

Early Childhood Outcomes (ECO) Participant Handbook

NOTE: This handbook is a compilation of PowerPoint slides, notes and forms in one easy-to-use document and can be used to follow-along with the PowerPoint presentation from November 4, 2009.

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Ultimate Outcome of the Training

To gain a thorough understanding of the ECO administration process in both First Steps and ECSE so that we are accurately measuring the performance of infants, toddlers and preschoolers with disabilities and confidently collecting and sharing data regarding that performance across programs



Participants will understand the:

- **Basics of ECO**
- **Collection of Information**
- **Determination of Ratings**
- **Data Reporting**
- **Resources**

I: Basics of ECO

Purpose of Measuring Child Outcomes

- **Age of accountability**
- **Data-based planning can improve services and outcomes for young children**
- **Early childhood outcome results can be used to inform the public**

NOTE:

Federal and State policies continue to require publicly funded programs to be accountable for how they are spending tax dollars.

The objective is increased student achievement and demonstrated evidence of achievement, as evidenced by No Child Left Behind (NCLB). For educational programs, administrators want to know how services achieve positive results and outcomes for children and families. Thus, more attention has been placed on the **TYPE and QUALITY** of services to young children before they enter Kindergarten. It is in these early years when children acquire the **FOUNDATIONS** for future reading and writing. Therefore, accountability is not just what services were provided and to whom, but what impact do those services have for children and families.

Using good data about services for children 0 – 5 years of age can help System Points Of Entry (SPOEs) and Local Education Agencies (LEAs) make improvements in these services. Early childhood outcomes can provide valuable information as one component of data-based planning, tracking and analyzing First Steps and ECSE services. For example, data can be used to help determine training topics for service coordinators or teachers concerning family-centered practices or changes in state agency policies designed to improve services.

Child outcome data can send a powerful message to the public regarding services for young children. Just as with No Child Left Behind, the Individuals with Disabilities Education Act (IDEA) requires First Steps to report to the public how well the State performed relative to the Annual Performance Review (APR) indicators, including early child outcomes.

History of Early Childhood Outcomes Initiative

Measuring Outcomes

- 1992 - *Reinventing Government* by Osborne and Gaebler introduced concept of results-oriented government and emphasized the importance of measuring outcomes rather than inputs.
- 1993 - Results-oriented government started a revolution in public administration that organized at the federal level in the Government Performance Results Act (GPRA). The importance of measuring outcomes has become dogma at all levels of government—local, state, and federal—and the demand for good data on outcomes has permeated all public and private program areas, including housing, health, welfare, and education (Hogan, 2001; Morley, Vinson, & Hatry, 2001).

Special Education

- 1975 - The driving force behind the passage of PL 94-142 had been to provide access to a free and appropriate education, and access remained the goal for the next decade or so (Harbin et al., 1998).
- 1993 - Concurrent with the shift in the public sector from emphasis on inputs to outcomes, findings from a national study showed that the outcomes that secondary students with disabilities were achieving fell far short of ideal (Wagner, Blackorby, Cameto, & Newman, 1993).
- 2003 - The ensuing efforts directed at this problem have resulted in substantial progress in the last 10 years, improving the quality and availability of information on outcomes for elementary and secondary students in special education (Thurlow, Wiley, & Bielinski, 2003).

Early Intervention and Early Childhood Special Education

- 1986 - PL 99-457 brought early intervention services to children with disabilities from birth to 3 and to their families.
- 2004 - Performance and management assessments employing a Program Assessment Rating Tool (PART), recently conducted by the U.S. Office of Management and Budget (OMB), gave both the Part C and Preschool Part B Program scores of "0" in results and accountability. OMB's conclusions about both programs were "results not demonstrated" and "new measures needed" (<http://www.whitehouse.gov/omb/budget/fy2004/pma.html>).
- 2004 - Nonetheless, we still have no system for regularly providing outcome information on children served in the Part B Section 619 (3 to 5) and Part C (0 to 3) programs of IDEA.
- Local and state programs have limited capacity to produce or use child and family outcome information to examine the effectiveness of their programs and for program improvement. Programs need clear indicators of change in child and

family outcomes to make results-based program and curriculum decisions. Accountability is not just about funders holding programs responsible, but also about providers using outcome data to ensure that the needs of every child are being met.

- 2002 - President's Commission on Excellence in Special Education noted, the focus for children with disabilities should be on results, not on process. Despite the ubiquitous demand for good data on outcomes, this need has not been met to date because the development of outcome-based accountability systems for young children with disabilities is a daunting task, given the technical and practical challenges involved (Carta, 2002; ECRI-MGD, 1998a, b, c, d).

Early Childhood Outcomes (ECO) Center

- The Early Childhood Outcomes (ECO) Center for Infants, Toddlers, and Preschoolers with Disabilities is a project being conducted by SRI International under a cooperative agreement to SRI International from the Office of Special Education Programs (OSEP), U.S. Department of Education.
- The ECO Center seeks to promote the development and implementation of child and family outcome measures for infants, toddlers, and preschoolers with disabilities. These measures can be used in local, state, and national accountability systems. The Center is a collaborative effort of SRI International, the Frank Porter Graham Child Development Institute at the University of North Carolina Chapel Hill, the Juniper Gardens Children's Project at the University of Kansas, the University of Connecticut, and the National Association of State Directors of Special Education.
- A substantial initial challenge in developing an outcomes system capable of addressing the needs of users at many levels is balancing the federal government's need for information as soon as possible with the importance of collecting and incorporating input from all levels of systems users and other stakeholders.
- To address this challenge, the ECO Center has proposed a "two-track" approach for child and family outcomes. The first, or fast, track will be constructed to meet the government's immediate need for information. This track will be built around a small set of outcomes (three to five) that will serve as a common core across all states. The second track will be a slower, more comprehensive track, focused primarily on developing a system for addressing state and local needs for information. The slower track will incorporate the outcomes from the fast track but will be more comprehensive. It will include other outcomes as options for states. Because states may elect to include or not include these outcomes and the corresponding indicators, the resulting outcome data could differ from state to state.

- *Early Childhood Outcomes Center (April 2004) Considerations Related to Developing a System for Measuring Outcomes for Young Children with Disabilities and Their Families*

The Ultimate or Overarching Goal is:

To enable young children to be active and successful participants during the early childhood years and in the future in a variety of settings - in their homes with their families, in child care, preschool or school programs, and in their community.

What is an early childhood outcome?

An “outcome” is defined as a benefit experienced as a result of services and supports received. Thus, an outcome is neither the receipt of services nor satisfaction with services, but rather what happens as a result of services provided to children.

- Early Childhood Outcomes Center, April 2005

Outcomes are Functional . . .

Characteristics of functional outcomes include:

- Things that are **meaningful to the child in the context of everyday living.**
- An **integrated series of behaviors or skills** that allow the child to achieve the child outcomes.
- **Emphasis on how the child is able to integrate (behaviors)** across developmental domains to carry out complex meaningful behaviors.
- Functional outcomes are **not (1) a single behavior, (2) based on developmental domains** (like on many assessments), (3) the sum of a series of discrete behaviors, and (4) not trying to separate child development into discrete areas (communication, gross motor, cognitive, etc).

Functional Outcomes

Early Child Outcomes Are Functional: Characteristics of functional outcomes include:

- Things which are meaningful to the child in the context of everyday living.
- An integrated series of behaviors or skills that allow the child to achieve the early child outcomes.
- Emphasize how the child is able to integrate (behaviors) across developmental domains to carry out complex meaningful behaviors.
- 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.)

Thinking about young children's outcomes from a functional framework requires a shift from a more traditional viewpoint of child development.

Thinking Functionally (within age-expected bounds)	
Not just.....	But does he/she.....
Know how to make eye contact, smile, and give a hug →	Initiate affection toward caregivers and respond to others affection?
Know how to imitate a gesture when prompted by others →	Watch what a peer says or does and incorporate it into his/her own play?
Use finger in pointing motion →	Point to indicate needs or wants?
Show a skill in a specific situation →	Use a skill in actions across settings and situations to accomplish something meaningful to the child?
Items to Consider When Measuring Functional Outcomes	
What does the child typically do?	
What is the child's actual performance across settings and situations?	
How the child uses his/her skills to accomplish tasks?	
It is not assessing the child's capacity to function under ideal circumstances.	

Montana Department of Public Health and Human Services, Disabilities Services Division, Developmental Disabilities Program (March, 2006) Early Child Outcomes: Demonstrating and Reporting the Results of Early Intervention Services for Infants and Toddlers.

Describing ECO

Essentially, ECO is a pre and post assessment of the child's functioning in three (3) outcome areas.

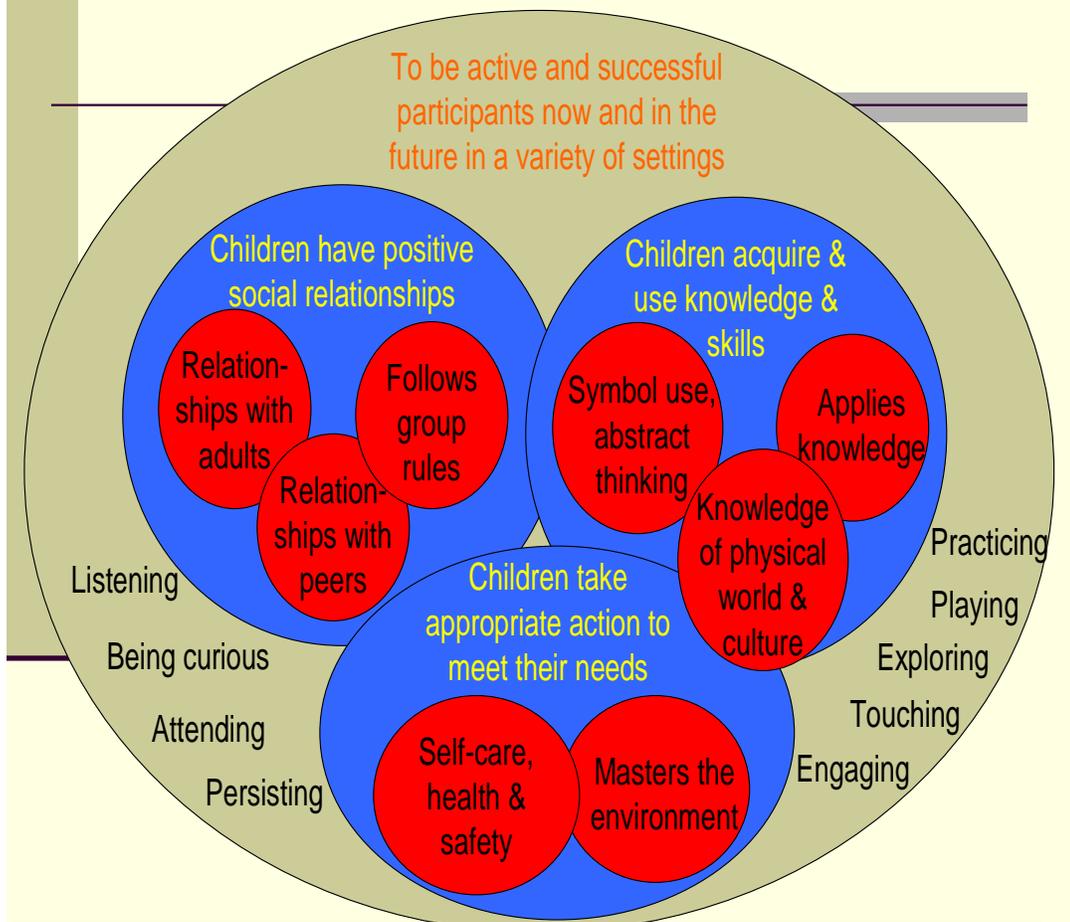


Office of Special Education Programs (OSEP) Outcomes

Percent of infants and toddlers with IFSPs and preschoolers with IEPs who demonstrate improved:

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

Elaboration of the ECO outcomes



Hebbeler, K. (2005). *Outcomes and evidence statements: Update from the Early Childhood Outcomes Center*. Presentation at OSEP's Combined Part C/B Data Meeting in Washington, DC. Chapel Hill, NC: Early Childhood Outcomes Center.

