Peer interaction</td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>P11-25 (responds to, plays</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>with other children, shares</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>properly, plays cooperatively</td>
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<tr>
<td></td>
<td></td>
<td>Self-concept and social role</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>SR1-45 (presursors to self</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>awareness and self awareness,</td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>describes own feelings)</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

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# Early Childhood Outcomes

<table>
<thead>
<tr>
<th>Outcome 1</th>
<th>Positive social relationships</th>
<th>Outcome 2</th>
<th>Acquires and uses skills and knowledge</th>
<th>Outcome 3</th>
<th>Takes action to meet needs</th>
</tr>
</thead>
</table>
| **Domain:** COMMUNICATION | Receptive  
- RC5-8; 27 (responds to person, converses)  
Expressive  
- EC13, 18 (communicates with others)  
- EC30-31 (follows conventional rules of conversation) | Receptive  
- RC1-4; 5-9 (precursors to understanding language)  
- RC9-26 (associates words with objects, actions; recalls events from a story)  
- RC28-40 (understands grammar, identifies sounds in words) | Expressive  
- EC9; 16 (gestures, uses words to indicate wants, needs)  
- EC38 (communicates feelings) | | |
| **Domain:** MOTOR | | Gross  
- GM1-45 (movement precursors to taking action)* | Fine  
- FM1-30 (movement precursors to taking action)* | | |
| | | Perceptual  
- PM 1-25 (movement precursors to taking action)* | | | |

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Early Childhood Outcomes

<table>
<thead>
<tr>
<th>Domain: COGNITIVE</th>
<th>Outcome 1: Positive social relationships</th>
<th>Outcome 2: Acquires and use skills and knowledge</th>
<th>Outcome 3: Takes action to meet needs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Attention and memory</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• AM1-30 (precursors to acquisition and use of skills and knowledge)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Reasoning and academic skills</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• RA1-35 (recognizes cause, matches colors, gives objects on requests, completes opposite analogies, sequences events, rote counts, write letters, solves math problems)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Perception and concepts</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• PCI-40 (explores, imitates, matches, sorts, identifies shapes and objects, understands time, categorizes objects by function, matches simple words, groups objects, sorts by multiple properties)</td>
<td></td>
</tr>
</tbody>
</table>

*This domain includes precursor skills for functional behaviors, which may not be appropriate or expected for some children, including those with sensory, motor, or other impairments.

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Table 2. Crosswalk of Domain Scores to Child Outcomes

If converting scores directly to child outcomes, the following crosswalk applies. As a standardized, norm-referenced assessment tool, the BDI-2’s domain scores are the smallest unit of information that can be used. This table shows how the 5 domains map to the three child outcomes. For each domain, an X indicates the outcome area to which the majority of items contributes information.

<table>
<thead>
<tr>
<th>Domain: ADAPTIVE</th>
<th>Outcome 1: Positive social relationships</th>
<th>Outcome 2: Acquires and uses skills and knowledge</th>
<th>Outcome 3: Takes action to meet needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-care</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Personal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>responsibility</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domain: PERSONAL-SOCIAL</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Adult interaction</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peer interaction</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-concept and</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>social role</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domain: COMMUNICATION</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Receptive</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expressive</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Domain: MOTOR</th>
<th>Outcome 1 Positive social relationships</th>
<th>Outcome 2 Acquires and uses skills and knowledge</th>
<th>Outcome 3 Takes action to meet needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perceptual</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domain: COGNITIVE</td>
<td></td>
<td></td>
<td>X*</td>
</tr>
<tr>
<td>Attention and memory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reasoning and academic skills</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perception and concepts</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*This domain includes precursor skills for functional behaviors, which may not be appropriate or expected for some children, including those with sensory, motor, or other impairments.

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### Developmental Assessment of Young Children (DAYC) (1998): Crosswalk to Child Outcomes

Note: Because the DAYC is a norm-referenced assessment, the subtest scores are the smallest unit of information that can be used to reach conclusions about the extent to which a child is demonstrating each of the functional outcomes. This table shows how the 5 subtests map to the three outcomes. Under each subtest, the X indicates the outcome area to which the subtest score contributes information. The item information under the X provides the rationale for why the subtest was classified as providing information for that outcome.

<table>
<thead>
<tr>
<th>Subtest</th>
<th>Outcome 1: Has positive social relationships</th>
<th>Outcome 2: Acquires and uses skills and knowledge</th>
<th>Outcome 3: Takes appropriate action to meet needs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cognitive</strong></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Moves, watches, explores, imitates, looks at books, names/matches/sequences/uses objects in play, understands concept of &quot;one,&quot; stacks, matches, orders, counts, reads words</td>
<td></td>
</tr>
<tr>
<td><strong>Communication</strong></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Reacts/responds to noise/speech produces sounds*, locates/points to objects, follows simple commands, responds to 'where' questions, understands some grammar, points to body parts, uses words</td>
<td></td>
</tr>
<tr>
<td><strong>Social-Emotional</strong></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Responds, imitates, expresses feelings, says please and thank you, separates, sings, watches other children, laughs, looks at/knows adults, interacts plays, greets, takes turns, plays games</td>
<td></td>
</tr>
</tbody>
</table>

Note: This is a preliminary draft developed by the Early Childhood Outcomes Center. We are still in the process of refining and revising this document which means that some of the categorizations could change based on additional discussion. We welcome your feedback to <staff@the-eco-center.org>.
## Early Childhood Outcomes

<table>
<thead>
<tr>
<th>Subtest: Physical Development</th>
<th>Outcome 1 Has positive social relationships</th>
<th>Outcome 2 Acquires and uses skills and knowledge</th>
<th>Outcome 3 Takes appropriate action to meet needs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Extends legs/fingers, kicks, rolls, sits, moves, walks, scoots, pokes, stands, moves, scribbles, walks backward, uses one hand, reaches for object, moves body to get object, picks up object, starts/stops walking, runs, walks up stairs*</td>
<td>X*</td>
</tr>
</tbody>
</table>

| Subtest: Adaptive Behavior    |                                             |                                               | X                                             |
|                              |                                             | Enjoys bath, moves mouth, tongue, lips sleeps, cooperates, chews, helps put things away, hangs clothes, sleeps through the night, expresses displeasure dressing, brings food to mouth, drinks, eats, pulls off socks, feeds self, fusses for diaper change, brushes teeth, washes, drinks, eats, dresses, toiles, opens door, wipes nose, toileting, washes/cleans up spills, gets drink, dressing |                                               |

*Precursor skills for functional behaviors. These skills may not be appropriate or expected for some children, including those with sensory, motor, or other impairments.

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## The Early Learning Accomplishment Profile (E-LAP, Birth to 36 Months): Crosswalk to Child Outcomes

<table>
<thead>
<tr>
<th>Outcome 1</th>
<th>Outcome 2</th>
<th>Outcome 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cognitive</strong>&lt;br&gt;Items 4, 7, 15, 26:&lt;br&gt;4. Social smile in response to stimulation&lt;br&gt;7. Looks longer at human face than at objects&lt;br&gt;15. Vocalizes smiles and reaches for familiar person&lt;br&gt;26. Holds arms out to be picked up</td>
<td><strong>Cognitive</strong>&lt;br&gt;Items 1-105 (e.g., points to pictures in book, scribbles spontaneously, comprehends and asks for ‘another,’ understands size differences, names 5 pictures on a picture card when asked, What is this? understands 3 prepositions, etc.)</td>
<td><strong>Gross Motor</strong>&lt;br&gt;Items 1-67, 69-78, 81, 84, 86-90 (e.g., thrusts arms and legs in play; holds head up, sits without support, crawls on belly, stands alone, walks alone, runs, balances on one foot, etc.)<em>&lt;br&gt;<strong>Fine Motor</strong>&lt;br&gt;Items 1-45, 47, 49, 55, 57-60, 62-70, 73 (e.g., tipped hands rest near face, picks up spoon, shakes bell, copies circle, etc.)</em>&lt;br&gt;<strong>Self Help</strong>&lt;br&gt;Items 1-49 (e.g., lifts cup with handle, finger-feeds self for part of meal, uses spoon with little spilling, takes off clothes with help on buttons, etc.)</td>
</tr>
<tr>
<td><strong>Social/Emotional</strong>&lt;br&gt;Items 1-36 (e.g., stops crying or quiets when picked up and held, gives a toy to adult upon request, parallel play predominates, begins associative play activities, joins in nursery rhymes and songs, etc.)</td>
<td><strong>Language</strong>&lt;br&gt;Items 1-59 (e.g., follows simple instructions, names one picture, comprehends and asks for ‘another,’ follows 3-step directions, etc.)</td>
<td><strong>Language</strong>&lt;br&gt;Items 38:&lt;br&gt;38. Asks for food when hungry, may ask for toilet or drink also</td>
</tr>
<tr>
<td><strong>Language</strong>&lt;br&gt;Items 6, 10:&lt;br&gt;6. Babbles or coos when talked to&lt;br&gt;10. Laughs aloud in social play</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Many of the skills in this area are precursors for functional behaviors. Precursor skills may not be appropriate or expected for some children, including those with sensory or motor impairments.

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Areas that are not precursor to or components of, any specific outcome were not included in the crosswalk. For this tool, such items included:

**Gross Motor:**
- 68. Throws ball standing or sitting
- 79. Throws ball overhand without falling
- 80. Carries large teddy bear or doll while walking
- 82. Walks with one foot on walking board
- 83. Jumps in place
- 85. Jumps from bottom step

**Fine Motor:**
- 46. Inserts round shape in formboard
- 48. Adapts round shape in formboard
- 56. Completes 3-piece formboard
- 61. Adapts to reversal of formboard in 4 trials
- 71. Adapts to formboard reversal

