Department of Elementary and Secondary Education

IFSP Quality Indicator Rating Scale

Missouri First steps
EARLY INTERVENTION

Revised January 2012

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Missouri First Steps IFSP Quality Indicator Rating Scale

History

The *Missouri First Steps IFSP Quality Indicators Rating Scale* is designed to be used by the Part C program in Missouri for accountability and monitoring purposes, specifically for measuring performance standard 2.5.1(c) "IFSP Quality Indicator Rating Scale" in the System Point of Entry (SPOE) contract.

In June 2004, the *Missouri First Steps IFSP Quality Indicators Rating Scale* was developed through a collaborative process involving stakeholders from across the state as well as national experts. The National Early Childhood Technical Assistance Center (NECTAC) facilitated a meeting of Missouri stakeholders which included SPOE administrators, state program staff, family members of children with disabilities, SICC staff, service providers, and service coordinators. These participants reviewed current literature on recommended practices in the area of IFSP development and drafted quality IFSP indicators based on this literature. NECTAC compiled and refined the draft indicators and created a draft of the rating scale. The draft was reviewed by the Missouri stakeholders, NECTAC staff, and a national consultant, and suggestions were incorporated into the final draft. The *Missouri First Steps IFSP Quality Indicators Rating Scale* was finalized by the Missouri Part C state staff on August 31, 2004. In February 2006, the Part C program state staff began incorporating the use of the *Missouri First Steps IFSP Quality Indicators Rating Scale* into the statewide monitoring and accountability system. Each year, there has been overall improvement in the quality of IFSP's statewide.

In February 2011, the format of the Missouri IFSP was revised which necessitated a revision of the *Missouri First Steps IFSP Quality Indicators Rating Scale.* The Part C program state staff collected revision suggestions from SPOE administrators, service coordinators and NECTAC representatives. The revised *Missouri First Steps IFSP Quality Indicators Rating Scale* was finalized by the Missouri Part C state staff in December 2011.

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Section 1: Child Information, Family Contact Information, and First Steps Contact Information
Not Applicable to QIRS

Section 2: Family Assessment (Concerns, Priorities, and Resources)			
Review Area	**1** **(Unacceptable)**	**3** **(Acceptable)**	**5** **(Best Practice)**
A. "Things I Want to Share" & "Places We Go": With the concurrence of the family, information the family wants to share and the places the family goes is described, which includes important people and other resources.	No information provided in Section #2. **OR** There is **no** documentation that the family **declined** to provide this information.	The information on "Things I Want to Share" is listed, but not described. **AND** "Places We Go" includes information on the important people for the family, informal resources, and formal resources. **AND** "Other Resources We Use" must be completed. **OR** The family declined to provide information and documentation is present.	The information on "Things I Want to Share" is described in detail. **AND** "Places We Go" and "Other Resources We Use" includes detailed information on the important people for the family, informal resources, and formal resources.
B. "What's on My Mind": With family concurrence, there is clear information about the family's concerns ("Right now, my biggest questions are about") and priorities ("I would like your help with").	No information provided on "What's on My Mind" **OR** There is **no** documentation that the family **declined** to provide information on concerns and priorities.	With family concurrence, information is listed on family concerns and priorities. **OR** The family declined to provide information and documentation is present.	With family concurrence, information about the family concerns and priorities is described in detail.

Section 3: Health and Medical (including vision and hearing)			
Review Area	**1** **(Unacceptable)**	**3** **(Acceptable)**	**5** **(Best Practice)**
A. The child's general health is described.	Health and Medical section contains **no** information on the child's general health.	Health and Medical section contains vague information about the child's general health.	Health and Medical section contains a detailed description of the child's general health and how health concerns impact daily routines and activities (if applicable).
B. The child's vision and hearing is described.	Health and Medical section contains **no** information on parent /caregiver concern or observation on the child's vision and hearing.	The parent /caregiver concern or observation regarding the child's vision and hearing is noted in general terms.	The parent/caregiver concern or observation regarding the child's vision and hearing is described in functional terms.

Section 4: Present Levels of Development in Daily Routines and Activities			
Review Area	**1** **(Unacceptable)**	**3** **(Acceptable)**	**5** **(Best Practice)**
A. Child's Present Levels of Development (including what is working well and is not working well) is described in the context of daily routines and activities and includes each required developmental area (movement/ physical, communication, self-help/ adaptive, learning/cognition, social/emotional/behaviors).	Present Levels are summarized in terms of **one or more of the following:** • test scores/protocols • child's deficits • vague child strengths without describing developmental status; **OR** • all developmental areas are not included	Present Levels in each required daily routine and activity are described functionally, including what's working well and what's not working well. **AND** Are written in family friendly language. **AND** There is a logical connection between the information in the daily routine and the checked Developmental Area(s).	Includes everything under *Acceptable* indicator. **AND** Are individualized and unique to the family's daily activities and routines.
B. Child's interests, motivators, and dislikes are related to participation in daily routines and activities.	Present Levels **do not** include information about people, places, motivators, interests, and challenges for the child.	Present Levels include a description of: • people involved in the child's day • locations where the child spends time • things that motivate, engage, and bring enjoyment to the child, **and** • challenges for the child.	Includes everything under *Acceptable* indicator. **AND** There is information on how challenges for the child are impacting successful participation in the family's daily routines and activities.