Understanding the 3 Outcome Areas

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, wheel chair). 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.
 - **Outcomes need to take into consideration how different cultures view typical child development** at particular ages. What is expected of a 2 year old in one culture may not be an age expectation in another culture.
-

NOTE:

- 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 with care-givers across settings, and progress on child-focused outcomes and objectives on the child's IFSP.
- IDEA requires assessment and a summary in the IFSP/IEP concerning the child's developmental status for five "domains" (cognitive, physical, communication, social/emotional, adaptive) but these **domains do not directly provide the information needed for the three child 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 okay because behavior is integrated.

NOTE: The following descriptions 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.

<p align="center">Items to Consider About Each of the 3 Child Outcomes</p>
<p><u>APR outcome</u> - Positive social-emotional skills (including positive social relationships). <u>ECO outcome</u> - Children have positive social relationships.</p>
<p>Involves:</p> <ul style="list-style-type: none"> • Relating with adults • Relating with other children • For older children - following rules related to groups or interacting with others <p>Includes areas like:</p> <ul style="list-style-type: none"> • Attachment / Separation / Autonomy • Expressing emotions and feelings • Learning rules and expectations • Social interaction and play
<p><u>APR outcome</u> - Acquisition and use of knowledge and skills (including early language/ communication). <u>ECO outcome</u> - Children acquire and use knowledge and skills.</p>
<p>Involves:</p> <ul style="list-style-type: none"> • Thinking • Reasoning • Remembering • Problem-solving • Using symbols and language • Understanding physical and social worlds <p>Includes areas like:</p> <ul style="list-style-type: none"> • Early concepts - symbols, pictures, numbers, classification, spatial relationships • Imitation • Object permanence • Expressive language / Communication

II. Collecting Information

What happened in Missouri?

- State worked with the Early Childhood Outcomes (ECO) Center to develop a valid and reliable way of measuring child outcomes.
 - A group of stakeholders including DESE, ECSE and First Steps, developed a birth to 5 pilot project addressing child outcomes.
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Missouri ECO Pilot Project

- January 2006 – June 2006
 - Data Reported to DESE in July 2006
 - 5 First Steps System Points of Entry (SPOEs)
 - 8 District ECSE Programs
 - Utilized a variety of tools and methodologies
-

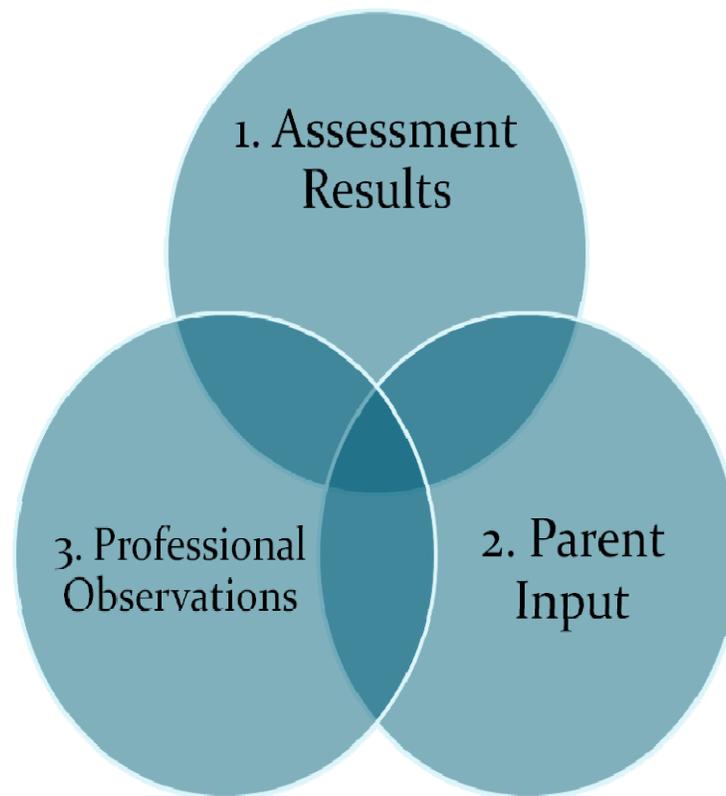
Feedback from the Pilot

- First Steps/ECSE child records contain considerable information regarding present developmental and educational abilities
- First Steps/ECSE should use information already gathered through evaluation and ongoing assessment
- No one measurement will provide sufficient information to address all three indicators

Pilot Instruments

Two ECO Instruments developed:
First Steps ECO Tool and ECSE ECO Tool

The 3 Sources of ECO



Sources of Information for ECO

- ✓ Multiple sources of information will be used to determine the status for each of the child outcomes.
- ✓ Most of this information needed is collected as part of the planning for developing a new IFSP/IEP for a child.
- ✓ Thus, collecting child assessment information is currently part of the IFSP/IEP development process and is not an added step.

Additionally, a specific assessment tool is not required for child outcomes information.

NOTES:

The following information should be considered in determining a child's status related to the three child outcomes:

- The summary information for child outcomes is 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 should be considered in deciding on outcomes. These may include (but are not limited to): parents and family members, caregivers, child care providers, therapists, service providers, teachers, and physicians.
- **Many types of information should be considered in determining the child's status relative to the child outcomes**. These may include (but are not limited to): parent observations, service coordinator and other clinical observations, curriculum-based assessments, norm-referenced assessments and/or evaluations, service providers notes about the child's performance in different situations and settings, progress made on IFSP/IEP outcomes/objectives, and issues Identified in the IFSP/IEP planning, implementation and/or evaluation processes.
- Many assessment tools can be a useful source of information for reaching a summary rating decision but assessment information should be placed in context with other information available about a child. Some assessments will be more useful than others. **Many assessments 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 an outcome might not mean the child has achieved the outcome and, conversely, a low score might not mean the child has not achieved it.

- Information about outcomes should reflect the child's current functioning across the typical settings and situations that make up his/her day. The results from measuring outcomes should convey the child's typical functioning across typical settings, **not his/her capacity to function under ideal circumstances.**
- If assistive technology or special accommodations are available in the child's everyday environments, then **the outcome information 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.

Collecting Information

Making decisions about a child's outcomes is more complicated than completing a specific assessment tool and translating the results into a simple form.

1. What is assessment and recommended assessment practice?

- Assessment is a generic term that refers to the process of gathering information for decision-making (McLean, 2004).
- Early childhood assessment is [a] flexible, collaborative decision-making process in which teams of parents and professionals repeatedly revise their judgments and reach consensus about the changing developmental, educational, medical, and mental health services needs of young children and their families (Bagnato and Neisworth, 1991).

- Assessment involves multiple sources (e.g., families, professional team members, service providers, caregivers). Assessment involves multiple measures (e.g., observations, criterion-curriculum based instruments, interviews, curriculum-compatible norm-referenced scales, informed clinical opinion, work samples).

(DEC Recommended Practices)

KEY QUESTION



“How much information will the assessment provide about the attainment of the three outcomes and at particular ages?”

Current early childhood assessment tools are not designed to measure the three early childhood outcomes directly. However, most assessments (informal and formal) will include items that describe behavior that might be part of or directly related to one or more of the three early child outcomes.

Assessment: Items to consider

- Each assessment tool sees children through its own lens and organizing framework. Each lens is slightly different (some assessments include items that describe a behavior that most children perform at a certain age and others describe behaviors in terms of target skills that are ordered by when most children perform each target skill). Lenses are not right or wrong.
- Many assessments are organized around domains.
- Different assessments may use different domains.
- Even if two assessments use that same domain name, the items covered in the domain may differ by assessment.

- Assessment administration differ across assessments (e.g., some assessments may require observations/administration across child settings, while others may require administration in an environment designed for the assessment, some may be based on input by a parent or caregiver while other require the child to be directly assessed).
- Not all assessments allow for a “different” way for a child to demonstrate performance concerning assessment items (e.g., a child who may use some sign language competently but is not able to speak, a child who independently uses a wheel chair to move in his/her environments).

Crosswalks for Assessment

Thus, measuring functional outcomes and the three child outcomes is not as simple as finding assessment domain summary scores and having that information be sufficient to determine a child’s status. However, individual assessment items can be closely related to a particular child outcome. The ECO Center has worked with the developers of the most widely used early childhood assessment tools to provide a “crosswalk” between appropriate assessment items and the three child outcomes.

Crosswalks

Specific items on an assessment tool might apply to more than one child outcome. Likewise, not all items on an assessment tool are closely related to any of the child outcomes. If a Crosswalk is available for the assessment you have used with a child, using the Crosswalk for that assessment tool will be helpful in using assessment results as one of the sources of information to determine a child’s performance related to the child outcomes.

SEE APPENDIX A: DAYC CROSSWALK

Additional Crosswalks are also available from the ECO Center at:
<http://www.fpg.unc.edu/~eco/pages/crosswalks.cfm#Crosswalks>

2. What is Parent Input?

- Parents are key sources of information for developing an IFSP/IEP that reflects their priorities and concerns.
 - Likewise, parents have unique insights about their child's capabilities across settings and daily routines.
 - Gathering information about children from parents concerning child outcomes is an important and required component of the early childhood outcomes system.
 - This process *should be invisible* to parents. It should be infused into the information gathering completed as part of the steps for child assessment and evaluating and developing a child's IFSP/IEP.
- 

NOTE:

As service coordinators and ECSE teachers become more familiar with the child outcomes and the behaviors related to each of the outcomes, asking discrete questions about their child relative to the child outcomes should become a routine part of preparing for the IFSP/IEP.

Parents need to know that child outcomes information is being collected as part of required program accountability. The ECO parent brochure entitled, *Early Childhood Outcome Reporting Guide for Parents*, should be discussed and shared with parents.