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## Early Childhood Outcomes

### Hawaii Early Learning Profile (HELP® Birth to 3, ©2004):
Crosswalk to Child Outcomes

<table>
<thead>
<tr>
<th>Outcome 1</th>
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</tr>
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<tbody>
<tr>
<td><strong>Has positive social relationships</strong></td>
<td><strong>Acquires and uses skills and knowledge</strong></td>
<td><strong>Takes appropriate action to meet needs</strong></td>
</tr>
<tr>
<td><strong>SOCIAL-EMOTIONAL</strong></td>
<td><strong>COGNITIVE DEVELOPMENT</strong></td>
<td><strong>COGNITIVE DEVELOPMENT</strong></td>
</tr>
<tr>
<td>5.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>5-1 Attachment/separation/autonomy</td>
<td>1-1 Development of symbolic play</td>
<td>1-4 Problem solving</td>
</tr>
<tr>
<td>5-3 Expression of emotions and feelings</td>
<td>1-2 Gestural imitation</td>
<td>B. Means-ends</td>
</tr>
<tr>
<td>5-4 Learning rules and expectations</td>
<td>1-3 Sound awareness and localization*</td>
<td></td>
</tr>
<tr>
<td>5-5 Social interactions and play</td>
<td>1-4 Problem solving</td>
<td></td>
</tr>
<tr>
<td><strong>LANGUAGE - EXPRESSIVE</strong></td>
<td><strong>GROSS MOTOR DEVELOPMENT</strong></td>
<td><strong>GROSS MOTOR DEVELOPMENT</strong></td>
</tr>
<tr>
<td>2-4 Communicating with others</td>
<td>3-1 Prone</td>
<td>3-1 Prone</td>
</tr>
<tr>
<td>A. Gesturally</td>
<td>3-2 Supine</td>
<td>3-2 Supine</td>
</tr>
<tr>
<td>B. Verbally</td>
<td>3-3 Sitting</td>
<td>3-3 Sitting</td>
</tr>
<tr>
<td><strong>LANGUAGE - RECEPTIVE</strong></td>
<td>3-4 Weight-bearing in standing</td>
<td>3-4 Weight-bearing in standing</td>
</tr>
<tr>
<td>2-1 Understanding the meaning of words</td>
<td>3-5 Mobility and transitional movements</td>
<td>3-5 Mobility and transitional movements</td>
</tr>
<tr>
<td>A. Objects, events, and relationships</td>
<td>3-6 Reflexes/reactions/responses</td>
<td>3-6 Reflexes/reactions/responses</td>
</tr>
<tr>
<td>B. Body parts</td>
<td>A. Reflexes/reactions</td>
<td></td>
</tr>
<tr>
<td>2-2 Understanding and following directions</td>
<td>B. Anti-gravity responses</td>
<td></td>
</tr>
<tr>
<td><strong>LANGUAGE - EXPRESSIVE</strong></td>
<td></td>
<td>C. Stairs</td>
</tr>
<tr>
<td>2-3 Expressive vocabulary</td>
<td>4.0 L FINE MOTOR DEVELOPMENT - FOUNDATIONS**</td>
<td></td>
</tr>
<tr>
<td>2-4 Communicating with others</td>
<td>4-2 Grasp and prehension</td>
<td></td>
</tr>
<tr>
<td>A. Gesturally</td>
<td>4-3 Reach/approach</td>
<td></td>
</tr>
<tr>
<td>B. Verbally</td>
<td>4-4 Development of voluntary release</td>
<td></td>
</tr>
<tr>
<td>2-5 Learning grammar and sentence structure</td>
<td>4-5 Bilateral and midline skills</td>
<td></td>
</tr>
<tr>
<td>2-6 Development of sounds and intelligibility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2-7 Communicating through rhythm</td>
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<td></td>
</tr>
</tbody>
</table>

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Revised October 18, 2016

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<table>
<thead>
<tr>
<th>Outcome 1 (Has positive social relationships)</th>
<th>Outcome 2 (Acquires and uses skills and knowledge)</th>
<th>Outcome 3 (Takes appropriate action to meet needs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.0 I. FINE MOTOR DEVELOPMENT-FOUNDATIONS*</td>
<td>4.0 II. FINE MOTOR DEVELOPMENT- PERCEPTUAL-MOTOR INTEGRATION*</td>
<td>4.0 II. FINE MOTOR DEVELOPMENT- PERCEPTUAL-MOTOR INTEGRATION*</td>
</tr>
<tr>
<td>4-1 Visual responses and tracking</td>
<td>4-6 Spatial perception and planning</td>
<td>4-6 Spatial perception and planning</td>
</tr>
<tr>
<td>4.0 II. FINE MOTOR DEVELOPMENT-</td>
<td>A. Pre-writing</td>
<td>A. Pre-writing</td>
</tr>
<tr>
<td>PERCEPTUAL-MOTOR INTEGRATION*</td>
<td>B. Pages</td>
<td>B. Pages</td>
</tr>
<tr>
<td>4-6 Spatial perception and planning</td>
<td>C. Formboard</td>
<td>C. Stringing beads</td>
</tr>
<tr>
<td>A. Pre-writing</td>
<td>D. Paper activities</td>
<td>D. Scissors</td>
</tr>
<tr>
<td>4-7 Manipulative prehension</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Pages</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.0 SOCIAL-EMOTIONAL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5-2 Development of self</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Precursor skills for functional behaviors. These skills may not be appropriate or expected for some children, including those with sensory, motor, or other impairments.

Note: Areas or strands that are not precursor to or components of any of the three outcomes, and therefore not included in the crosswalk, were:

0.0 Regulatory/Sensory Organization
3.0 Gross Motor Development
  3-7 Advancing postural control
  C. Jumping
  F. Catching/throwing
  G. Riding a tricycle
  H. Balance beam

4.0 Fine Motor Development
  4-6 Spatial perception and planning
  B. Block construction
  C. Formboard
  D. Paper activities

4.0 Fine Motor Development
  4-7 Manipulative prehension
  B. Pegboard
  C. Stringing beads

6.0 SELF HELP
  6-1 Oral-motor development*
  6-2 Dressing
  6-3 Independent feeding
  6-5 Grooming and hygiene
  6-6 Toileting
  6-7 Household independence/responsibility

6-4 Sleep patterns and behaviors

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## Early Childhood Outcomes

### High/Scope Child Observation Record for Infants and Toddlers:
**Crosswalk to Child Outcomes**

<table>
<thead>
<tr>
<th>Outcome 1: Positive social relationships</th>
<th>Outcome 2: Knowledge and skills</th>
<th>Outcome 3: Action to meet needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>II. Social Relations</td>
<td>I. Sense of Self</td>
<td>I. Sense of Self</td>
</tr>
<tr>
<td>E. Forming an attachment to a primary</td>
<td>B. Distinguishing self from</td>
<td>A. Expressing initiative</td>
</tr>
<tr>
<td>caregiver (in a parent’s absence)</td>
<td>others</td>
<td>C. Solving problems ['physical problem solving']</td>
</tr>
<tr>
<td>F. Relating to unfamiliar adults</td>
<td></td>
<td>D. Developing self-help skills</td>
</tr>
<tr>
<td>G. Relating to another child</td>
<td></td>
<td>IV. Movement</td>
</tr>
<tr>
<td>H. Expressing emotions</td>
<td></td>
<td>N. Moving parts of the body*</td>
</tr>
<tr>
<td>I. Responding to the feelings of others</td>
<td></td>
<td>O. Moving the whole body*</td>
</tr>
<tr>
<td>J. Playing with others</td>
<td></td>
<td></td>
</tr>
<tr>
<td>V. Communication and Language</td>
<td></td>
<td></td>
</tr>
<tr>
<td>T. Participation in give-and-take</td>
<td></td>
<td></td>
</tr>
<tr>
<td>communication</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VI. Exploration and Early Logic:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>X. Exploring objects</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Y. Exploring categories</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Z. Developing number understanding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AA. Exploring space</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BB. Exploring time</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Areas not precursor or components of any of the three outcomes and therefore not included in the crosswalk were:

IV. Movement
   P. Moving with objects
   Q. Moving to music.

*Precursor skills for functional behaviors. These skills may not be appropriate or expected for some children, including those with motor or other impairments.

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## Early Childhood Outcomes

### The Ounce Scale (2003): Crosswalk to Child Outcomes

<table>
<thead>
<tr>
<th>Outcome 1: Positive social relationships</th>
<th>Outcome 2: Knowledge and skills</th>
<th>Outcome 3: Action to meet needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social and Emotional</td>
<td>Communication and Language</td>
<td>Social and Emotional</td>
</tr>
<tr>
<td>I. Personal Connections</td>
<td>IV. Understanding and Communicating</td>
<td>II. Feelings about Self</td>
</tr>
<tr>
<td>- Responds to familiar adults</td>
<td>- Responds to sights and sounds*</td>
<td>- Expresses feelings (such as comfort and discomfort)</td>
</tr>
<tr>
<td>- Engages with familiar adults</td>
<td>- Responds to frequently heard sounds and words*</td>
<td>- Shows preferences, likes, and dislikes</td>
</tr>
<tr>
<td>- Shows preference for familiar adults</td>
<td>- Shows understanding of gestures and words*</td>
<td>- Expresses own ideas, interests, feelings</td>
</tr>
<tr>
<td>- Relies on the presence of familiar adults to try things</td>
<td>- Follows simple directions and suggestions consistently</td>
<td>- Shows emerging sense of self (trying new things on their own)</td>
</tr>
<tr>
<td>- Shows need for familiar adult’s approval</td>
<td>- Understands questions, simple directions, beginning concepts, and the ideas and sequence of stories</td>
<td>- Shows comfort with independence, competence, feelings</td>
</tr>
<tr>
<td>- Reflects attitudes and behaviors of familiar adults</td>
<td>- Understands requests, directions, concept words, stories, sequence</td>
<td>- Shows awareness of social skills when expressing needs and wants</td>
</tr>
<tr>
<td>- Shows awareness of unfamiliar people</td>
<td>- Uses sounds and movement to communicate*</td>
<td>- Calms self</td>
</tr>
<tr>
<td>- Notices and reacts to unfamiliar adults</td>
<td>- Uses a variety of sounds and motions to communicate*</td>
<td>- Learning to cope with familiar and unfamiliar situations</td>
</tr>
<tr>
<td>- Shows awareness of unfamiliar adults</td>
<td>- Uses consistent sounds, verbal expressions, and gestures to communicate</td>
<td>- Tries to manage own behavior in different situations</td>
</tr>
<tr>
<td>- Acts cautiously around unfamiliar adults</td>
<td>- Uses some words to communicate</td>
<td>- Growing ability to manage own behavior</td>
</tr>
<tr>
<td>- Shows cautious interest in unfamiliar adults</td>
<td>- Uses a growing number of words, puts several words together</td>
<td>Physical Development</td>
</tr>
<tr>
<td>- Shows comfort around new adults</td>
<td>- Uses words and some conventions of speech to express thoughts and ideas</td>
<td>VI. Movement and Coordination</td>
</tr>
<tr>
<td></td>
<td>- Uses conventions of speech while expressing ideas</td>
<td>- Gaining control of head and body*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Changes body positions*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Changes position and begins to move from place to place*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Moves from place to place*</td>
</tr>
</tbody>
</table>

Note: Draft developed by the Early Childhood Outcomes (ECO) Center and revised based on preliminary feedback from users and the tool publisher and/or developers. The draft may be subject to further changes. We welcome your feedback to staff@the-eco-center.org.
## The Ounce Scale (2003): Crosswalk to Child Outcomes

<table>
<thead>
<tr>
<th>Outcome 1: Positive social relationships</th>
<th>Outcome 2: Knowledge and skills</th>
<th>Outcome 3: Action to meet needs</th>
</tr>
</thead>
</table>
| Shows awareness of social skills when expressing needs and wants | Social and Emotional
  | Calms self | II. **Feelings about Self**
  | Learning to cope with familiar and unfamiliar situations | Expresses feelings through language and pretend play. |
  | Tries to manage own behavior in different situations | Cognitive Development
  | Growing ability to manage own behavior | V. **Exploration and Problem Solving**
  | III. **Relationships with Other Children**
  | Shows awareness of other children | Pays attention to what is happening in the environment |
  | Interacts with other children | Shows understanding of things in the environment during exploration |
  | Watches and plays briefly with other children | Gains new understanding |
  | Plays beside other children | Explores the environment, learns how things work |
  | Shows capacity to play cooperatively with other children | Explores new ways to do things, beginning understanding of concepts of color, size, matching, weight |
  | Engages in cooperative play | Explores and understands in more detailed and abstract ways |
  | Begins to show awareness of other children’s feelings | Displays short term memory |
  | Shows awareness of other children’s feelings | Demonstrates memory |
  | Responds to other children’s feelings | Shows increased memory skills |
  | Shows increasing ability to understand the feelings of other children | Increasing memory for details and routines |
| | | Makes things happen |
| | | Makes expected things happen |
| | | Uses toys and other objects with purpose |
| | | Expects results when playing with toys and other objects |
| | | Shows increasing coordination and balance, and combines actions to participate in play activities |
| | | Demonstrates increased body control, combines several movements when participating in play activities |
| | | Participates in many play activities and uses new movement skills |
| | | Reaches toward things* |
| | | Uses both hands with intention and purpose* |
| | | Coordinates eyes with hands while holding and exploring objects* |
| | | Uses hands to engage in activities* |
| | | Uses hands and eyes to accomplish a variety of tasks |
| | | Demonstrates eye-hand coordination while manipulating and exploring objects* |
| | | Uses fingers, hands, and eyes to engage in a variety of activities* |
| | | Uses hands with increasing control and precision for a variety of purposes* |
| | | Holds on to things* |
| | | Begins to participate in self-help activities |
| | | Participates in self-help activities |
| | | Accomplishes many self-help activities |
| | | Accomplishes new self-help activities |

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### The Ounce Scale (2003): Crosswalk to Child Outcomes

<table>
<thead>
<tr>
<th>Outcome 1: Positive social relationships</th>
<th>Outcome 2: Knowledge and skills</th>
<th>Outcome 3: Action to meet needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication and Language</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IV. Understanding and Communicating</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Pays attention to and tries to participate in conversations</td>
<td>- Uses reasoning skills and planning ways to make things happen</td>
<td></td>
</tr>
<tr>
<td>- Participates in conversations</td>
<td>- Begins to understand consequences when re-creating events and following familiar routines</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Plans before taking action</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Shows ability to figure things out</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Thinks about a problem and figures out what to do</td>
<td></td>
</tr>
</tbody>
</table>

Note: Children at different age levels are compared to different sets of indicators and standards within the six core areas of development.

*Precursor skills for functional behaviors. These skills may not be appropriate or expected for some children, including those with sensory, motor, or other impairments.

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Note: Draft developed by the Early Childhood Outcomes (ECO) Center and revised based on preliminary feedback from users and the tool publisher and/or developers. The draft may be subject to further changes. We welcome your feedback to staff@the-eco-center.org.
What are the Early Childhood Outcomes (ECO)?

The New Mexico Family Infant Toddler Program statewide system documents how early intervention makes positive differences in the lives of children and families in New Mexico. Progress for all children in New Mexico’s early intervention program will be measured on three child outcomes.

The child outcomes focus on skills and abilities that children use to be successful in everyday activities and routines and skills children need to be successful in their home, community and their future school settings. The three child outcomes are:

1. Children have positive social relationships.
2. Children acquire and use knowledge and skills.
3. Children take appropriate action to meet their needs.

Why is this information important?

- It tells how early intervention and early childhood programs make a difference for the children and families they support and serve.
- It gives information that can be used to improve early intervention and early childhood special education programs.
- It provides data used in the Annual Performance Report (APR) to the Office of Special Education Programs (OSEP). The APR is available to the general public and can be found on the NM Department of Health website.

How was information about my child’s development gathered?

Your child’s service provider gathers information about your child from you and other caregivers/professionals who work with your child regularly. Additional information is gathered from formal child assessments.

Form Effective October 1, 2015

How is my child’s privacy protected, where does the information go, and do I have access to the information?

Only summary information is reported annually to the Federal Office of Special Education Programs (OSEP) in the U.S. Department of Education. Your name and your child’s name will not be attached to the information that is reported. You may talk with your child’s service providers about your child’s outcome information.

How can parents and families be involved?

You know your child best! You are a partner in helping to measure your child’s progress. Share your observations of your child’s skills in each of the child outcome areas. Describe how your child interacts with friends and family. Let your child’s service providers know examples of how your child participates in typical family routines and in community activities. Tell your child’s service providers how your child meets their self-care needs at home.

Will my child be required to have additional testing?

No, evaluation information used to determine eligibility and ongoing assessment for your child’s progress provides sufficient information for understanding your child’s outcomes.
Appendix I: Questions and Answers about the Early Childhood Outcomes System in New Mexico

**Q** What children can be exempt from measurement of child outcomes?

**A** Although OSEP does not require ECO data for children receiving less than six (6) months of services. All children entering services with the FIT Program must participate in initial outcomes measurement and exit outcomes measurement.

**Q** Does the initial ECO Summary need to be done at the initial IFSP or can it be done later?

**A** The initial ECO is required to be completed and entered into FITKIDS within sixty (60) days from the IFSP, however it is important to remember the rating must be based on information available prior to the child receiving any services (except for Family Service Coordination). Many agencies find it simplest to conduct the ECO Summary directly following the initial IFSP meeting instead of reconvening the entire team again for another meeting.

**Q** What do we do if the child transfers from another FIT Program?

**Q** Do we do another initial ECO Summary?

**A** Yes. However, if the transferring agency has completed an ECO rating within the last 6 months, the receiving agency may choose to use this data as their initial ECO rating. If the receiving agency chooses to do this, they simply enter those ratings in FIT-KIDS as their agency’s initial ECO ratings with a new date to correspond with the date the agency received the transfer. If no ECO rating has been conducted for 6 months or more, the receiving agency must conduct an assessment to determine initial ECO ratings.

**Q** We are about to transfer a child to another agency. Do we need to conduct an exit ECO rating?

**A** Yes, you are required to conduct an exit ECO summary rating. FIT-KIDS will require this before allowing you to close the case.

**Q** What do we do if the child transfers from out of state where the other state conducted the initial ECO Summary.

**A** Even if the child has participated in ECO Summary in another state, when the child transfers to New Mexico, an initial ECO summary must be conducted since the family is new to services from the FIT Program. Each state is being assessed for its effectiveness in improving outcomes for children involved in early intervention services within their own state.

**Q** What do we do if parents disagree with the team on the ratings the child was assigned.

**A** In this situation, the team has a couple of options. First, we strive to have the team come to consensus on the ratings. This is a time to do some education for parents to help them clearly understand the difference between typical development and their child’s development. Usually, this is the best option.

Part of our job in early intervention is to work with the family to help them understand their child’s strengths and needs, but at this early point, this has not yet occurred. Parents are not required to part of the actual rating of the outcomes so using the ECO Descriptors to have a conversation with the family may be helpful and support their understanding.

**Q** Is it really necessary to list all the sources of information on the summary form for every outcome?

**A** Yes. At a minimum, there
must be information from the parent, from the assessment tool results and from clinical opinion. The information provided should justify to anyone reading the summary how the team arrived at its rating for each outcome.

Q How do we handle Chronical Age vs. Adjusted Age for the rating?

A The answer to this questions is on page 15 of the ECO Manual New Mexico Early Childhood Outcomes System. “Age Adjustment for Premature Infants: A keen difference between evaluation for eligibility and evaluation for Child Outcome ratings is that for Child Outcome ratings, we do not adjust for prematurity. For premature infants, use their chronological age to compare to the skills of same-age peers.”

Q What do we do for kids needing an exit ECO when the initial was completed within 6 months?

A Although data for children receiving services less than six months is not required to be reported to OSEP, all children participating in the NM FIT program are required to have both an initial and an exit ECO rating.

Q What do we put on the second page of the exit ECO when there has been no updated testing?

A If by testing you were referring to using the IDA to re-determine eligibility, you of course would not re-administer the IDA. However, you are still required to have sufficient information to determine a rating. Which includes: All developmental levels are documented using age ranges obtained from evaluation and assessment results, in the situation you are referring to you would consider the most recent evaluation and information gathered through your ongoing assessment process including the tool to provide developmental levels. Functional descriptions of strengths and needs are provided. Functional descriptions include what will support child in making progress in each developmental area. All information is written using family friendly language. Relevant to daily life.

Q Does the team do the exit ECO or can it just be the FSC?

Although the Family Service Coordinator, working with the child and family, is responsible for gathering all the information to complete the summary form it is also the FSC responsibility to ensure participation of other appropriate service providers or evaluators to develop ECO ratings, this generally would be the child’s IFSP team.

As noted on page 17 of the ECO Manual, the team must include at least one other discipline with a thorough understanding of early childhood development and early childhood assessments. The FSC would never completed an ECO rating without a team meeting.

Q How do I complete the ECO when the family only has FSC/DS doing dual role?

The child’s evaluation and/or IFSP team will generally complete the initial ECO rating. If a child is exiting the FIT system and has only received services from a dual role FSC/DS the FSC/DS in his or her role as an FSC will identify at least one other discipline with a thorough understanding of early childhood development.
and early childhood assessments as noted on page 17 of the ECO Manual. This individual and the FSC/DS in his or her role as DS will meet to complete the summary form.

Q Are there times the CME team needs to participate in the ECO meeting?

The CME team would generally always participate in the ECO meeting. Information gathered from parents is infused into all the information gathering process used to prepare for and completed the child’s evaluation therefore the CME team will have valuable information to support the teams rating. Please see page 15 of the ECO Manual for more information.

Do we still complete an Exit ECO if a child is referred, evaluated and an IFSP is written but the family then moves out of state the next month. There would be no new sources of information and the Initial ECO and Exit ECO would be the same with no progress noted.

Although there may not be any new information regarding this child An Exit ECO is required for all children in the FIT Program.

If a new annual IFSP was written within a couple months of the child being discharged/exited, could the IFSP present abilities page suffice if it met the requirements for EXIT ECO rating justification?

No page two of the ECO Summary form is required to be completed for all children exiting the NM FIT system.
Appendix J: OSEP Reporting Requirements

How Data from the Child Outcomes Summary Form (COSF) Can Be Used to Address the OSEP Reporting Requirement

Note: Please review the Child Outcomes Summary Form (COSF) before reading this document.

This document explains how the information produced from the Child Outcomes Summary Form (COSF) can be used to classify a child into one of the 5 reporting categories that make up the Office of Special Education Programs (OSEP) reporting requirement on child outcomes. For OSEP states are required to report on five categories of progress for each of the three child outcomes:

a. Children who did not improve functioning.

b. Children who improved functioning but not sufficient to move nearer to functioning comparable to same aged peers.

c. Children who improved functioning to a level nearer to same aged peers but did not reach it.

d. Children who improved functioning to reach a level comparable to same aged peers.

e. Children who maintained functioning at a level comparable to same aged peers.

The COSF is to be completed when the child begins services. Each child will have three numbers (one for each outcome, the answers to questions 1a, 2a, 3a) reflecting the child’s functioning at entry. When the form is completed at exit, each child will have the three answers to the “a” questions reflecting functioning at exit along with the three answers to the “b” question (1b, 2b, 3b) about acquiring any new skills or behaviors. (Many states are completing the form more frequently than at entry and exit but these interim ratings are not needed for reporting to OSEP).