SEE APPENDIX B: ECO REPORTING GUIDE FOR PARENTS

Parent Guide is also available online at:

<http://dese.mo.gov/divspeced/documents/ECO09revisedcolorPDF.pdf>

Remember, the focus of determining child outcomes is to ascertain the impact or outcome of early intervention services for an agency's and the State's early intervention program and not focused on any single child.

3. What are Professional Observations?

Service providers, ECSE staff, other professionals, child care providers, etc. have valuable information about a child's status relative to the three child outcomes as well as input for IFSP/IEP planning, evaluation and review.

NOTE:

The information may come from:

- **Reports or assessments completed by professionals (e.g., speech/language pathologist),**
- **Notes concerning others' observations of the child, and**
- **Notes the service coordinator or ECSE teacher maintains from conversations with service providers and professionals, etc**

The service coordinator or ECSE teacher could specifically inquire about the child with others who have a strong developmental framework, through direct questions concerning the child outcomes.

Example: In a discussion with an Occupational Therapist who sees the child every other month, a service coordinator should ask for examples that provide evidence of the child's functioning related to the child outcomes:

“Do you think Billy’s use of appropriate actions or behaviors to meet his routine needs is comparable to other children his age?”

- **No**, then ask ***“Do you think Billy has improved his functioning in this area since you have been working with him?”***
- **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?”***

This information will be useful for justifying the description of a child's status on each outcome. At this point, there is not a protocol of required questions to ask professionals.



III. Determination of Ratings

How are ratings documented?

First Steps and ECSE use the Missouri Outcomes Summary Sheet (MOSS) to document ratings for each of the 3 OSEP outcome areas.

What is the MOSS?

- The MOSS is designed to synthesize the information into a comprehensive summary
 - The MOSS provides standard documentation statewide for reporting to DESE
 - First Steps/ECSE must use multiple sources of information rather than a single approved assessment instrument
-

Features of the MOSS

- **NOT** an evaluation
- Based on child's functioning ***compared to other children the same age***
- Based on child's ***typical functioning***
 - ***what child generally does*** across settings and situations
 - ***not what a child can do*** under ideal circumstances

Missouri Outcomes Summary Sheet (MOSS)

Entry: _____ Exit: _____
Date Date

Child Information:

Name: _____
Last First Middle Initial

Date of Birth: _____

MOSIS ID/ECSE: _____

Child ID/First Steps: _____

District/SPOE Name: _____

Persons involved in deciding the summary ratings:

Name	Role

Information on child functioning (check all that apply):

- ___ Review of existing data
- ___ Assessment results
- ___ Parent input
- ___ Professional observation

Record final rating:

OSEP Indicator	Entry Rating	Exit Rating
1. Positive Social-Emotional Skills		
2. Acquiring and Using Knowledge and Skills		
3. Taking Appropriate Action to Meet Needs		

1. Positive Social-Emotional Skills (Including Social Relationships)

Involves:

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

Includes areas like:

- Attachment/Separation/Autonomy
- Expressing emotions and feelings
- Learning rules and expectations
- Social interaction and play

Summary Box

Date	Child Chronological Age	Source of Information	Summary of Relevant Information	Functional Age Or Age Equivalent (Optional)
Example	33 months	DAYC	Social-emotional: Sam tends to hide when new people around, he prefers “rough and tumble” play, tends to get aggressive with his other siblings. Sam played with toys for about 20 minutes. He preferred playing by himself, in close proximity to his brother and the evaluator.	11 months
Example	33 months	Parent input	Mom noted this was the longest Sam had played by self and kept interest.	+
Example	33 months	Professional Observation	Evaluator noted that Sam initially ran and hid, yet after a period of play, Sam had increased attention and wanted more.	- +

Determining a Percentage of Delay (Optional – See Instructions)

Step 1	Step 2	Step 3
Functional Age (FA) _____ Chronological Age (CA) _____	Divide FA by CA = _____ _____ x 100 = _____	100 - _____ = % delay
Example: FA = 11 months CA = 33 months	FA / CA = 11 / 33 = .333 .333 x 100 = 33.3	100 – 33.3 = 66.7% delay

To what extent does this child show age-appropriate functioning, across a variety of settings and situations, on this outcome? (Circle one number)

1	Not Yet (Does not attempt)	71-100% delay
2	Emerging (Attempts when prompted)	51-70% delay
3	Occasionally (Some of the time)	31-50% delay
4	Frequently (Most of the time)	11-30% delay
5	Completely (All of the time/typical)	0-10% delay

2. Acquiring and Using Knowledge and Skills

Involves:

- Thinking, Reasoning
- Remembering
- Problem-solving
- Using symbols and language
- Understanding physical and social worlds

Includes areas like:

- Early concepts – symbols, pictures, numbers, classification, spatial relationships
- Imitation
- Object permanence
- Expressive language/Communication

Summary Box

Date	Child Chronological Age	Source of Information	Summary of Relevant Information	Functional Age Or Age Equivalent (Optional)
Example	33 months	DAYC	Cognition: Sam can engage in pretend play and imitation. He plays trucks, little people. Less interested in books, likes to watch tv.	18 months
Example	33 months	DAYC	Communication: Sam speaks a few words such as go, one, again, mama. Says and waves bye.	19 months
Example	33 months	Parent input	Sam screams to get mom's attention.	-
Example	33 months	Professional Observation	Sam was able pretend play and imitate.	+

Determining a Percentage of Delay (Optional – See Instructions)

Step 1	Step 2	Step 3
Functional Age (FA) _____ Chronological Age (CA) _____	Divide FA by CA = _____ _____ x 100 = _____	100 - _____ = % delay
Example: FA = 18 + 19 = 37/2 = 18.5 months CA = 33 months	FA / CA = 18.5 / 33 = .560 .560 x 100 = 56	100 – 56 = 44% delay

To what extent does this child show age-appropriate functioning, across a variety of settings and situations, on this outcome? (Circle one number)

1	Not Yet (Does not attempt)	71-100% delay
2	Emerging (Attempts when prompted)	51-70% delay
3	Occasionally (Some of the time)	31-50% delay
4	Frequently (Most of the time)	11-30% delay
5	Completely (All of the time/typical)	0-10% delay

3. Taking Appropriate Action to Meet 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

Includes areas like:

- Integrating motor skills to complete tasks
- Self-help skills (e.g. dressing, feeding, grooming, toileting, household responsibility)
- Acting on the world to get what one wants (age appropriately)

Summary Box

Date	Child Chronological Age	Source of Information	Summary of Relevant Information	Functional Age Or Age Equivalent (Optional)
Example	33 months	DAYC	Physical: Sam can climb, crawl, figures out how to get into cabinets.	27 months
Example	33 months	DAYC	Adaptive: Sam can feed himself using fingers, can take off own clothes, is not interested in potty training.	17 months
Example	33 months	Parent input	Motor development late, crawling at 10 months and walk at 18 months. Sam requires little sleep, gets up in middle of night, doesn't like baths.	-
Example	33 months	Professional Observation	Sam will W-sit and curls his toes when walking.	-

Determining a Percentage of Delay (Optional – See Instructions)

Step 1	Step 2	Step 3
Functional Age (FA) _____ Chronological Age (CA) _____	Divide FA by CA = _____ _____ x 100 = _____	100 - _____ = % delay
Example: FA = 27+17 = 44/2 = 22 months CA = 33 months	FA / CA = 22 / 33 = .666 .666 x 100 = 66.6	100 – 66.6 = 33.4% delay

To what extent does this child show age-appropriate functioning, across a variety of settings and situations, on this outcome? (Circle one number)

1	Not Yet (Does not attempt)	71-100% delay
2	Emerging (Attempts when prompted)	51-70% delay
3	Occasionally (Some of the time)	31-50% delay
4	Frequently (Most of the time)	11-30% delay
5	Completely (All of the time/typical)	0-10% delay

Potential Sources for the MOSS



Review of Existing Data



Assessment Results (includes measures conducted for eligibility determination and IFSP/IEP assessment)



Parent Input (includes caregivers and family members)



Professional Observations (in multiple settings)

NOTE:

Review of Existing Data: Includes any evaluations or records provided by the parents and conducted prior to child's participation in First Steps/ECSE.

Examples may include: screening results, assessments from other programs, health/medical records, records from previous evaluations, IFSP/IEP documents, reports from other agencies, portfolios, curriculum guides, and other records.

Assessment Results: Includes individual and group measures of ability that were conducted to determine eligibility or for IFSP/IEP assessment.

Examples may include: DAYC, Battelle, Preschool Language Scale, other norm-referenced or criterion-referenced measures, performance-based assessments, adaptive behavior scales, measures of motor function, speech and language tests, and other measures.

Parent Input: Includes interviews with parents, other caregivers, family members, etc.

Examples may include: any information gathered during the interview process, such as medical and social history, family preferences and daily routines and activities.

Professional Observations: Includes structured observations, rating scales, ecological instruments behavioral interventions, functional analysis of behavior, intervention anecdotal records, and other observations conducted by service providers, child care providers, service coordinators, preschool teachers, etc. and in multiple settings.

Examples may include: Early Childhood Environments Rating Scale (ECERS), Infant/Toddler Environment Rating Scale (ITERS), developmental milestones, checklists, etc.

Ratings

All 3 OSEP outcomes need a rating *even if*:

- No one has concerns about the child's development in a given outcome area
- The child has delays in one or two outcomes, but not in all three outcome areas

Ratings reflect global functioning

Ratings on each outcome are a snapshot of:

- The whole child
- Functioning
- Across settings and situations

Rather than:

- Skill by skill
- In one standardized way
- Split by domains

Hebbeler, K. (2006). *Using the child outcomes summary form*. Presentation at Early Intervention Community in Helena Montana. Chapel Hill, NC: ECO Center.

Ratings are NOT:

- Information on the individual services provided
- The family's satisfaction with services
- An explanation of why the child's functioning is at that level

To decide on a rating . . .

- Know what behaviors and skills are appropriate for the child's age
- Review the available sources of information to determine how the child functions across a variety of situations and settings
- Understand the differences between response options on the summary form
- To assist in both the child outcomes process and providing effective services, the ECO Center provides links to age-expected resources at:

<http://www.fpg.unc.edu/~eco/outcomes.cfm>

Hebbeler, K. (2006). *Using the child outcomes summary form*. Presentation at Early Intervention Community in Helena Montana. Chapel Hill, NC: ECO Center.

Rating Scale

The service coordinator /ECSE teacher, with input from the team, determines the rating between 1 – 5 for each of the 3 outcomes.