Scores from New Mexico’s COSF are turned into numerical scores as follows:

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Completely</td>
</tr>
<tr>
<td>6</td>
<td>Between Completely and Somewhat</td>
</tr>
<tr>
<td>5</td>
<td>Somewhat</td>
</tr>
<tr>
<td>4</td>
<td>Between Somewhat and Emerging</td>
</tr>
<tr>
<td>3</td>
<td>Emerging</td>
</tr>
<tr>
<td>2</td>
<td>Between Emerging and Not Yet</td>
</tr>
<tr>
<td>1</td>
<td>Not Yet</td>
</tr>
</tbody>
</table>

Scores of “6” or “7” on the scale reflect age-expected development. A “7” is assigned to a child showing age-appropriate functioning for whom there are no concerns related to the outcome and a “6” is assigned to a child whose functioning is generally considered age-appropriate but for whom there are also some concerns. Children who are rated a “6” or “7” at both time points are children who maintain functioning at a level comparable to same-age peers (OSEP category e). Children who have ratings of “5” or lower at entry and either a “6” or “7” at exit are children who reached a level of functioning comparable to same aged peers (OSEP category d). Children who move up the scale but did not
reach “6” or “7” (e.g., from a “3” to a “4”, a “4” to a “5”, etc.) are children who improved functioning to a level nearer to same aged peers but did not reach it (OSEP category c). Children who obtain the same score at both time points are listed as having improved functioning but not sufficient to move nearer to functioning comparable to same aged peers (OSEP category b) except this is not necessarily the case for a child who receives a “1” at entry and exit. For children who show lower functioning relative to same-aged peers (e.g., go from a “5” to a “3”) or are very low functioning (e.g., a “1” at both time points), the “b” question documents whether or not a child has made ANY progress (gained even one new skill or behavior). A “yes” to question b for a child who is rated a “1” at both time points or who has received a lower rating at exit would indicate that the child has improved functioning but not sufficient to move nearer to functioning comparable to same aged peers (OSEP category b). A child who receives a “no” to the “b” question, meaning the child has not shown any new skills or behaviors related to the outcome between entry and exit would be classified in OSEP category a.

Table 1 provides hypothetical data illustrating results for 10 children on Outcome 2. The COSF was completed twice for these children, i.e., once at entry and once at exit.

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Entry Question 2a</th>
<th>Exit Question 2a</th>
<th>Exit Question 2b</th>
<th>OSEP Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tammy</td>
<td>7</td>
<td>7</td>
<td>yes</td>
<td>e</td>
</tr>
<tr>
<td>Patty</td>
<td>6</td>
<td>7</td>
<td>yes</td>
<td>e</td>
</tr>
<tr>
<td>Jonas</td>
<td>3</td>
<td>5</td>
<td>yes</td>
<td>c</td>
</tr>
<tr>
<td>Phoenix</td>
<td>4</td>
<td>4</td>
<td>yes</td>
<td>b</td>
</tr>
<tr>
<td>Angela</td>
<td>1</td>
<td>1</td>
<td>no</td>
<td>a</td>
</tr>
<tr>
<td>Juan</td>
<td>2</td>
<td>4</td>
<td>yes</td>
<td>c</td>
</tr>
<tr>
<td>Terry</td>
<td>1</td>
<td>1</td>
<td>yes</td>
<td>b</td>
</tr>
<tr>
<td>Leroy</td>
<td>3</td>
<td>5</td>
<td>yes</td>
<td>c</td>
</tr>
<tr>
<td>Maria</td>
<td>4</td>
<td>7</td>
<td>yes</td>
<td>d</td>
</tr>
<tr>
<td>Tony</td>
<td>5</td>
<td>3</td>
<td>yes</td>
<td>b</td>
</tr>
</tbody>
</table>

Table 2 shows the percentages for this set of data for the five OSEP categories.

<table>
<thead>
<tr>
<th>Category</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>10</td>
</tr>
<tr>
<td>b</td>
<td>30</td>
</tr>
<tr>
<td>c</td>
<td>30</td>
</tr>
<tr>
<td>d</td>
<td>10</td>
</tr>
<tr>
<td>e</td>
<td>20</td>
</tr>
</tbody>
</table>

Developed by the Early Childhood Outcomes Center – 9-29-06
Calculating OSEP Categories from COSF Responses

The two tables below show the OSEP reporting category generated from all possible combinations of COSF ratings at entry and exit.

Possible Combinations (Arranged by COSF Rating)

<table>
<thead>
<tr>
<th>If the COSF rating at Time 1 is…</th>
<th>If the COSF rating at Time 2 is…</th>
<th>If the answer to the new skills question is…</th>
<th>The OSEP reporting category is…</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>7</td>
<td>yes</td>
<td>e</td>
</tr>
<tr>
<td>7</td>
<td>6</td>
<td>yes</td>
<td>e</td>
</tr>
<tr>
<td>7</td>
<td>1 to 5</td>
<td>yes</td>
<td>b</td>
</tr>
<tr>
<td>7</td>
<td>1 to 5</td>
<td>no</td>
<td>a</td>
</tr>
<tr>
<td>6</td>
<td>7</td>
<td>yes</td>
<td>e</td>
</tr>
<tr>
<td>6</td>
<td>6</td>
<td>yes</td>
<td>e</td>
</tr>
<tr>
<td>6</td>
<td>1 to 5</td>
<td>yes</td>
<td>b</td>
</tr>
<tr>
<td>6</td>
<td>1 to 5</td>
<td>no</td>
<td>a</td>
</tr>
<tr>
<td>5</td>
<td>6 or 7</td>
<td>yes</td>
<td>d</td>
</tr>
<tr>
<td>5</td>
<td>5</td>
<td>yes</td>
<td>b</td>
</tr>
<tr>
<td>5</td>
<td>1 to 4</td>
<td>yes</td>
<td>b</td>
</tr>
<tr>
<td>5</td>
<td>1 to 4</td>
<td>no</td>
<td>a</td>
</tr>
<tr>
<td>4</td>
<td>6 or 7</td>
<td>yes</td>
<td>d</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>yes</td>
<td>c</td>
</tr>
<tr>
<td>4</td>
<td>4</td>
<td>yes</td>
<td>b</td>
</tr>
<tr>
<td>4</td>
<td>1 to 3</td>
<td>yes</td>
<td>b</td>
</tr>
<tr>
<td>4</td>
<td>1 to 3</td>
<td>no</td>
<td>a</td>
</tr>
<tr>
<td>3</td>
<td>6 or 7</td>
<td>yes</td>
<td>d</td>
</tr>
<tr>
<td>3</td>
<td>4 or 5</td>
<td>yes</td>
<td>c</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
<td>yes</td>
<td>b</td>
</tr>
<tr>
<td>3</td>
<td>1 or 2</td>
<td>yes</td>
<td>b</td>
</tr>
<tr>
<td>3</td>
<td>1 or 2</td>
<td>no</td>
<td>a</td>
</tr>
<tr>
<td>2</td>
<td>6 or 7</td>
<td>yes</td>
<td>d</td>
</tr>
<tr>
<td>2</td>
<td>3 to 5</td>
<td>yes</td>
<td>c</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
<td>yes</td>
<td>b</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>yes</td>
<td>b</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>no</td>
<td>a</td>
</tr>
<tr>
<td>1</td>
<td>6 or 7</td>
<td>yes</td>
<td>d</td>
</tr>
<tr>
<td>1</td>
<td>2 to 5</td>
<td>yes</td>
<td>c</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>yes</td>
<td>b</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>no</td>
<td>a</td>
</tr>
</tbody>
</table>
### Possible Combinations (Arranged by OSEP Categories)

<table>
<thead>
<tr>
<th>If the COSF rating at Time 1 is...</th>
<th>If the COSF rating at Time 2 is...</th>
<th>If the answer to the new skills question is...</th>
<th>The OSEP reporting category is...</th>
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### Impossible Combinations of COSF Responses

The following table presents combinations that are **impossible** and provides an explanation for why.

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<thead>
<tr>
<th></th>
<th>If the COSF rating at Time 1 is...</th>
<th>If the COSF rating at Time 2 is...</th>
<th>If the answer to the new skills question is...</th>
<th>Explanation why this combination of COSF responses is impossible</th>
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<td>A “no” response to the new skills question means the child has not shown any new skills or behaviors related to the outcome between entry and exit. This combination of responses is impossible since a child has to have acquired new skills to receive a rating of age expected development; children must acquire new skills over time to maintain age expected development.</td>
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<td>A “no” response to the new skills question means the child has not shown any new skills or behaviors related to the outcome between entry and exit. A higher rating at time 2 means he/she acquired new skills.</td>
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<td>A “no” response to the new skills question means the child has not shown any new skills or behaviors related to the outcome between entry and exit. To receive the same rating on the scale at two time points, the child has to have acquired new skills, because as children get older it takes more skills to receive the same rating.</td>
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The Two Summary Statements

The ECO Center has devised a summary statements calculator, which is a tool that takes OSEP progress category data for the three child outcomes and converts it to two summary statements.

**Summary Statement 1**: Of those children who entered the program below age expectations in each outcome, the percent who substantially increased their rate of growth by the time they exited the program. (This is calculated as follows:

\[(c + d) / (a + b + c + d)\]

**Summary Statement 2**: The percent of children who were functioning within age expectations in each outcome by the time they exited the program. (This is calculated as follows:

\[(d + e) / (a + b + c + d + e)\]
TYPICAL DEVELOPMENT: BIRTH TO 36 MONTHS

General Information about Child Development

- Every child develops at an individual rate, possesses unique characteristics, and exhibits an array of talents and interests regardless of family background, culture, special needs, experience, or ability.

- Though children follow general sequences of development, each child will develop in unique ways, depending upon the child’s personality, context and experiences.

- There is a wide range for emergence of developmental skills; it is impossible to pin down the exact age at which every child will have achieved a specific milestone. For the purpose of determining a child’s developmental status in relation to same age peers, skills are listed according to the latest age they typically emerge for most children.

- Optimal learning occurs when we recognize that all aspects of a child’s development (e.g., social and emotional, approaches to learning, language and literacy, cognitive, and physical) are inextricably interrelated and nurtured through a combination of active exploration, play, social interactions, and thoughtfully planned activities that capitalize on children’s natural tendency to seek ever higher levels of challenge to master.

- Children develop holistically; growth and development in one area often influences and/or depends upon development in other areas. It is imperative to recognize the interconnectedness of children’s early development in all areas.

Using This Resource

The information in the following pages has been compiled from a variety of books, assessment tools and websites. The information is organized in accordance with the three Office of Special Education Program (OSEP) child outcomes to help practitioners, parents and other family members understand the kinds of functional behaviors displayed by typically developing children at various ages. It is very important to keep in mind there is a wide range for emergence of developmental skills for typically developing children. In order to understand a child’s developmental functioning in comparison to same-age peers, evaluators must be familiar with the child’s behavior over the variety of settings, situations, and interactions that make up the child’s day to day life. The functional outcomes being rated address behaviors that are meaningful and used in the context of children’s everyday
lives. Evaluators should always be considering how the child is using skills and behaviors to achieve a result or outcome that is meaningful to him/her in his/her daily life.

These examples should not be considered or used as a checklist. They are descriptions of the kinds of behaviors that a child of a given age might use in their everyday routines and activities. The behavioral descriptors are to be used as a supplement to, not a substitute for, other assessment information gathered through use of validated assessment tools, observation, discussions with families and other caregivers, and review of reports from other individuals regarding the child's developmental. In determining the extent to which a child's functioning meets age expectations, the team must look at an overall pattern, rather than specific fragments of development.