Rating Descriptions

- 1 – Not Yet (*does not attempt*)
- 2 – Emerging (*attempts if prompted*)
- 3 – Occasionally (*some of the time*)
- 4 – Frequently (*most of the time*)
- 5 – Completely (*all of the time/typical*)



Rating Chart

Rating	Description	Explanation	% of Delay
1	Not Yet	Does not display or attempt the skill.	71-100%
2	Emerging	Does not display expected skills but attempts when prompted.	51-70%
3	Occasionally	Displays skills some of the time. There are some concerns about the child's functioning in this area.	31-50%
4	Frequently	Displays skills most of the time, but not consistently.	11-30%
5	Completely	Displays skills in all situations. Typical for age.	0-10%

Rating chart can also be accessed online at:
<http://dese.mo.gov/divspced/PDF/MOSSinstructions.pdf>

Determining a Rating

- This process *requires at least one member* involved with the child outcome decision process to have a strong foundation in young children's development and its variations.
- Clinical judgment is necessary for making good informed decisions about a child's functioning related to child outcomes in reference to what is expected for same-aged peers without a disability.

NOTE:

Just as there is not a single assessment tool that can identify the range of behaviors and skills related to the child outcomes for young children, there is not a single resource that can capture all the behaviors and skills that make up typical development from birth to five relative to child outcomes.

The individual working with the child and family will be responsible for gathering all the information previously outlined (e.g., assessment results, parent input, professional observations).

For First Steps, the service coordinator is typically the individual responsible for determining a child's rating, with the assistance of the family's provider, SPOE director, etc.

For ECSE, the ECSE teacher is typically the individual responsible for determining a child's rating, yet depending on the district's configuration for ECSE and who is coordinating the child's IEP, it may be a SLP, ECSE director, or other professional within the district.

ECO Procedures

- Each **eligible child entering First Steps or ECSE** must have an ECO rating if the child will be in the program at least 6 months.
- Utilize the same data collection process for entry and exit, although, assessment instrument does not have to stay the same
- Definitions for First Steps and ECSE entry and exit ratings are slightly different

NOTE:

IF a child enters First Steps less than 6 months prior to their third birthday (i.e. Late Referral), an entry outcome rating is NOT completed.



Entry/Exit Definitions for First Steps

- Entry data is recorded on the MOSS after eligibility determination and prior to or on the initial IFSP date. The initial IFSP date is used as the “Date of Entry” on the MOSS and DESE data collection form.
- Exit data is recorded on the MOSS no more than 30 days prior to exiting the program.
- For children who cannot be located.....use progress reports, provider observations and service coordinator case notes to represent any parent input. Still have to determine a rating for the child IF s/he received services in the program for more than 6 months.

Entry/Exit Definitions for ECSE

- For children referred to ECSE from First Steps, ECSE will use the First Steps exit rating as the ECSE entry rating
- For children referred to ECSE by any other source, ratings will be determined within the first 30 days of service
- Exit data will be determined within 30 days prior to exit from ECSE

NOTE for Bullet 2 above:

Depending on the amount of existing data available to review and information gathered during the process of eligibility determination, ECSE may have sufficient information to determine a rating at the time of the IEP meeting. However, additional time may be used to conduct professional observations, as long as the rating is determined within the first 30 days of service.



First Steps and ECSE

- First Steps exit data should be used for ECSE entry data
- The First Steps exit rating must be shared with the school district for every child transitioning to ECSE who had an entry rating
- The SPOE and school district must communicate about the most effective way to transfer the data as the child transitions and the timeframe in which ECSE needs the information

Instructions for Completing the Missouri Outcomes Summary Sheet (MOSS)

Page One: Background and Summary Information

- 1) Check “Entry” or “Exit” box to indicate the data is being gathered for entry or exit, and document the date the Rating is compiled.
- 2) Child Information: Provide all demographic information, including Child name, Date of birth, ID number and District/SPOE name.
- 3) List the names and roles of the persons (or team members) involved in deciding the child’s rating.
- 4) Check the line(s) that correspond to the data source(s) that were utilized in the decision making process for compiling the rating.
- 5) Record ratings – To be completed LAST. After Indicators 1-3 are tallied, complete this box by writing the final rating numbers in the appropriate Entry or Exit column.

Page Two: Positive Social-Emotional Skills

Complete the Summary Box by documenting the following:

- 1) Date - document the date the information was gathered
- 2) Child chronological age – document the child’s age at the time the information was obtained
- 3) Source of Information – document the person responsible for gathering the information
- 4) Summary of Relevant information – Briefly describe the child’s present abilities, strengths and/or educational performance in Positive Social-Emotional Skills.
- 5) Functional age or age equivalent (optional) – if the child’s level of functioning is obtained from this source of information, document the age in this column.

Instructions for Determining Percentage of Delay (Optional)

A) Determine child’s level of functioning (FA) and chronological age (CA)

***NOTE*: If multiple test scores are given for one area, average the scores to obtain F/A**

B) Divide FA / CA and take that number x 100

C) Subtract new number from 100 and obtain the percent of delay

EXAMPLE:

Step 1	Step 2	Step 3
Functional Age (FA) _____ Chronological Age (CA) _____	Divide FA by CA = $\frac{\sqrt{\quad}}{\quad}$ $\frac{\sqrt{\quad}}{\quad} \times 100 = \text{☺}$	100 - ☺ = % delay

- 6) Using all the information gathered for Positive Social-Emotional Skills, determine to what extent the child shows age-appropriate functioning. Circle ONLY ONE number from 1 – 5 to determine the Rating for this outcome.
- 7) Record this number on page one under “OSEP Indicator : Positive Social- Emotional Skills”

Page Three: Acquiring and Using Knowledge and Skills

Complete the Summary Box by documenting the following:

1. Date - document the date the information was gathered
2. Child chronological age – document the child’s age at the time the information was obtained
3. Source of Information – document the person responsible for gathering the information
4. Summary of Relevant information – Briefly describe the child’s present abilities, strengths and/or educational performance regarding Acquiring and Using Knowledge and Skills.
5. Functional age or age equivalent (optional) – if the child’s level of functioning is obtained from this source of information, document the age in this column.

Instructions for Determining Percentage of Delay (Optional)

Refer to Previous section

6. Using all the information gathered for Acquiring and Using Knowledge and Skills, determine to what extent the child shows age-appropriate functioning. Circle ONLY ONE number from 1 – 5 to determine the Rating for this outcome.
7. Record this number on page one under “OSEP Indicator : Acquiring and Using Knowledge and Skills”

Page Four: Taking Appropriate Action to Meet Needs

Complete the Summary Box by documenting the following:

1. Date - document the date the information was gathered
2. Child chronological age – document the child’s age at the time the information was obtained
3. Source of Information – document the person responsible for gathering the information
4. Summary of Relevant information – Briefly describe the child’s present abilities, strengths and/or educational performance regarding Taking Appropriate Action to Meet Needs.
5. Functional age or age equivalent (optional) – if the child’s level of functioning is obtained from this source of information, document the age in this column.

Instructions for Determining Percentage of Delay (Optional)

Refer to previous section

6. Using all the information gathered for Taking Appropriate Action to Meet Needs, determine to what extent the child shows age-appropriate functioning. Circle ONLY ONE number from 1 – 5 to determine the Rating for this outcome.
7. Record this number on page one under “OSEP Indicator : Taking Appropriate Action to Meet Needs”

The MOSS form is now complete. The final ratings compiled on page one under “Record ratings: OSEP Indicators” will be the rating numbers that are reported to DESE.

First Steps Case Study

Background - Maria is a 20 month old girl who is not yet using words to talk and also has difficulty understanding and following simple directions. Maria's parents also note concerns with her ability to share experiences with others and her lack of pretend play with toys. Maria lives in her home with her mother and father and Spanish is the primary language spoken in the home. Maria's mother just found out that she is expecting a baby and is due to deliver in May.

Parent Input - (information obtained through a Routines Based Interview)

Wake Up – Maria's father is the first one up in the morning and is out of the house to work by the time Maria wakes up. Maria's mother is usually already up when she hears Maria wake up sometime between 7:00 – 7:30. Maria's mother can tell when she is up because she starts babbling to her Fisher-Price music box that is attached to her crib. Maria and her mother have breakfast together.

Dressing/Toileting - Maria assists with dressing. She will push her arms and legs through the holes in her shirts and pants. Her mother puts on her shoes and socks and coat. She can take off her own shoes and can also get her pants off by kicking them off with her legs and feet. Maria wears a diaper and cooperates with diaper changing.

Mealtime - At meal times, Maria sits in a booster seat. She typically eats the same foods that her parents eat. She eats rice and vegetables and typically does not like fruit or anything that is tangy or sour. She does not like fruit juices that can be bought in the store, but will drink the fruit juices that her family makes in the home. Maria's family typically eats with their hands. Maria is able to feed herself with her hands; however, when eating foods such as rice, she will pick up only a few grains at a time and her mother or father sometimes provides help. Maria is able to drink out of a sippy cup independently and can drink out of an open cup when it is held for her. She is not yet able to use a straw to drink.

Outings - Maria stays home with her mother during the day time. They typically spend most of their days in the apartment or taking walks through the neighborhood. Maria's family is from Mexico and they do not have any relatives close by. They sometimes get together with friends who have children close to Maria's age. Typically, Maria does not interact with other children, but might smile at them. Occasionally, Maria enjoys running around and playing with another child around her age. She sometimes becomes overwhelmed in large groups of people (e.g., at the mall) and may become upset. Her parents are not sure whether it is the noise or just all the movement and commotion. She enjoys playing at the park and likes to swing. When her parents place her on top of the slide, she enjoys sliding down.

Play - Maria has a favorite book with a lot of flaps that open and close. She will sit with her mother or father and read through the book. Maria enjoys turning the pages in other books, but is typically not interested in hearing a story. Maria is able to imitate some of her mother's actions such as clapping her hands to a song or tapping her fingers

at pictures in a book. Maria also imitates actions she sees her parents engaging in around the house. For example, she will type on the keyboard or move the mouse after seeing her parents work at the computer; or she will put the hair dryer to her hair after seeing her mother dry her hair. Maria's parents model pretend play actions (e.g., pouring a teapot into a cup and drinking), but Maria is not yet engaging in pretend play or imitating these actions. Maria enjoys playing with her father's phone and pushing the buttons, but does not put it up to her ear to pretend to talk.

Bathtime - Maria loves bath time and enjoys playing in the water. She typically needs help when washing her hands in the sink. After mealtimes, Maria enjoys brushing her teeth. Her parents help with brushing.

Bedtime/Naps - Maria has a consistent sleeping routine. She sleeps through the night in her crib on most nights and takes a nap in the afternoon for about 2 hours. Her bedtime is around 8:00 and she sleeps most mornings until 7:00 or 7:30. Maria will snuggle with her parents, especially when she is upset. When sad or upset about something, Maria can typically be consoled easily through affection, especially from her mother. Maria usually does not seek out affection at other times.

Other - Although it appears that Maria may not understand verbal directions, she is often able to understand what will come next through familiar routines. For example, she might go to the bathroom when a washcloth is put around her neck because that is what happens before toothbrushing. When Maria sees her mother getting dressed, Maria will go stand by the door to indicate that she is ready to go outside.

Professional Observations

Thinking/Learning - Maria enjoys playing with a variety of toys. She sometimes puts toys in her mouth, but typically plays with toys in a functional manner (e.g., puts pieces in a puzzle, tries to put shapes in a shape sorter, pushes buttons on toys that make sounds). Maria pushes a baby stroller around and plays with a toy bus but does not yet roll the toy bus on the floor. Instead, she prefers pushing the buttons on the bus. If Maria has a toy or object that is not working as she would like, she might shake it or bang it, but does not yet hand it to a parent for help.

Communication - Maria had an appointment with the audiologist last week, and hearing was found to be within normal limits. Maria's family speaks Spanish in the home. Maria is able to understand a few simple directions such as "come here", "go out", "go to mommy/daddy", but typically does not follow most verbal directions. Maria appears to understand the words for some common items. For example, if her mother asks Maria to "give me blue pan [a favorite toy]", Maria might go into her room and begin to play with the blue pan, but will not bring it out to her mother. Maria does not yet respond to simple directions such as "give me xxx" even when she can see an open hand. Maria consistently responds to her name and will come when called from a different room. Maria loves music and bounces around when she hears music played. She also hums or babbles along to familiar songs. Maria babbles throughout the day and uses a variety of consonants and vowels in her babbling. She gestures with her hands up to indicate she wants to be picked up and sometimes shakes her head "no" to indicate she does not

want an item. She also turns her head to the side or pushes an adult’s hand away when offered unwanted foods at meal times. Typically Maria does not initiate communication to express her wants, needs and desires. For example, although Maria enjoys going outside onto the patio, she does not have any way to communicate to her parents that she wants to go outside. Instead, she just follows her parents when they go outside. Maria sometimes communicates a desire for an item that she can see by saying “uhuhuhuh”, sometimes reaching towards the item. If she likes the item and wants more, she will make the same sound again.

Social /Emotional/Behaviors - When the evaluator entered the home, Maria cried for a minute (because she saw her mother getting dressed up and assumed they were going outside), but then was willing to interact with the evaluator for a short period of time. Maria did not take her regular afternoon nap and slept throughout much of the evaluation. Maria typically does not point to items to indicate awareness or bring toys or other items to her parents to share. She sometimes hands her cup to her parents, but they are unsure what she might be trying to communicate (e.g., all done, want more, put it up). Maria laughs when her mother or father performs silly actions. She also enjoys playing peek-a-boo and will sometimes put the blanket on her head to initiate the game. She enjoys playing with toys in her bedroom and will sometimes come out to check to see what her mother is doing.

Movement - Maria is able to walk, run, climb, and squat. She enjoys jumping and will often jump in her crib. Maria is able to climb onto and off of the furniture in the family’s home. There are outdoor wooden steps leaving the family’s home, and Maria is able to walk up the steps when her hand is held. Typically her parents carry her down the steps for safety. Maria can climb out of her play yard. Maria throws the ball around in play, but typically not towards another person. She is able to roll the ball to her mother when sitting in her father’s lap. Maria enjoys drawing and scribbling with crayons. She is able to fit pieces into a simple inset puzzle.

Assessment Results

DAYC EVALUATION RESULTS		
	Standard Score	Age Equivalent
Cognition	19	13 months
Communication	17	10 months
Social-Emotional	19	13 months
Physical Development	51	18 months
Adaptive Behavior	22	17 months

1. Positive Social-Emotional Skills (Including Social Relationships)
- FIRST STEPS EXAMPLE OF COMPLETED FORM -

Date	Child Chronological Age	Source of Information	Summary of Relevant Information	Functional Age Or Age Equivalent (Optional)
11/4/09	20 months	DAYC – Social/emotional	Maria laughs when her mother or father performs silly actions. She also enjoys playing peek-a-boo and will sometimes put the blanket on her head to initiate the game. She enjoys playing with toys in her bedroom.	13 months
11/4/09	20 months	Prof. Observ.	When the evaluator entered the home, Maria cried for a minute (because she saw her mother getting dressed up and assumed they were going outside), but then was willing to interact with the evaluator for a short period of time. Maria typically does not point to items to indicate awareness or bring toys or other items to her parents to share.	- + -
10/30/09	20 months	Parent Input	Typically, Maria does not interact with other children, but might smile at them. She sometimes becomes overwhelmed in large groups of people and may become upset. Maria will snuggle with her parents, especially when she is upset. Maria can typically be consoled easily through affection, especially from her mother. Maria usually does not seek out affection at other times.	- + -

Determining a Percentage of Delay (Optional – See Instructions)

Step 1	Step 2	Step 3
Functional Age (FA) 13 ____ Chronological Age (CA) 20 ____	Divide FA by CA = <u>.65</u> <u>.65</u> x 100 = <u>65</u>	100 - <u>65</u> = 35% delay

To what extent does this child show age-appropriate functioning, across a variety of settings and situations, on this outcome? (Circle one number)

1	Not Yet (Does not attempt)	71-100% delay
2	Emerging (Attempts when prompted)	51-70% delay
3	Occasionally (Some of the time)	31-50% delay
4	Frequently (Most of the time)	11-30% delay
5	Completely (All of the time/typical)	0-10% delay

2. Acquiring and Using Knowledge and Skills

- FIRST STEPS EXAMPLE OF COMPLETED FORM -

Date	Child Chronological Age	Source of Information	Summary of Relevant Information	Functional Age Or Age Equivalent (Optional)
11/4/09	20 Months	DAYC – Cogn. and Prof. Observ.	Maria enjoys playing with a variety of toys and typically plays with toys in a functional manner. Maria enjoys turning the pages in books, typically not interested in hearing a story.	13 months
11/4/09	20 Months	DAYC – Com. and Prof. Observ.	Typically Maria does not initiate communication to express her wants, needs and desires. Maria babbles throughout the day and uses a variety of consonants and vowels in her babbling. She gestures with her hands up to indicate she wants to be picked up and sometimes shakes her head “no” to indicate she does not want an item. Maria is able to understand a few simple directions such as “come here”, “go out”, “go to mommy/daddy”, but typically does not follow most verbal directions.	10 months - +
10/30/09	20 Months	Parent Input	Maria is able to imitate some of her mother’s actions such as clapping her hands to a song. Maria also imitates actions she sees her parents engaging in around the house. Maria’s parents model pretend play actions, but Maria is not yet engaging in pretend play or imitating these actions.	+ -

Determining a Percentage of Delay (Optional – See Instructions)

Step 1	Step 2	Step 3
Functional Age (FA) 11.5 ___ Chronological Age (CA) 20 ___	Divide FA by CA = <u>.575</u> <u>.575</u> x 100 = <u>57.5</u>	100 - <u>57.5</u> = 42.5 % delay

To what extent does this child show age-appropriate functioning, across a variety of settings and situations, on this outcome? (Circle one number)

1	Not Yet (Does not attempt)	71-100% delay
2	Emerging (Attempts when prompted)	51-70% delay
3	Occasionally (Some of the time)	31-50% delay
4	Frequently (Most of the time)	11-30% delay
5	Completely (All of the time/typical)	0-10% delay

3. Taking Appropriate Action to Meet Needs

- FIRST STEPS EXAMPLE OF COMPLETED FORM -

Date	Child Chronological Age	Source of Information	Summary of Relevant Information	Functional Age Or Age Equivalent (Optional)
11/4/09	20 Months	DAYC – Phys and Prof. Observ.	Maria is able to climb onto and off of the furniture in the family’s home. There are outdoor wooden steps leaving the family’s home, and Maria is able to walk up the steps when her hand is held. Maria can climb out of her play yard.	18 months + +
11/4/09	20 Months	DAYC – Adapt and Prof. Observ.	When the evaluator entered the home, Maria cried for a minute, but then was willing to interact with the evaluator for a short period of time. Maria did not take her regular afternoon nap and slept throughout much of the evaluation.	17 months
10/30/09	20 Months	Parent Input	Maria assists with dressing. Maria wears a diaper and cooperates with diaper changing. Maria sits in a booster seat. She typically eats the same foods that her parents eat. Drinks out of a sippy cup independently.	+ +

Determining a Percentage of Delay (Optional – See Instructions)

Step 1	Step 2	Step 3
Functional Age (FA) 17.5 ___ Chronological Age (CA) 20 ___	Divide FA by CA = <u>.875</u> <u>.875</u> x 100 = <u>87.5</u> __	100 - <u>87.5</u> = <u>12.5</u> % delay

To what extent does this child show age-appropriate functioning, across a variety of settings and situations, on this outcome? (Circle one number)

1	Not Yet (Does not attempt)	71-100% delay
2	Emerging (Attempts when prompted)	51-70% delay
3	Occasionally (Some of the time)	31-50% delay
4	Frequently (Most of the time)	11-30% delay
5	Completely (All of the time/typical)	0-10% delay

ECSE – How to determine a measure

Use existing measures

- Commercial - many publishers of tests for the early childhood population have cross-walked their instruments with the ECO Outcomes
- Committee-Developed measure - posted on DESE website
- District-Developed measure - Staff align their curriculum with an outcome measure

ECSE – Curriculum

Where to start-

- What curriculum do you follow?
 - Project Construct
 - Creative Curriculum
 - High Scope
 - District developed



ECSE – Curriculum continued.....

- What are the domains/components of your curriculum?
- Cross walk with State Pre-K Standards
- Determine scope and sequence
- Determine if you want a developmental continuum or if you want it tied to an age range
- Determine what you want to measure
- Determine how flexible you want your instrument to be

ECSE Case Study

Child Name: MS	Birthdate: 2/10/06
Medical diagnosis: No	Gender: Female
Edu. diagnosis: YCDD in Communication and motor	

Parent Input

She has had recurrent ear infections since the age of 8 weeks with 9 infections the first 10 months of life. Bilateral PE tubes inserted at 10 months. The tubes are still in place but have never drained properly. She currently has between 2-4 infections a year. Mother reports she is concerned about MS *communication development*. MS did some cooing and babbling as infant but not as much as other children per her mother. She began producing consonant-vowel sounds at 12 months of age and began using single words at 18 months. She now speaks in 2-3 word utterances. Her speech is often difficult to understand and she will become frustrated when she is not able to communicate her wants and needs. If she cannot be understood she will use gestures. She at times has difficulties with receptive skills. The parents are concerned about MS *motor skill development*. She was born with hip dysplasia and gross motor skills were delayed. She crawled at 11 months and walked at 18 months. She wore SMO braces to help her ambulate until August 2008. Mother reports she has fair balance and coordination. She runs with an awkward gait and is unable to climb on furniture and playground equipment without assistance. Fine motor skills include building block towers and putting together simple puzzles. She participates in tactile media. Mother reports her *preacademic skills* include; pointing to body parts, common objects, and pictures in books. MS can rote count to 10 and can match and sort colors and shapes. She attempts to feed herself independently but has difficulty using a fork and spoon. She is able to drink from an open cup. She is able to brush her teeth. She is not yet toilet trained. MS has difficulty processing sensory information and is very sensitive to textures. Mother reports MS's *behavior* is not a problem at home. She is described as sweet, loving, affectionate and a happy child. She enjoys playing with her sister and peers. She is cooperative and well behaved. She may cry when frustrated due to communication concerns. Mother also reported concerns regarding MS attention and task focus. There is a family history of Attention Deficit Hyperactive Disorder.