Please Note: A thorough explanation and details of development are beyond the scope of this document. It is incumbent upon early childhood professionals to have a thorough knowledge of development. Resources listed in this manual can be used as one mechanism for professionals to increase their knowledge. Observation of typically developing children and specific coursework are other methods to increase professional competency in child development.
General Impression:
Sleeping and eating is a major focus for baby. Baby is comforted by caregiver and relies on caregiver to meet physical and emotional needs.

A. Positive Social-Emotional Skills (including social relations)
   - The infant is responding to the people around him; he stops crying when he sees someone's face, hears a voice or when he is picked up and held.

B. Acquisition and Use of Knowledge and Skills (including early language/communication)
   - Baby looks at colorful toys briefly and focuses on objects as far away as three feet.
   - He responds to voices and can already recognize his parent's voice.

C. Ability to Take Actions to Get Needs Met
   Controls Body to Get Wants and Needs Met
   - In order to look at people or respond to a noise, baby can slightly lift his head off parent’s shoulder or floor when on tummy and can turn head to both sides when lying on back.
   - Baby's hands are often fisted and therefore baby is not yet holding onto toys, but may use a reflexive grasp to hold onto a caregiver's finger.

Self Care (Feeding, Dressing & Toileting)
- Baby is able to coordinate his suck and swallow when breastfeeding or being fed from a bottle.

Makes Wants and Needs Known
- He cries to let his caregivers know when he is hungry or uncomfortable.
- He may stop crying when picked up and held.
## 2 months

**General Impression:**
Sleeping patterns are becoming more predictable. Baby is more alert and reacts to caregivers by watching them and moving arms/legs in response to caregivers.

### A. Positive Social-Emotional Skills (including social relations)
- The baby is responding positively to her Mom and Dad. She gets excited when Mom or Dad comes in the room, and may cry when her Mother leaves the room.
- She is beginning to notice other people and shows excitement by smiling and moving her arms and legs.

### B. Acquisition and Use of Knowledge and Skills (including early language/communication)
- Baby is beginning to be able to focus on people and objects further away from her (2-4 feet).
- She can visually recognize her parent and she stares and gazes at a toy or Mom or Dad.
- She is beginning to make single vowel sounds.

### C. Ability to Take Actions to Get Needs Met
**Controls Body to Get Wants and Needs Met**
- Baby is increasing her ability to move and control her body in response to a caregiver and she may be seen kicking her legs or straightening them out.
- Baby can also roll to her back from her side to look for a caregiver.
- She will be able to use her forearms to lift her head when lying on her tummy, which will begin her ability to explore toys, faces, etc.

**Self Care (Feeding, Dressing & Toileting)**
- Baby can coordinate several sucks before swallowing when nursing or bottle-feeding. Leakage is minimal.

**Makes Wants and Needs Known**
- Cries begin to have differentiated tones for hunger, etc.
3 months

**General Impression:**
Interest in watching the faces of people talking to baby increases dramatically from the prior month. Crying diminishes as baby is interested in exploring the room and faces visually. Baby is starting to roll which allows him to look for toys or faces. He is beginning to look around while on his tummy. He tolerates being on his tummy without being uncomfortable in the position.

A. **Positive Social-Emotional Skills (including social relations)**
- The baby is showing a greater interest in people than objects by focusing longer on human faces than any objects.
- He looks closely at the face and eyes of the person talking to him.
- He may coo when talked to and has begun to give a small chuckle or laugh.

B. **Acquisition and Use of Knowledge and Skills (including early language/communication)**
- Baby is learning about his hands by bringing them close to his face and watching them, and also by mouthing them.
- He recognizes his bottle.
- He is learning through his sense of hearing in addition to his vision - looking around the room when he hears a sound and cooing when talked to.
- He continues to use his vision to learn, looking back and forth between toys, and looking at the face and eyes of the person talking to him.
- He still prefers human faces, but will look around the room to others and objects.

C. **Ability to Take Actions to Get Needs Met**

**Controls Body to Get Wants and Needs Met**
- Baby is much more in control of his head and looks around from many positions (lying on back, being held at shoulder, lying on tummy). This allows him the opportunity to begin to seek out his toys or explore with his eyes.
- Baby should tolerate being on his tummy and even use the time on his tummy to lift up on his forearms and begin to lift on straight arms to look at his caregiver or others in his environment.
- He can sit upright on someone’s lap with support and turn his head to look around.

**Self Care (Feeding, Dressing & Toileting)**
- Several sucks before swallowing

**Makes Wants and Needs Known**
- Definite cry for hunger distinguishable by caregivers
4 months

General Impression:
- Baby is able to hold her toys and will take some of those toys to her mouth for further exploration.
- Baby recognizes familiar people and will get excited, smile, vocalize and reach out for caregiver.
- Baby is rolling off of her tummy to get a fuller view of the world or communicate with caregiver.

A. Positive Social–Emotional Skills (including social relations)
- The baby vocalizes, smiles, and reaches out to a familiar person and may laugh aloud when playing.
- She may get upset and cry if her play is interrupted.
- Vocalizes and jabbers when left alone.
- She may show distress when she hears an angry voice and laugh aloud when playing.

B. Acquisition and Use of Knowledge and Skills (including early language/communication)
- Watches movement of her own hands and will follow a dangling toy or object with her eyes.
- She gets excited when she sees caregiver preparing her bottle.
- She reaches for toys and is able to grasp a toy for a few seconds. She may bring the toy to her mouth.
- She turns her head toward a voice or the sound of a rattle.

C. Ability to Take Actions to Get Needs Met
- Controls Body to Get Wants and Needs Met
  - Baby is getting stronger and can tolerate being on her tummy with her head and chest up for longer periods of time.
  - Baby has also figured out that she can elicit noise from toys by shaking them. She may not have perfect control when shaking, but it is purposeful.
  - Baby can hold a toy in her hand for a few seconds and her interest in doing so can be seen by her work to reach towards a toy.

Self Care (Feeding, Dressing & Toileting)
- May place both hands on bottle.
- Pats bottle

Makes Wants and Needs Known
- Distinct cries for multiple needs - hunger, fatigue, pain
5 months

General Impression:
Baby has an increased interest in toys now and has become interactive with caregivers as seen in baby’s social interactions, such as giggling and imitating faces. Baby can distinguish the difference between happy and angry voices.

A. Positive Social-Emotional Skills (including social relations)
   - Baby is engaging with others through cooing as if in a conversation.
   - He laughs aloud when someone talks to or tickles him.
   - He enjoys hearing and will respond by cooing or moving around.
   - He can definitely distinguish between friendly and angry voices.

B. Acquisition and Use of Knowledge and Skills (including early language/communication)
   - Baby has new ways of playing with toys including exploring them with his mouth.
   - He will turn his head and look when a toy is dropped.
   - His social skills also impact learning as he will imitate a few simple facial expressions and laugh aloud when tickled or talked to.

C. Ability to Take Actions to Get Needs Met
   Controls Body to Get Wants and Needs Met
   - Baby is getting more sophisticated with holding toys and can even hold a toy in both hands at the same time.
   - If he drops a toy, he will look for it, then pick it back up - if it is still interesting to him.

Self Care (Feeding, Dressing & Toileting)
   - May begin taking food from a spoon.
   - Places both hands on bottle during feeding

Makes Wants and Needs Known
   - Baby continues to cry to get primary needs met, but may also use cooing or smiles to get social needs met.
6 months

**General Impression:**
Baby is much more mobile now. She is able to roll and is showing signs of early prop sitting. She is making many sounds and enjoys smiling. She turns quickly to a caregiver's voice.

**A. Positive Social-Emotional Skills (including social relations)**
- Baby recognizes her parent's voice and turns immediately when she hears it across the room.
- Her first separation anxiety is beginning as she can now distinguish strangers from those who are in her family circle.
- She smiles and vocalizes to her image in the mirror and she gets excited when hearing someone nearby.
- She lets others know she is interested in engaging with them through vocalizing and waving her arms.
- Baby coos or babbles when happy and she smiles a lot when playing.

**B. Acquisition and Use of Knowledge and Skills (including early language/communication)**
- Baby is interested in her toys and actively reaches for them in play.
- She consistently puts the toys and other objects into her mouth while playing.
- When she drops a toy, she looks for it, showing she remembers that it exists even when out of sight.
- She is imitating simple sounds as well as facial expressions. She smiles, vocalizes and pats at her own image in a mirror.

**C. Ability to Take Actions to Get Needs Met**

**Controls Body to Get Wants and Needs Met**
- Baby is rolling in all directions to get to toys and caregiver.
- She can sit in a high chair for mealtime and has found a toy in her feet and toes as she enjoys playing with them.
- Parents may enjoy standing their child up on their lap and baby also gets excited to be in this taller posture - she may respond positively (i.e. laughing, smiling, cooing, holding the position, etc.) to continue to be held in this upright position.

**Self Care (Feeding, Dressing & Toileting)**
- Baby is able to hold her bottle easily.
- She rakes up cheerios with her fingers against palm of hand (if opportunity exists).
- She is also able to pick up a sippy cup with a handle, but may not yet have opportunity for this experience.

**Makes Wants and Needs Known**
- Distinct cry/behavior for different needs
7 months

**General Impression:**
Baby has a new view of his toys as he is able to sit by himself and use his hands freely to manipulate toys before taking them to his mouth. Baby’s vocalizations are expanding to include some consonant vowel combinations. Baby is showing signs of wanting to crawl.

A. **Positive Social–Emotional Skills (including social relations)**
   - Baby continues to show a strong attachment to primary caregivers.
   - He still enjoys looking at his mirror image.
   - His coos and babbling continue to be a response to social stimuli as well as a way to engage others.

B. **Acquisition and Use of Knowledge and Skills (including early language/communication)**
   - Baby’s interest in toys and playing expands
   - Plays with paper when it is offered
   - Holds one toy in a hand and picks up another toy with the other hand
   - Reaches persistently for toys, picks up and transfers toy from one hand to another, and bangs and shakes toys to elicit a noise
   - Vocalizations continue with additional vowel sounds being added. Baby may even be able to make consonant vowel combinations as he babbles in play.

C. **Ability to Take Actions to Get Needs Met**
   **Controls Body to Get Wants and Needs Met**
   - Baby is really pushing to move to get to toys.
   - He can sit and play with his toys, go onto his tummy and reach out with one arm, and experiment on his hands and knees by rocking back and forth.
   - Most babies are able to scoot backwards.
   - Baby can use his hands to manipulate toys between them and he will reach out fully to get to a toy.

   **Self Care (Feeding, Dressing & Toileting)**
   - Eats solid foods from a spoon well
   - Can finger-feed dry cereal, little pieces of meat, fruits and vegetables

   **Makes Wants and Needs Known**
   - Will reach or push away to indicate needs regarding food/drink
8 months

**General Impression:**
Baby is exploring more now that she can sit, roll, scoot and maybe crawl forward. Everything in baby's world seems to be a new adventure.

A. **Positive Social-Emotional Skills (including social relations)**
   - Baby continues to increase her ability to vocalize in “conversation” to respond to people.
   - Baby's first separation anxiety is resolving.

B. **Acquisition and Use of Knowledge and Skills (including early language/communication)**
   - Baby has learned how to get her toys to make noises. She will shake them repeatedly to get the noise.
   - She may be able to activate very simple cause/effect toys.
   - She is still putting toys in her mouth, but now she is biting or chewing on them.
   - She has several consonant vowel combinations, such as ba, na, ka. She can make sounds like dada, baba and mama.

C. **Ability to Take Actions to Get Needs Met**

   **Controls Body to Get Wants and Needs Met**
   - Many babies are scooting forward in a modified crawl to get to their toys, caregiver or bottle.

   **Self Care (Feeding, Dressing & Toileting)**
   - Baby is much more successful in finger feeding herself.

   **Makes Wants and Needs Known**
   - May use shouting to get someone's attention (not just whining, crying)
9 months

General Impression:
Baby is engaged and interactive with others. Early "conversation" is happening with others. Baby has newfound freedom with crawling, and may explore large areas of a room. More independent in finger feeding self snacks.

D. Positive Social-Emotional Skills (including social relations)

- By nine months old, baby will turn his head if his name is called, make eye contact and smile acknowledging the interaction.
- He will shake his head "no-no" and use vocalization, turning or pushing away to indicate he is finished or doesn't like what is being offered.
- Baby notices and vocalizes when Mom is preparing to leave the house.
- He will exchange smiles, loving faces and other expressions with his parents, including back and forth sounds.
- He will now play interactive games such as chase or peek-a-boo.

E. Acquisition and Use of Knowledge and Skills (including early language/communication)

- Baby has a clear understanding of object permanence, as he will now search for a toy when it is taken away.
- He purposefully releases a toy from his hand and will engage putting things in and out of containers.
- Baby can shake his head "no-no" to indicate what he does/doesn't want.
- He turns to make eye contact and smiles when his name is called, showing both an understanding of his name and the social interaction.
- He imitates simple sounds and many consonant vowel combinations can be heard now in play.

F. Ability to Take Actions to Get Needs Met

Controls Body to Get Wants and Needs Met

- Baby is very sure in sitting and transitioning into other positions from sitting to play or to get other needs met.
- Many babies will be pulling up to stand using their caregiver or the furniture.
- Baby can show excitement and engage in play by clapping hands together.
- May enjoy banging objects to make very loud noises.

Self Care (Feeding, Dressing & Toileting)

- Holds, bites, and chews cracker or cookie
- Grasps food and small toys/objects with thumb and forefinger (early pincer grasp - inferior. More refined/neat pincer grasp is by 12 months

Makes Wants and Needs Known

- Shakes head "no-no"
10 months

**General Impression:**

Baby is beginning to respond to social games. Baby is very motivated by her ability to move as she can now pull up to standing from sitting position and crawl on hands and knees to get to her toys or caregiver or explore new areas. Baby may "push" boundaries with this new mobility.

**A. Positive Social–Emotional Skills (including social relations)**

- Baby is showing early understanding of social games as she will respond with an action to a simple request i.e. wave bye-bye, peek-a-boo and so big.
- She is beginning to get an understanding of “no-no” as she will stop briefly what she is doing when told no.

**B. Acquisition and Use of Knowledge and Skills (including early language/communication)**

- Baby is showing an interest in books and will look at the pictures.
- She likes to imitate caregiver's actions in play by banging, stirring, patting, etc.
- She is exploring toys by poking and touching with her index finger.
- She can easily uncover toys that are hidden and will move other objects in an attempt to find a lost toy.
- She may show a preference for certain toys and routinely seek those toys.
- She calls “mama” and "dada" although it may not yet be specific (that would be expected by 12 months) and will stop what she is doing when told “no-no,” if only for a brief period.

**C. Ability to Take Actions to Get Needs Met**

**Controls Body to Get Wants and Needs Met**

- Baby is crawling now to get her needs met (toys, caregivers).
- Baby likes standing and many babies will be cruising along the furniture to get to many items – even those that are "off limits" such as a glass with water.

**Self Care (Feeding, Dressing & Toileting)**

- Child is eating more foods and relying less on bottle and/or breast for nutrition

**Makes Wants and Needs Known**

- May go to pantry/kitchen looking for food
11 months

General Impression:
Baby is exerting more independence in mobility and feeding skills. Most babies will be experimenting with standing alone without support of caregiver or furniture. Baby repeats actions, such as laughing, to get a response from others in their environment.

A. Positive Social–Emotional Skills (including social relations)
   - Baby is showing an awareness of how actions get a positive response (i.e. laughing) from adults.
   - He will do an action repeatedly to get the desired response.

B. Acquisition and Use of Knowledge and Skills (including early language/communication)
   - Baby understands that his actions have an effect – he will repeat sounds or gestures when they are laughed at.
   - He is actively seeking out his toys now that his motor skills allow him to do so.
   - Baby can hold crayons and make marks on the paper but may prefer to put the crayons in his mouth.
   - Baby can make many different vowel consonant combinations.
   - He is just about to emerge into language with consistent names for mom and dad in the upcoming month.
   - His babbling may sound more like words.

C. Ability to Take Actions to Get Needs Met
   Controls Body to Get Wants and Needs Met
   - Most babies will be somewhere in the walking stage, although true walking is not fully expected until 14 months. This level of independence opens up many ways for the baby to get his own entertainment and physical needs met.
   - Many babies begin to have the opportunity to "color" and they are successful with making some marks on paper or other surfaces.

Self Care (Feeding, Dressing & Toileting)
   - Finger feeds
   - Shows early spoon-feeding skills

Makes Wants and Needs Known
   - May say “baba” for bottle.
   - Calls “mama” and/or “dada” to get needs met.
General Impression:
By 12 months, the child's world is beginning to expand; she is getting into everything, becoming very vocal and asserting herself in new ways. Many children will be walking at this age, however, if not, then child will probably enjoy spending a great deal of time in a standing position. With this newfound independence also comes some separation anxiety when parent attempts to leave. Child begins to follow simple directions (i.e. handing his/her parent a toy, waving bye-bye, finding shoes).

A. Positive Social-Emotional Skills (including social relations)
- Child is experiencing her second separation anxiety as she clings to her parent when the parent attempts to leave.
- Child has an increased dependence on her mother/primary caregiver as she is experiencing more independence with her emerging walking skills.
- Child likes to be able to hear and see an adult most of the time and may even protest going to bed because of this separation.
- She will also begin to hand a toy to her parent when asked.

B. Acquisition and Use of Knowledge and Skills (including early language/communication)
- Child is showing increased curiosity about her environment.
- She will point to objects with her index finger and look back to her caregiver with a questioning look.
- Child is connecting words with objects and can follow simple instructions such as “go get the ball.”
- She will also understand simple directions related to her daily routine.
- She can say at least 2 words besides “mama” and “dada.”
- She “sings” (makes sounds) when she hears music.

C. Ability to Take Actions to Get Needs Met

Self Care (Feeding, Dressing & Toileting)
- Finger-feeds self for part of a meal
- Can take off hat and shoes
- Does not mind being dressed -cooperates with caregiver

Makes Wants and Needs Known
- Indicates desire to “get down” or “get out” other than fussing or crying
- Says “ba-ba” or other word to indicate food desires
13 months

**General Impression:**
Child's mobility is continuing to open up his world. He is beginning to communicate using words for Mom, Dad, and simple food items, such as cup, juice, or cracker. Babbling is very common and child may pretend to imitate parents doing activities such as talking on the phone.

A. **Positive Social–Emotional Skills (including social relations)**
   - Child engages in early conversation and follows directions to please adults. He is communicating with babbles and jargon and a few early words.

B. **Acquisition and Use of Knowledge and Skills (including early language/communication)**
   - Child is showing an increase in receptive language and cognition. He can point and will often point to pictures with the expectation that his caregiver will label the picture. He is following more simple one-step directions and will look around to find the object that is named by his parent.
   - Child is also showing better command of expressive language, as he will repeat simple sounds and words on request. Early words are emerging.

C. **Ability to Take Actions to Get Needs Met**

   **Controls Body to Get Wants and Needs Met**
   - Child's mobility has increased and he is all over the house, following behind parent and exploring on his own. For children who are already walking, they may resort to crawling if it will get them someplace quicker. Child can use his hands in a coordinated manner which is seen both in eating and play skills. Cause/effect toys or busy boxes are easier for the child to manipulate now. Child can purposefully throw a ball from a sitting or standing position.

   **Self Care (Feeding, Dressing & Toileting)**
   - Child is still cooperating with dressing and takes just a very few items off. He can finger feed himself a good portion of the meal / snack. Transition to an open or sippy cup and reduction / elimination of the bottle should be occurring.

   **Makes Wants and Needs Known**
   - Child will use mostly pointing and gestures to request items, but may have a word or two to request his cup, juice, milk or a favorite snack, such as cookie/cracker.
14 months

**General Impression:**
Child begins to initiate games (i.e. peek-a-boo) with caregivers and gives hugs and kisses to Mommy and Daddy. Parents will have many "tricks" to show off what their child can do (i.e. wave bye-bye, blow kisses, where's your belly, etc.). Child can chew most foods well and is independently eating half of her meal.

A. **Positive Social-Emotional Skills (including social relations)**
   - Child is showing affection to Mom and Dad by giving kisses and hugs.
   - She wants to be near adults and participates in many social games to please those adults.
   - She will even initiate games such as peek-a-boo with caregivers.

B. **Acquisition and Use of Knowledge and Skills (including early language/communication)**
   - Child's persistence and problem solving converge, and child is able to unwrap a present to find a hidden treasure.
   - She also wants to imitate siblings and adults by using a crayon to scribble in imitation.
   - She may now be able to name a few pictures in a book, but still wants caregiver to name the pictures. Child is gaining about one new word each week.

C. **Ability to Take Actions to Get Needs Met**
   **Controls Body to Get Wants and Needs Met**
   - By the end of the 14th month, child should be walking independently and fairly steadily throughout her environment.
   - For those children who have been walking for a few months, they may begin to attempt to jump.
   - Child's ability to use his hands can also be seen, as she is able to turn pages in a book and scribble with a crayon when shown what to do.
   - Child is able to tear paper and unwrap a present.

   **Self Care (Feeding, Dressing & Toileting)**
   - Child is eating a larger variety of foods and is able to chew most foods well without the fear of choking.
   - She can finger feed herself approximately ½ of the meal.
   - Ability to undress has continued and includes pulling off her socks.

   **Makes Wants and Needs Known**
   - Child's ability to request drink and food with gestures and 1-2 words is increasing.
   - More sounds / word approximations accompany the gestures.
15 months

General Impression:
At 15 months, the child is entering the toddler times and is full of activity. This is a child that is generally always on the go and into everything without a sense of danger. Normal concerns for parents are electrical outlets, the child climbing furniture or running out into the street. Child is beginning to communicate more by pointing and vocalizing wants and needs. Child gets around by walking and can climb stairs on hands and knees.

A. Positive Social-Emotional Skills (including social relations)
- Child gets anxious around strangers and instead prefers to be near caregiver.
- He will not yet walk around house independently even though he is capable of doing so.
- Child will probably use the word “no” or “stop” to assert himself and communicate his feelings to others.

B. Acquisition and Use of Knowledge and Skills (including early language/communication)
- Child is very curious.
- His curiosity and learning are driven by his motor skills and it may be difficult to slow him down to do fine motor tasks or “read” books.
- He touches everything and lacks the sense of danger for outlets or climbing to high places.
- Child is beginning to show his ability to play with toys. He may even be able to play with a single toy in a variety of ways (this should be mastered by 18-20 months).
- He is using jargon mixed with single words.
- He will point and vocalize to his caregiver what he wants, such as pointing to the pantry or refrigerator when hungry.