Assessment Results

Cognitive skills -A Kaufman Assessment Battery for Children-II was administered. Her overall Mental Processing Index was within the average range of ability. Skills with age expectancy were: ability to store and retrieve newly learned information, perceive, store, manipulate and think with visual patterns, visual categorical skills and adequate short term visual memory skills. She has significant difficulty labeling pictures of common objects and understanding more abstract verbal questions.

Language skills - MS was able to understand verbs in context, point to various body parts and items of clothing on her body, recognize action in pictures and understand use of objects. She followed simple one and two step directives without visual cues. She had difficulty with understanding pronouns, understanding part/whole relationships and understanding

descriptive concepts. Expressive strengths included: ability to name things when shown a picture, use of words more often than gestures, beginning to put 2-3 words together and asking a few “wh” questions. She had difficulty giving answers to “wh” questions, has a limited vocabulary and limited understanding of word meanings. She did not consistently use pronouns, possessive, -ing verb forms, negation or articles. Her pragmatic skills were below age expectancy due to: social reciprocity in nonverbal as well as verbal interactions, mutually satisfying play and peer interactions, comprehension of other’ intentions and asking answering questions. Her speech was characterized by multiple sound substitutions and/or omissions of consonant sound. It was difficult to understand without the aid of contextual cues and careful listening.

Preacademic skills - Assessed through play observations. Her skills appeared to be within age expectancy. She could give her first name, identify body parts, follow simple directions and use a variety of toys in a functional manner. She could orient a book, match and sort primary and secondary colors.

Physical skills - Fine motor skills included age appropriate finger grasp to manipulate objects, place simple shapes in a formboard, remove a lid from a container, and approximate vertical and horizontal lines. She used a finger grasp on a writing tool with extension that was reflective of some weakness in strength and endurance. Her lines were angled and uneven which was the result of poor pencil control and coordination. She demonstrated weakness in eye-hand coordination skills to copy/imitate linear and dimensional designs. Her gross motor skills included the ability to walk and clear small obstacles in her path, kick a playground ball, fling a tennis ball, and reach out for the playground ball to try to catch it. She required assistance to ascend and descend stairs. She was not able to jump up or forward and used a support surface to come to a stand from the floor. She could run with fair speed. She demonstrated some weaknesses in sensorimotor input in the areas of body in space awareness, proprioception, and movement. She also reportedly has some weakness in attaining and maintaining effective level of alertness.

Social/Emotional Behavior- This area was completed through parent and teacher interview and observation as well as the use of a rating scale. Concerns were indicated in her attention span. These difficulties were observed during classroom observations as well as reported by her teacher and parents.

Professional Observations

During classroom observations MS presented as a happy but quiet child. Her expressive and receptive communication skills differed when compared to her classmates. Her pragmatic skills in the classroom were weak as demonstrated by difficulty responding to peers, maintaining a topic and attend to a task. She responded to others attempts to communicate by repeating what was said to her. She appeared to be more dependent on visual cues and tactile cues to complete tasks. She relied on adults to help her navigate her environment.

Detailed Test Scores

Peabody Developmental Motor Scales-2	Fine Motor Quotient 76 z score -1.60	Gross Motor Quotient 70 z score -2.00
Preschool Language Scale-4 th edition - Total 58	Auditory Comprehension- 61	Expressive Communication- 63
Goldman-Fristoe Test of Articulation-2	SS 74	percentile 14
Kaufman Assessment Battery for Children IIR-I	(mean 100, sd-15)	Mental Processing Index-87
Achenbach Child Behavior Checklist – Total 59 (parent) Total 58 (teacher)	Internalizing- 58 Internalizing-54	Externalizing- 61 Externalizing- 58

Curriculum Measure DCC

Sociomoral Domain- Functional age 2 / Chronological age 3-6

Emerging skills: comments, request, and protests with another child during play, works in a teacher directed small group at least five minutes, shares toys, can play cooperatively for up to 10 minutes with some teacher facilitation. Not yet exhibiting: prefers the companionship of children over adults, copes with frustration, plays cooperatively in small groups.

Representational Domain- Functional age 2 / Chronological age 3-6

Emerging skills: follows a 2 step command, understands simple questions, 50% of speech is intelligible, has an expressive vocabulary of 25-50 words, responds to yes or no questions regarding wants and needs. Skills not yet demonstrating: gives first name, follows the direction “Put it on the ___”, uses negative phrases, uses regular past tense, uses plurals, uses 3-5 word sentence, frequently asks questions “why”.

Cognitive Domain- Functional age 3 / Chronological age 3-6

Emerging skills: recognizes at least 8 colors receptively, rote count to 5, demonstrates understanding of top/bottom, empty/full slow/fast. Skills not yet demonstrated: understanding of 1:1 correspondence to 3, understands over/under, front/back, labels colors.

Physical Domain - Functional age 1 / Chronological age 3-6

Emerging skills: uses a precise pincer grasp, runs well, snips or makes small cuts, spoon feed without spilling, unzips front zipper. Not yet demonstrating: indicates wet or soiled, begins to anticipate and communicate toileting needs, walks up stairs alternating feet, walks down stairs both feet on each step without a rail, builds a block tower of 9-11, participates in school dressing tasks with minimal supervision.

Literacy – *Emerging skills:* exhibits book handling skills, points to pictures in book, listens attentively, connects information and events in books to self or life experiences, adds personal information, recognizes own name in print. Skill not yet demonstrated: recognizes familiar book by cover, points to a word, participated in interactive reading, labels/describes or responds to who, what, what doing and/or where questions, tells the title of a familiar book, uses scribble writing and some letter-like forms, copies/traces name, recognizes/points to familiar logos, recognizes that print runs left to right.

1. Positive Social-Emotional Skills (Including Social Relationships)

- ECSE EXAMPLE OF COMPLETED FORM -

Date	Child Chronological Age	Source of Information	Summary of Relevant Information	Functional Age Or Age Equivalent (Optional)
9/25/09	3 years, 6 months	DCC – Sociomoral	Emerging skills at the 3 year old level. Comments, requests, and protests with another child during play, works in a teacher directed small group at least five minutes, shares toys, can play cooperatively for up to 10 minutes with some teacher facilitation. Not yet exhibiting: prefers the companionship of children over adults, copes with frustration, plays cooperatively in small groups.	FA = 2
9/25/09	3 years, 6 months	Prof. Observ.	Concerns were indicated in her attention span. These difficulties were observed during classroom observations as well as reported by her teacher and parents. During classroom observations MS presented as a happy, but quiet child.	- +
9/25/09	3 years, 6 months	Parent Input	MS is described as sweet, loving, affectionate and a happy child. She enjoys playing with her sister and peers. She is cooperative and well behaved. She may cry when frustrated due to communication concerns. Mother also reported concerns regarding MS attention and task focus. There is a family history of Attention Deficit Hyperactive Disorder.	+ -

Determining a Percentage of Delay (Optional – See Instructions)

Step 1	Step 2	Step 3
Functional Age (FA) 24 ____ Chronological Age (CA) 42 ____	Divide FA by CA = <u>.57</u> <u>.57</u> x 100 = <u>57</u>	100 – 57 = 43% delay

To what extent does this child show age-appropriate functioning, across a variety of settings and situations, on this outcome? (Circle one number)

1	Not Yet (Does not attempt)	71-100% delay
2	Emerging (Attempts when prompted)	51-70% delay
3	Occasionally (Some of the time)	31-50% delay
4	Frequently (Most of the time)	11-30% delay
5	Completely (All of the time/typical)	0-10% delay

2. Acquiring and Using Knowledge and Skills

- ECSE EXAMPLE OF COMPLETED FORM -

Date	Child Chronological Age	Source of Information	Summary of Relevant Information	Functional Age Or Age Equivalent (Optional)
9/25/09	3 years, 6 months	DCC - Representational PLS -4 th edition Total = 58 (-2 to -3 SD)	Skills emerging at the 2 year old level and mostly related to language, follows a 2 step command, understands simple questions, 50% of speech is intelligible, has an expressive vocabulary of 25-50 words, responds to yes or no questions for wants and needs. Skills not yet demonstrated: gives first name, use plurals, use 3-5 word sentence, frequently asks question "why".	FA = 2
9/25/09	3 years, 6 months	DCC – Cognitive KABC IIR-I	<i>Emerging skills:</i> recognizes at least 8 colors, rote count to 5, understands top/bottom, empty/full slow/fast. Skills not yet demonstrated: understand 1:1 correspondence to 3, understand over/under, front/back, labels colors.	FA = 3 Mental Processing Index-87
9/25/09	3 years, 6 months	Prof. Observ.	MS's expressive and receptive communication skills differ compared to her peers. Her pragmatic skills in the classroom were weak as demonstrated by difficulty responding to peers, maintaining a topic and attending to task.	-
9/25/09	3 years, 6 months	Parent Input	MS can point to body parts, common objects, and pictures in books. MS can rote count to 10, match and sort colors and shapes. MS speaks in 2-3 word utterances. Her speech is difficult to understand and she becomes frustrated when unable to communicate her wants and needs. If she cannot be understood she uses gestures.	+ -

Determining a Percentage of Delay (Optional – See Instructions)

Step 1	Step 2	Step 3
Functional Age (FA) 30____ Chronological Age (CA) 42____	Divide FA by CA = ____ .71 ____ ____ .71 x 100 = 71	100 - 71 = 29 % delay

To what extent does this child show age-appropriate functioning, across a variety of settings and situations, on this outcome? (Circle one number)

1	Not Yet (Does not attempt)	71-100% delay
2	Emerging (Attempts when prompted)	51-70% delay
3	Occasionally (Some of the time)	31-50% delay
4	Frequently (Most of the time)	11-30% delay
5	Completely (All of the time/typical)	0-10% delay

3. Taking Appropriate Action to Meet Needs

- ECSE EXAMPLE OF COMPLETED FORM -

Date	Child Chronological Age	Source of Information	Summary of Relevant Information	Functional Age Or Age Equivalent (Optional)
9/25/09	3 years, 6 months	DCC - physical Peabody Developmental Motor Scales-2	Some skills at 3 year old level not developed. <i>Emerging skills:</i> uses a precise pincer grasp, runs well, snips or makes small cuts, spoon feed without spilling, unzips front zipper. Not yet demonstrating: indicates wet or soiled, begins to anticipate and communicate toileting needs, walks up stairs alternating feet, walks down stairs both feet on each step without a rail, builds a block tower of 9-11, participates in school dressing tasks with minimal supervision.	FA = 1 Gross Motor Quotient: 70 z score -2.00 Fine Motor Quotient: 76 z score -1.60
9/25/09	3 years, 6 months	Prof. Observ.	MS appeared to be more dependent on visual cues and tactile cues to complete tasks. She relied on adults to help her navigate her environment.	-
9/25/09	3 years, 6 months	Parent Input	MS was born with hip dysplasia. She crawled at 11 months and walked at 18 months. She wore SMO braces to help her ambulate until August 2008. Mother reports she has fair balance and coordination. MS is unable to climb on furniture and playground equipment without assistance. MS attempts to feed herself independently but has difficulty using a fork and spoon. She is able to drink from an open cup. She is able to brush her teeth. She is not yet toilet trained. MS has difficulty processing sensory information and is very sensitive to textures.	- - + -

Determining a Percentage of Delay (Optional – See Instructions)

Step 1	Step 2	Step 3
Functional Age (FA) = 12 Chronological Age (CA) = 42	Divide FA by CA = <u>.29</u> <u>.29</u> x 100 = 29	100 – 29 = 71 % delay

To what extent does this child show age-appropriate functioning, across a variety of settings and situations, on this outcome? (Circle one number)

1	Not Yet (Does not attempt)	71-100% delay
2	Emerging (Attempts when prompted)	51-70% delay
3	Occasionally (Some of the time)	31-50% delay
4	Frequently (Most of the time)	11-30% delay
5	Completely (All of the time/typical)	0-10% delay

IV. Data Reporting

First Steps

- SPOEs will submit their data to DESE in July of each year for the previous fiscal year (July 1st – June 30th)
- SPOEs submit using the ECO spreadsheet on the DESE website, until notified otherwise
- DESE sends a reminder message to the SPOE Directors

ECSE

Data reported to DESE at end of year

- All entry data compiled during that school year
- All exit data compiled during that school year
- Report via MOSIS Student Core file due July 15
- MOSIS ID required



ECO Outcome “Buckets”

- A. Percent of preschool children who **did not improve** functioning
- B. Percent of preschool children who **improved functioning but not sufficient** to move nearer to functioning comparable to same-aged peers
- C. Percent of preschool children who **improved functioning to a level nearer** to same-aged peers but did not reach
- D. Percent of preschool children who **improved functioning to reach a level** comparable to same-aged peers
- E. Percent of preschool children who **maintained** functioning at a level comparable to same-aged peers

ECO Outcome “Buckets” continued.....

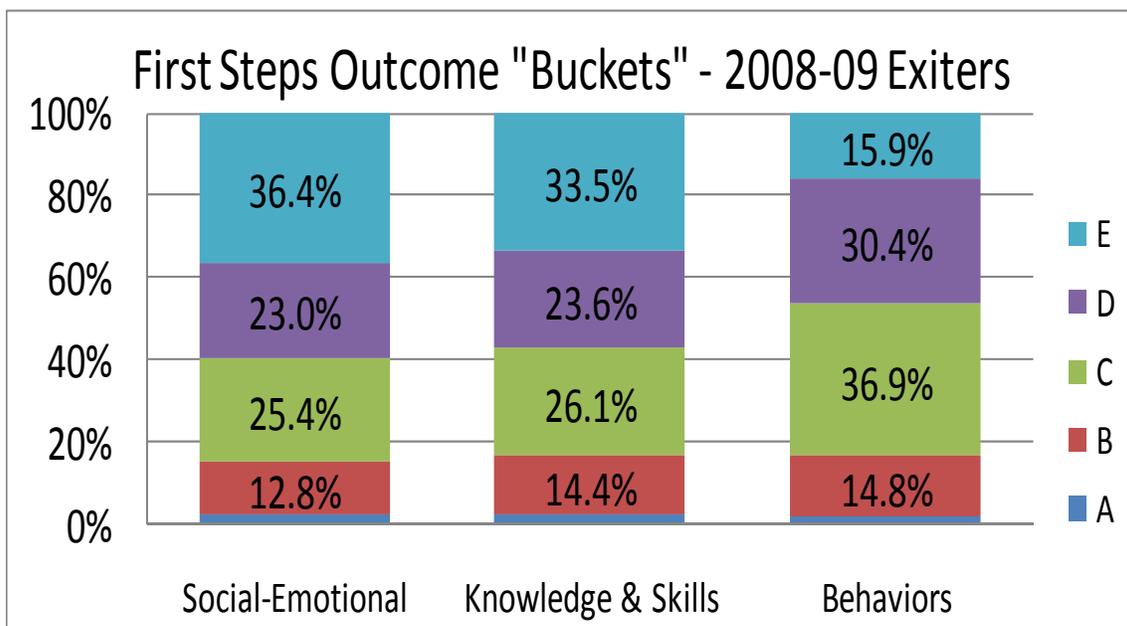
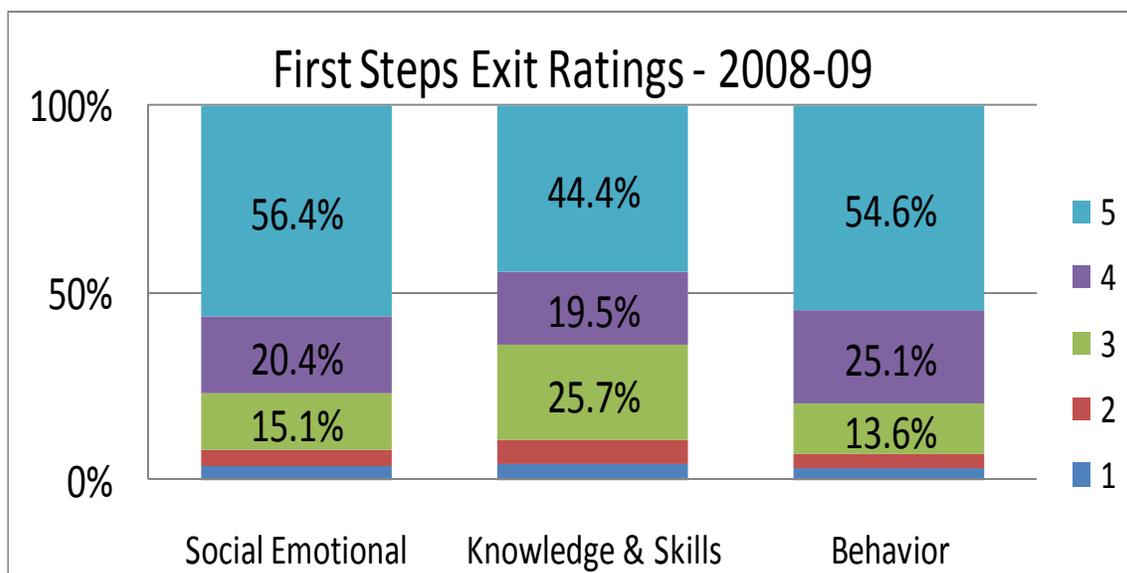
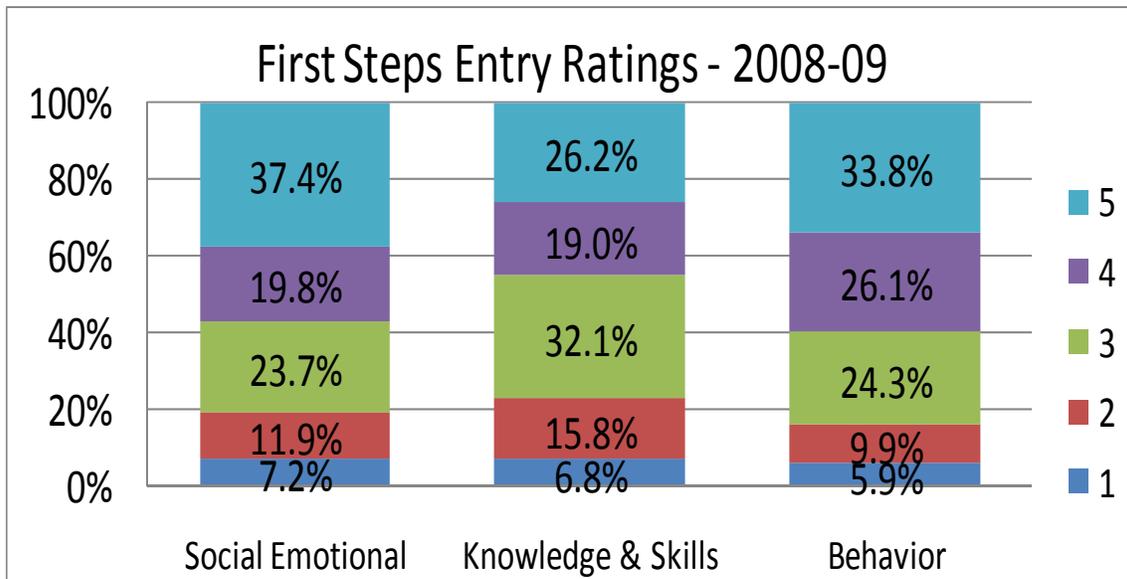
- **Used for federal reporting in the SPP/APR**
- **Used to determine summary statements for which targets will be set**
- **Used for public reporting of SPOE/District data**