C. Ability to Take Actions to Get Needs Met
Controls Body to Get Wants and Needs Met
- Child walks alone throughout his environment and can easily squat down to pick up a toy without falling. Child may spend time playing in a squatting position.
- As the child’s curiosity has grown with the ability to move about, the child will naturally attempt to go up stairs on his hands and knees.
- Parents may comment that the child is in constant motion.

Self Care (Feeding, Dressing & Toileting)
- Child is taking a more active role in dressing by raising his arms/lifting legs to help caregiver dress him.

Makes Wants and Needs Known
- Child is more specific with pointing and vocalizing to caregiver what he wants (e.g., points to pantry if hungry).
- He has several words (2-5) to request food items (cup, juice, cookie, eat, milk, cracker, etc.)
16 months

**General Impression:**
This is a time when children are really beginning to show early learning skills such as making animal sounds and pointing to a few body parts (usually face parts first). Most children imitate grown-up activities.

A. **Positive Social–Emotional Skills (including social relations)**
   - Child enjoys imitating grown up activities. She may pretend to talk on the phone or wipe down the table.
   - She enjoys engaging with adults and doing activities to please caregivers.

B. **Acquisition and Use of Knowledge and Skills (including early language/communication)**
   - Child’s ability to imitate will drive learning. She is imitating activities that Mom and Dad do (e.g., sweeping).
   - She can use a toy in many different ways and can be seen using a simple block as a telephone or a bowl as a hat.
   - She can make several animal sounds recalling both the sound and matching it to the appropriate animal.
   - She can point to all of her facial features upon request.
   - Child has a vocabulary of 10-25 words.

C. **Ability to Take Actions to Get Needs Met**
   **Controls Body to Get Wants and Needs Met**
   - Child’s gait is narrower now and she is able to walk and carry her toys from room to room.
   - She is interested in going up stairs by walking with assistance from a caregiver.
   - Child will play with one toy in a variety of ways, as she is able to use her hands to manipulate small pieces.
   - She may try to figure out what other ways the toy can fit together or work by changing the pieces around.

   **Self Care (Feeding, Dressing & Toileting)**
   - The beginning signs of putting clothes on begin this month with the child able to put on a hat.
   - Child will also begin to use a spoon (maximum spilling) and can hold an open cup and drink with moderate spilling.

   **Makes Wants and Needs Known**
   - Vocabulary continues to increase, especially related to wants/needs.
17 months

**General Impression:**
At 17 months, child has many new skills including an increased vocabulary, dexterity with crayons and puzzles, and ability to use a spoon.

A. **Positive Social-Emotional Skills (including social relations)**
   - Child is beginning to notice other children. This is a critical point for the child to begin understanding that other people exist and there is a whole world he can interact with. His egocentrism will not fully dissipate until nearly middle childhood, but this is an early step in beginning social relationships with other children.
   - Although parallel play dominates, he may compete for a toy with another child.

B. **Acquisition and Use of Knowledge and Skills (including early language/communication)**
   - Child’s hand-eye coordination and problem solving skills are working together as he is able to complete simple puzzles and also imitate simple lines with a crayon. He will enjoy coloring.
   - Child can pick up and put away toys when asked.
   - His vocabulary is 10-20 words.

C. **Ability to Take Actions to Get Needs Met**
   **Controls Body to Get Wants and Needs Met**
   - Child is beginning to do a fast walk or stiff looking run.
   - He can climb over anything in the house that may be in his way to getting to his toys or something else he wants.
   - He has become quite adept at completing puzzles now that he has the ability to rotate his hands/fingers to complete them.

   **Self Care (Feeding, Dressing & Toileting)**
   - Child is trying to use a spoon independently, still has a significant amount of spilling (50%).

   **Makes Wants and Needs Known**
   - Although child has several words, may use motor skills to go and get his own food / drink.
18 months

**General Impression:**
Child is spending a lot of time running, climbing and moving toys around. Child is beginning to do simple pretend play and can follow two-step directions. Temper tantrums are common. Child is eating with a spoon and no longer places toys or objects in mouth (only food).

A. **Positive Social-Emotional Skills (including social relations)**
   - Parallel play still dominates child's play with other children.
   - Temper tantrums are common, especially when child is unable to communicate feelings or their play is interrupted.
   - Child is much more independent and feels comfortable exploring the house without adults.

B. **Acquisition and Use of Knowledge and Skills (including early language/communication)**
   - Child is beginning to do simple pretend play (i.e. feeding the doll).
   - She will experiment with unfamiliar objects to determine what their purpose is.
   - She only puts food items in her mouth and no longer places toys or other inedible objects in her mouth.
   - Child's attention and interest in books has increased and she will listen to Mom or Dad read a modified/shortened version of a story.
   - She points to pictures when asked, “where's the ....” She can point to body parts beyond her facial features, name familiar objects when asked, and repeat several words upon request.

C. **Ability to Take Actions to Get Needs Met**
   **Controls Body to Get Wants and Needs Met**
   - Child is very active and is running now.
   - She can move large objects and toys and may be seen pushing a chair up to the kitchen counter to get something higher than she can reach.
   - She can walk up stairs with one hand held.
   - She can get into adult and child sized chairs to sit down on her own.

   **Self Care (Feeding, Dressing & Toileting)**
   - Child is still working on taking clothes off and can now unzip zippers, take off shoes, socks, hat and gloves.
   - She will allow her teeth to be brushed without excessive fussing.
   - Independent eating is coming along as she can now spoon-feed herself with little spilling.
   - She will hand her empty dish to parent when she is finished eating.

   **Makes Wants and Needs Known**
   - Has several words, however, often uses motor skills to get own needs met
21 months

General Impression:
Child enjoys pretend play with dolls or figurines. Personality shines through all actions and he is very set in his ways, fussing when things aren't "just so." The child can now use his vocabulary to communicate 20 + words. He can now follow more complicated / multi-step directions and is often helpful to caregiver with daily tasks.

A. Positive Social-Emotional Skills (including social relations)
   • Child has a better understanding of others' feelings, as he will try to comfort others when he notices they are upset.
   • His independence allows him to move away from Mom and sit with other familiar adults.
   • He will also attempt to problem solve independently rather than relying on adults to do it for him.
   • Child will exhibit varying emotions during play.
   • Adults may hear/see verbal or physical scolding of stuffed animals/dolls in play.

B. Acquisition and Use of Knowledge and Skills (including early language/communication)
   • Child is very independent and he will attempt to problem solve independent of adults.
   • His attention has increased and he will sit and look at a book for several minutes.
   • He can put away some of his toys/shoes.
   • He may be very interested in small objects - bugs may be fascinating to him.

C. Ability to Take Actions to Get Needs Met
   Controls Body to Get Wants and Needs Met
   • Child is very interested in using his body to balance on curbs, playing in a squatting position, crawling backwards down the stairs.
   • He is getting more skilled with his coloring and can imitate lines and copy circular scribbles.

Self Care (Feeding, Dressing & Toileting)
   • Child is able to independently feed himself with little spilling.
   • He is beginning to attempt to put his shoes on and may be successful getting slip-on or sandal type shoes on.
   • He is also beginning to notice when his diaper is wet or dirty. He may separate himself to have a BM or pull at his diaper when it is not dry

Makes Wants and Needs Known
   • His language is developed enough to enable him to ask for food when hungry. He may also ask for toilet or drink.
   • Although many of the testing tools indicate toilet training beginning at this age, it is more likely to happen after 2 years old.
General Impression:
Child prefers to be around other children and is very interested in what they are doing. Although interested in others, she will defend her toys often saying "mine." Child is showing more awareness of body functions.

A. Positive Social–Emotional Skills (including social relations)
- Child has developed a strong sense of "mine" and will claim everything as her own. She may "hoard" some toys and definitely will protest them being taken from her.
- She is beginning to want to play with other children and may attempt to initiate play activities.
- Although sharing isn't expected at this age, she may even be able to hand a toy to another child (assuming the toy isn't holding too much of her interest).
- She certainly prefers to be around other children, showing an interest in playing with them even if she isn't always able to initiate play activities.
- The child will role-play with dolls and figurines. During these play activities, she may express a wide variety of emotions, including aggression, which she is exploring and testing out.

B. Acquisition and Use of Knowledge and Skills (including early language/communication)
- Child is really into playing now. She is able to pretend with her dolls/figurines, as well as pretend that other household objects/toys are something other than their ordinary use (i.e. blocks are food, remote control is a telephone, etc.).
- Her attention span has increased dramatically and the intensity of that attention makes it sometimes difficult to transition her from activity to activity.
- Children at this age enjoy books, which is wonderful as this is a critical part to building vocabulary and exposure to a wider variety of objects, ideas and experiences.
- At 24 months, she can say more than 50 words (more likely 100 words) and put those words together in 2 word phrases to communicate with others.
- Strangers should easily understand about 50% of what she says.
- She uses the pronouns "I," "you," and "me": she doesn't always have complete mastery of them.
- She can understand prepositions, such as under, over, in and out.
- She can refer to herself by her name or as "I."
- Her understanding of language far exceeds what she is able to express.
- She understands and can point to many body parts, even beyond the simplest ones.

C. Ability to Take Actions to Get Needs Met
\textbf{Controls Body to Get Wants and Needs Met}
- Child can now sit to focus on specific toys.
- She can turn individual book pages, control a crayon when coloring, and do 5-7 piece puzzles.

\textbf{Self Care (Feeding, Dressing & Toileting)}
- Child may squat, hold herself, and/or verbalize toilet needs. She can also pull her pants/shorts off and on with assist with toilet training.
- She may be able to take off almost all of her clothes, but will still need help with buttons.

\textbf{Makes Wants and Needs Known}
- Child uses her language to claim ownership of her toys and personal belongings, and protests someone taking a toy from her and says "mine."
- She asks for snacks or drinks when hungry/thirsty.
27 months

**General Impression:**
Child is able to understand early concepts i.e. big/little. Child’s natural curiosity for learning is very strong and he asks a lot of questions to learn about new things. Child may protest if there is a change in his routine - example: child normally reads a book, then brushes his teeth – reverse that order and he may resist doing it because it’s not the “right” way.

A. **Positive Social-Emotional Skills (including social relations)**
- By this age, the child has developed a strong sense of independence and becomes very frustrated when he is unable to complete a task without assistance. This independence also carries over into the realm of his world and impacts his rigidity around his schedule and routine.
- While he struggles with wanting to be independent, parents may see some instances of separation anxiety.
- Child’s interest in other children is continuing to grow. He will be able to offer toys to others and initiate play activities with those other children. Those play activities may not always be successful, but they are becoming more regular.

B. **Acquisition and Use of Knowledge and Skills (including early language/communication)**
- During this time period, there is an explosion of “school type” learning.
- The child is beginning to understand concepts such as big/little.
- Early counting is emerging and some parents may be working on identifying letters in the child’s name (though there is no expectation the child would be able to achieve this yet).
- The child enjoys coloring and wants to imitate “writing” to the extent that he can imitate drawing several different types of lines and a circle.
- He has mastered the skill of verbal imitation and will imitate words and phrases upon request with ease.
- The child is still acquiring language at a rapid pace. Two word phrases dominate his communication and his vocabulary is 75+ words.