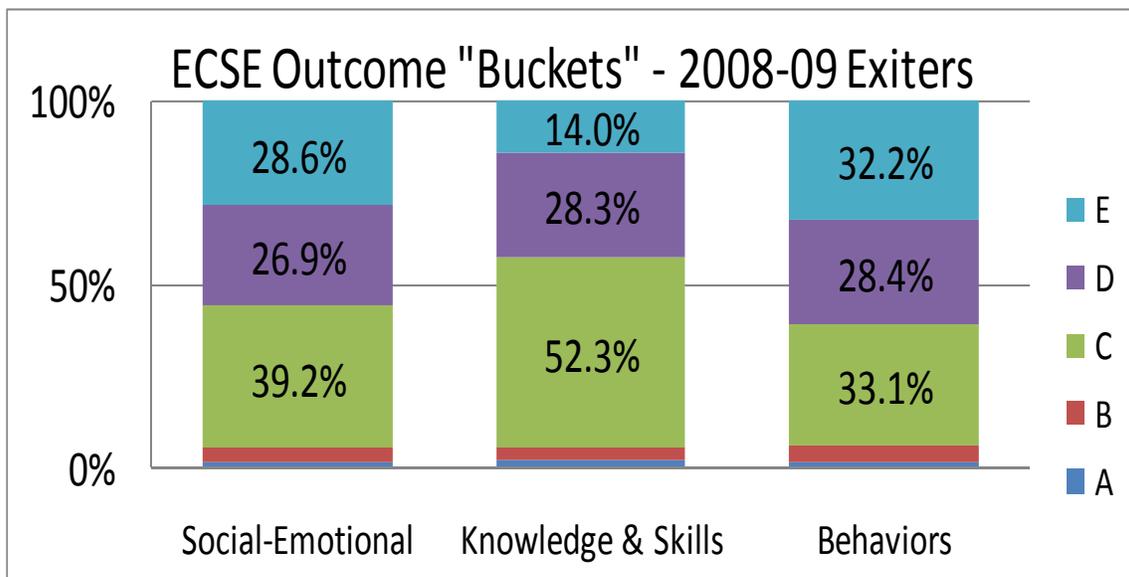
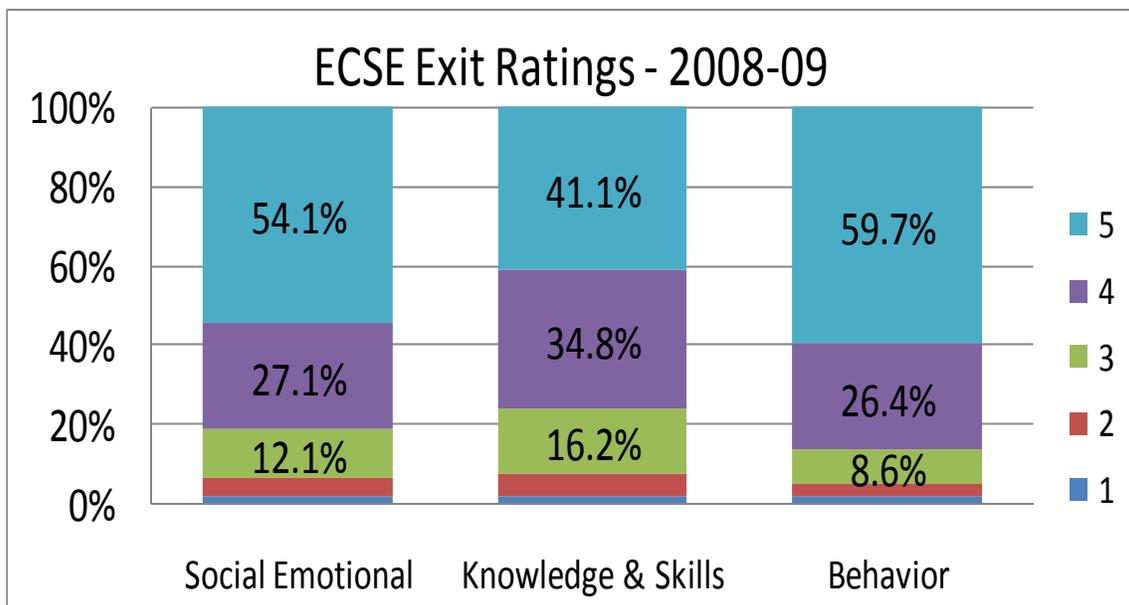
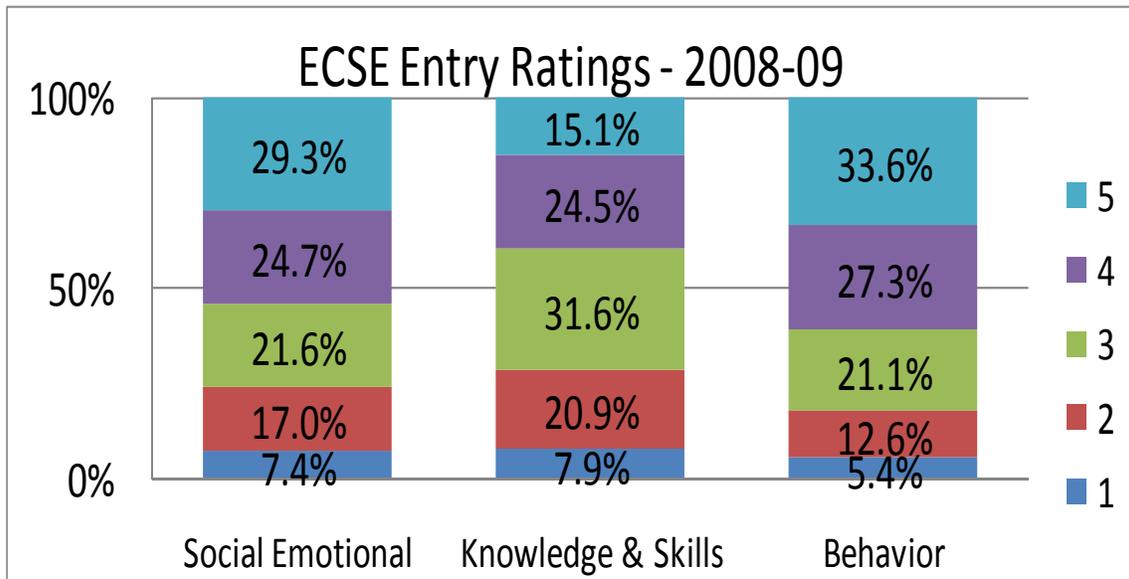
Determining the Outcome “Bucket”

Outcome Bucket	Entry Rating	Exit Rating
A – Did not improve functioning	1	1
	3	1
	4	1
	5	1
B – Improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers (gap widened)	2	1
	3	2
	4	2 or 3
	5	2 or 3 or 4
C – Improved functioning to a level nearer to same-aged peers (gap narrowed)	1	2 or 3 or 4
	2	2 or 3 or 4
	3	3 or 4
	4	4
D – Improved functioning to reach a level comparable to same-aged peers (closed gap)	1	5
	2	5
	3	5
	4	5
E – Maintained functioning at level comparable to same-aged peers	5	5

NOTES:

SEE APPENDIX C: ECO “CHEAT SHEET”





V. Resources

Age-related resources:

- http://www.fpg.unc.edu/~eco/assets/pdfs/Age-expected_child_dev_9-5-07.pdf

National Early Childhood Technical Assistance Center (NECTAC):

- www.nectac.org

Early Childhood Outcomes Center (ECO):

- <http://www.fpg.unc.edu/%7Eeco/index.cfm>

Department of Elementary & Secondary Education-Division of Special Education (DESE) – ECO page:

- <http://dese.mo.gov/divspeced/ECOtraining.html>

Office of Special Education Programs (OSEP):

- www.ed.gov/about/offices/list/osers/osep/index.html

Contact Information

First Steps Questions – Area Directors:

- webreplyspefs@dese.mo.gov

ECSE Questions – Effective Practices:

- webreplyspeep@dese.mo.gov

Appendix

**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.

	Outcome 1 Has positive social relationships	Outcome 2 Acquires and uses skills and knowledge	Outcome 3 Takes appropriate action to meet needs
Subtest: Cognitive		X	
		Moves, watches, explores, imitates, looks at books, names/matches/ sequences/uses objects in play, understands concept of 'one,' stacks, matches, orders, counts, reads words	
Subtest: Communication		X	
		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	
Subtest: Social-Emotional	X		
	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		

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>.

Reference: Document retrieved from <http://www.fpg.unc.edu/~eco/pages/crosswalks.cfm> on 10/19/09.

	Outcome 1 Has positive social relationships	Outcome 2 Acquires and uses skills and knowledge	Outcome 3 Takes appropriate action to meet needs
Subtest: Physical Development			X*
			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*
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, toilets, 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.

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>.

Reference: Document retrieved from <http://www.fpg.unc.edu/~eco/pages/crosswalks.cfm> on 10/19/09.



Early Childhood Outcome Reporting Guide for Parents

Produced by the Missouri Department of Elementary and Secondary Education

WHAT IS ECO DATA REPORTING?

Beginning in February 2007, all states must submit information to the Office of Special Education Programs (OSEP) at the U.S. Department of Education regarding the progress children are making in First Steps and Early Childhood Special Education (ECSE) programs.

The federal government wants data in order to determine whether these programs are making a positive difference for children. This report does not address your individual child but is a statewide report for both programs.

OSEP has identified three specific areas to measure a child's progress. These areas are:

- social relationships
- acquisition and use of knowledge and skills (like early communication skills) taking appropriate action to meet his or her needs.

These areas are very broad and are designed to examine the variety of skills and abilities your child uses throughout the day. The evaluation process will look at your child's functioning in each area at the beginning of his or her time in the early childhood program and then again at the end of his or her time in the same program. The results should demonstrate the progress made by your child between entering and leaving the program. Such results are called outcomes.



HOW WILL THE DATA BE COLLECTED?

Multiple sources of information will be used to assign a rating for your child in each of the three areas. Most of this information is already collected as part of determining your child's eligibility for the program and in developing an individualized plan for your child. These plans are called Individualized Family Service Plans (IFSP) for children in First Steps and Individualized Education Programs (IEP) for children in ECSE programs.

Much of the information will be gathered from talking with you, other caregivers who are involved in your child's life and professionals who have observed your child. Your child's First Steps service coordinator or ECSE teacher will likely ask you questions about your child's emotions and behaviors, how he or she relates to adults and other children, what activities he or she enjoys, and how your child communicates wants and needs. If formal testing is necessary to obtain the information, you will be asked for your written consent.

WHEN WILL THE DATA BE COLLECTED?

In October 2006, First Steps and ECSE programs began collecting this data on all children eligible for services. Children are given a rating when they enter the program and another rating when they leave the program.

The ratings address the frequency with which your child demonstrates skills in each of the three areas on a scale of 1-5:

- 1 = Not Yet 2 = Emerging 3 = Occasionally
4 = Frequently 5 = Completely

The ratings are assigned by your child's service coordinator or teacher.

HOW WILL THIS INFORMATION BE USED?

The Missouri Department of Elementary and Secondary Education is required to report the data in its annual performance reports

beginning in February 2007. The data may be used at the federal, state and local levels to demonstrate the effectiveness of the early childhood services your child received. The information will always be shared in a way that protects your child's confidentiality, and individual scores will not be reported. The ratings will be a part of your child's First Steps or ECSE record, and you may access the information at any time. The information will transfer with your child if you move to another part of the state. The transfer of this information is necessary so that a final rating can be obtained when your child exits the program.

If you have any questions about this process, please contact your child's First Steps service coordinator, ECSE teacher or the Division of Special Education at the Missouri Department of Elementary and Secondary Education.



Department of Elementary and Secondary Education

Division of Special Education
205 Jefferson St., P.O. Box 480
Jefferson City, MO 65102-0480
Phone: (573) 751-5739 • Fax: (573) 526-4404
Web site: <http://dese.mo.gov/divspeced>

The Division's services are primarily supported by federal funds appropriated in accordance with provisions of the Individuals with Disabilities Education Act.

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. Inquiries related to Department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Civil Rights Compliance (Title VII/Title IX/504/ADA/Age Act), 5th Floor, 205 Jefferson Street, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or Relay Missouri 800-735-2966.

ECO “Cheat Sheet”

Outcome Areas:

- Positive social-emotional skills
- Acquisition and use of knowledge and skills
- Use of appropriate behaviors to meet needs

Rating scale for entry and exit ratings:

- 1 – Not Yet (does not attempt)
- 2 – Emerging (attempts if prompted)
- 3 – Occasionally (some of the time)
- 4 – Frequently (most of the time)
- 5 – Completely (all of the time/typical)

Outcome “buckets”:

- A. Percent of preschool children who did not improve functioning
- B. Percent of preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers
- C. Percent of preschool children who improved functioning to a level nearer to same-aged peers but did not reach
- D. Percent of preschool children who improved functioning to reach a level comparable to same-aged peers
- E. Percent of preschool children who maintained functioning at a level comparable to same-aged peers

Missouri ECO webpage:

- <http://www.dese.mo.gov/divspeced/ECOtraining.html>