C. **Ability to Take Actions to Get Needs Met**

**Controls Body to Get Wants and Needs Met**
- Child can build large towers with wooden and with interlocking blocks - loves to build and knock down. He can easily manipulate small toys.

**Self Care (Feeding, Dressing & Toileting)**
- Child can undress himself almost completely - may change clothes several times a day simply because he can. He can begin to follow social/health rules i.e. sneezing into his elbow. If snacks are kept in lower cabinets, he can go and get own snacks/cereal.

**Makes Wants and Needs Known**
- Child has the language skills to request all needs related to hunger and thirst. May opt to just “do it himself” rather than request verbally.
30 months

General Impression:
This a time when parents may be beginning to look at preschool programs. Many children are able to name their friends, identify one or two colors correctly, and understand social rules. Child loves routines and still becomes upset when they are altered, or when things are not done “correctly” - as perceived by the child.

A. Positive Social-Emotional Skills (including social relations)
- Child has a very set routine - she loves her routine and does not have the flexibility to immediately accept changes to this routine (she may fuss or protest, but will be able to move beyond the change).
- She is keen on things being done correctly - of course, “correct” is how she defines it and wants it to be.
- She is becoming more social and will even ask for a friend by name.
- She is starting to understand social rules, i.e. dessert comes after dinner.

B. Acquisition and Use of Knowledge and Skills (including early language/communication)
- Additional preschool skills are emerging.
- Child can match primary colors and may be able to name one or two colors correctly; depending upon the exposure and experiences she has had with these tasks.
- She can give her first and last name and also the names of some of her friends and teachers.
- She can look at pictures or objects and tell what they are used for - items such as keys, money, and shoes.
- The child will tell parents that something is “broken” when it doesn’t give the child the expected effects.
- The child’s language is exploding into simple sentences using 100+ words. Her mastery of spoken language includes the ability to make words plural and even using some early action/ -ing words.

C. Ability to Take Actions to Get Needs Met

Controls Body to Get Wants and Needs Met
- Ability to hold crayons and pencils has developed to a more mature grasp and away from holding them in her fist.
- Child will help to pick up and carry toys to put them away.
- She may enjoy helping parents unpack groceries or other “heavy” items.

Self Care (Feeding, Dressing & Toileting)
- Child will begin to use a fork, brush her own teeth and dry her own hands after washing them.
- She may be able to put on a piece of clothing independently.

Makes Wants and Needs Known
- Child can ask in two to three word sentences for food/drink items. May also tell what should be given for specific meals according to her regular routine.
33 months

General Impression:
Child is beginning to participate in associative play behaviors (several children playing together, interacting, in a loosely organized manner). He is beginning to accept routine changes without the intense resistance.

A. Positive Social–Emotional Skills (including social relations)

- Child is becoming truly social now.
- He has associative play skills with friends and participates in simple conversations with both caregivers and peers.
- He can point himself out in pictures along with other close family members and friends.

B. Acquisition and Use of Knowledge and Skills (including early language/communication)

- Around this age, it is easier to assess what a child knows and understands since their language has progressed so dramatically.
- The child can be heard telling caregivers about events that have happened in the past, although their concept of time is not yet fully developed.
- He is using 3-4 word sentences with a clarity of speech that is about 75% understandable by strangers.
- He is still very curious and asks a number of questions each day. His questions are becoming more complex and include "why" questions about items in his daily life.

C. Ability to Take Actions to Get Needs Met

Controls Body to Get Wants and Needs Met
- Child can now go up and down stairs with alternating feet.
- He can control his hands and draw circles and other lines without demonstration.

Self Care (Feeding, Dressing & Toileting)
- Child is much more independent in the self-care area.
- He may be toilet trained during the day;
- He can dress (with supervision) most items and can even put on a coat.
- He can follow multi-step directions, which involve his self-care (i.e. go to the bathroom, get your toothbrush and bring it to Mommy)

Makes Wants and Needs Known
- Expresses hunger and thirst verbally with ease.
General Impression:
Child is frequently asking questions such as "why" and "where." Child can put on her own shoes and feed herself without any difficulty. Child is participating in singing songs and nursery rhymes.

A. Positive Social–Emotional Skills (including social relations)
   - Child engages in simple group games (e.g., "Ring Around the Rosey") with adult help.
   - She will join in nursery rhymes and songs.
   - She will talk about her interests and feelings.
   - She will have friends and will enjoy playing with them (associative play).

B. Acquisition and Use of Knowledge and Skills (including early language/communication)
   - The child's preschool / school readiness skills are continuing to blossom.
   - She answers correctly to "Are you a boy or a girl?"
   - She understands several prepositions.
   - She enjoys pretending to play different characters with a friend or caregiver.
   - She will make her dolls or action figures talk and move around.
   - She asks many questions and can correctly answer "what," "where," and "who" questions.

C. Ability to Take Actions to Get Needs Met

   Mobility and Use of Hands to Play
   - Her ability to go up and down stairs has improved to the point of using alternating feet.
   - She can hop on one foot for a couple of hops.
   - She can use scissors to cut a piece of paper from one side to the other.

   Self Care (Feeding, Dressing & Toileting)
   - Child is gaining more skills and can pour a drink from a pitcher into a cup.
   - She puts on her shoes (cannot yet tie them); undresses completely without help and can unbutton front buttons.
   - She feeds herself without any difficulty.

   Makes Wants and Needs Known
   - She has all the verbal skills necessary to indicate her needs related to hunger and thirst
Early Childhood Outcomes Quick Reference Card

Detailed Instructions for Completion of the NM ECO Form

For each child outcome, the team will:
- review the child outcome information collected by the FSC about the child using the RBI, evaluation, observations, IFSP process, and what was learned from the family,
- decide if further information is needed for any child outcome,
- discuss and come to a Team consensus about a rating on the scale for each child outcome.

At the top of the form enter the child’s name, agency name, the child’s ID, chronological age and the date of the rating.

If you are completing an exit rating, you are required to complete page 2 and check Yes or No to the questions 1b, 2b and 3b for each of the three outcomes.

Have you:
- Used information from the assessment, observation and family?
- Looked at the child’s skills and behaviors across settings?
- Considered using a tool or tools to age anchor the child’s behaviors and skills?
- Used the decision tree?
- Verified the child’s IFSP Present Abilities Strengths and Needs page contains sufficient information to make this rating or have you used page 2?

New Mexico Family Infant Toddler Program CHILD OUTCOMES SUMMARY FORM

Child’s Full Name: Agency Name:
Child’s date of birth: Chronological Age at time of summary:
Date of Rating: Initial IFSP/Exit Rating (Page 2 must be completed)
 Eligibility Category: Developmental Delay Established Condition Medical/Health Risk Environmental Risk

To answer the questions below, think about the child’s functioning as indicated by assessments and observations from individuals in close contact with the child. Answer questions 1b, 2b and 3b for exit ratings.

1. Positive Social-Emotional Skills Including Social Relationships

   Relating with adults
   - Relating with other children
   - Following rules related to groups or interacting with others (other than immediate family)
   - To what extent does this child show age-appropriate functioning, among a variety of settings and situations, on this outcome?

   Not Yet Emerging Somewhat Partially/Completing

   1
   2
   3
   4
   5
   6
   7

2. Acquiring and Using Food and Skills

   Taking care of basic needs (e.g., showing hunger, dressing, feeding, toileting etc.)
   - Contributing to own health and safety (e.g., follows rules in the home, washes hands with soap and water, uses the toilet with assistance, etc.)
   - Getting up to do a task first time (getting up to do a task first time)

   Not Yet Emerging Partially/Completing

   1
   2
   3
   4
   5
   6
   7

3. Language and Communication

   Having verbal conversations
   - Having an effective tool for communicating
   - To what extent does the child show age-appropriate functioning, among a variety of settings and situations, on this outcome?

   Not Yet Emerging Partially/Completing

   1
   2
   3
   4
   5
   6
   7

Check Yes or No Does the IFSP Present Abilities Strengths and Needs page provide sufficient information and documentation to support this rating.

- Yes This child’s IFSP record includes documentation to fully support these ratings.
- No This child’s IFSP record does not provide sufficient documentation to fully support these ratings, see page 2 of this document for additional supporting evidence.

Team Members involved in deciding the summary ratings:

<table>
<thead>
<tr>
<th>Roles</th>
<th>Names</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Service Coordinator</td>
<td></td>
</tr>
</tbody>
</table>

Developed 10/01/2015

Sufficient information would require:
- All developmental levels are documented using age ranges obtained from evaluation and assessment results.
- Functional descriptions of strengths and needs are provided.
- Functional descriptions include what will support child in making progress in each developmental area.
- All information is written using family friendly language.
- Relevant to daily life.
Early Childhood Outcomes Quick Reference Card

Page 2 is required to be completed for all children exiting or transitioning out of the FIT Program unless they have been in the program less than six (6) months. Page 2 is also required for the initial rating if there is not sufficient information documented in the child’s file relating to the RBI, IFSP, assessment, observations or if there has not been adequate information gathered from the parent.

At exit or when the team does not feel the information contained in the child’s IFSP and record is sufficient to determine a rating, the page 2 of the Child Outcomes Summary Form is completed for all three outcomes.

**CHLD OUTCOMES SUMMARY FORM**
Additional Supporting Evidence for Outcome Ratings

1. **POSITIVE SOCIAL-EMOTIONAL SKILLS (INCLUDING SOCIAL RELATIONSHIPS)**

<table>
<thead>
<tr>
<th>Sources of Information</th>
<th>Date</th>
<th>Child’s skills or behaviors related to this outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Enter the source(s) of the evidence being used to describe the child’s skills or behaviors (e.g., IDA, HELP, Head Start Teacher, NGSBI, etc.)</em></td>
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</tr>
</tbody>
</table>

2. **ACQUIRING AND USING KNOWLEDGE AND SKILLS**

<table>
<thead>
<tr>
<th>Sources of Information</th>
<th>Date</th>
<th>Child’s skills or behaviors related to this outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Enter the date the evidence was collected (e.g., date of the assessment, observations, conversations with professionals about child outcomes, etc.)</em></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. **TAKING APPROPRIATE ACTION TO MEET NEEDS**

<table>
<thead>
<tr>
<th>Sources of Information</th>
<th>Date</th>
<th>Child’s skills or behaviors related to this outcome</th>
</tr>
</thead>
</table>

Adapted from the Early Childhood Outcomes Center and from materials developed by Neon Five, Inc. 2011
The family has the right and must be given the opportunity to review and receive copies of all information contained in their child’s file.

**Are you familiar with...?**

The New Mexico Early Childhood Outcome Descriptors?
- Child is close to or typical of children of the same age
  - Rating 7 (Completely)
  - Rating 6 (Between Somewhat and Completely)
- Child has some typical skills of children of the same age
  - Rating 5 (Somewhat)
  - Rating 4 (Between Emerging and Somewhat)
- Child does not yet demonstrate skills typical of children his or her age
  - Rating 3 (Emerging)
  - Rating 2 (Between Not Yet and Emerging)
  - Rating 1 (Not Yet)