Section 5.1: Outcomes			
Review Area	**1** **(Unacceptable)**	**3** **(Acceptable)**	**5** **(Best Practice)**
A. Child and family outcomes connect to the family concerns and priorities previously stated in Family Assessment (Section 2), Health and Medical (Section 3), or Present Levels of Development in Daily Routines and Activities (Section 4).	Child and family outcomes seem to be based on provider priorities. **OR** Child and family outcomes do not connect to the concerns and priorities previously stated in the IFSP.	All child and family outcomes are clearly based on family concerns and priorities previously mentioned in the Family Assessment (Section 2), Health and Medical (Section 3), or Present Levels of Development in Daily Routines and Activities (Section 4).	*Not Applicable*

Section 5.2: Child Outcomes (if applicable)			
Review Area	**1** **(Unacceptable)**	**3** **(Acceptable)**	**5** **(Best Practice)**
A. Child outcomes are functional and related to participation in daily routines and activities.	Child outcome statements are written: • as services to be provided, **OR** • in discipline-specific, or therapeutic language, **OR** • in vague terms.	Child outcome statements are functional in that they: • are useful and meaningful to the family, **and** • target a skill necessary for full participation in daily routines and activities.	Includes everything under *Acceptable* indicator **AND** Reflects the family's unique real- life situations that are addressed during daily routines and activities.
B. Child outcomes are measurable.	Child criteria statements: • do not include criteria, procedures, and timelines, **OR** • include percentages and/or trials in criteria.	Child criteria statements are meaningful to the family and contain the following: • some level of measurability, • procedures, and • timelines.	Includes everything under *Acceptable* indicator **AND** Child criteria statements contain the following: • generalization criterion (across times, people, places, situations), **OR** • maintenance criterion (demonstrate the behavior/skill for a reasonable period), **OR** • fluency criterion (perform the skill smoothly and rapidly), **AND** • the amount of time over which the behavior need to be displayed (except for maintenance criterion).

Section 5.3: Family Outcomes (if applicable)			
Review Area	**1** **(Unacceptable)**	**3** **(Acceptable)**	**5** **(Best Practice)**
A. Family outcomes are functional and measurable.	Family outcomes are not functional or measurable.	Family outcomes are written **functionally** and contain at least 1 measurable and meaningful criterion.	*Not Applicable*

Section 5.4: Strategies & Activities			
Review Area	**1** **(Unacceptable)**	**3** **(Acceptable)**	**5** **(Best Practice)**
A. Early intervention strategies and activities support the child and family outcomes.	Strategies and Activities are written in professional jargon and/or reflect only what the provider has planned for the family. **OR** No strategies and activities given for each outcome.	Strategies and Activities are written in family-friendly language **and** address how the outcome will be accomplished. **AND** Child Outcomes must contain Activity Action Steps (at a minimum).	Includes everything under *Acceptable* indicator. **AND** Are individualized to include specific family daily routines and activities (such as locations, the child and family likes and interests, child's favorite toys/books, etc.).

Section 5.5: IFSP Review (If applicable)			
Review Area	**1** **(Unacceptable)**	**3** **(Acceptable)**	**5** **(Best Practice)**
A. SIX MONTH & ANNUAL REVIEW**:** Progress toward achieving child and family outcomes is documented, and any necessary changes are made to the outcome. (N/A for initial IFSP)	Information provided is focused on provider activities (e.g., what's being done to the child). **OR** Changes in the outcomes appear necessary, but are not present.	For all reviewed outcomes, there is **basic** information on the progress related to the criterion in the outcome statement.	For all reviewed outcomes there is **detailed** information on the progress related to the criterion in the outcome statement. **AND** Discusses the child's behavior and skills related to everyday routines and activities **AND** Information is adequate for reviewers to determine if modifications and revisions are appropriate.

Section 6: Services and Supports Needed to Achieve Outcomes			
Review Area	**1** **(Unacceptable)**	**3** **(Acceptable)**	**5** **(Best Practice)**
A. Frequency, intensity, duration and method of specific early intervention services relate to child and family outcomes, the family's/caregiver's capacity, need for support and problem solving of challenges.	Frequency, intensity, duration, and method for each specific service are documented, but information is not connected to the concerns, priorities, and resources of the family or outcomes. **AND/OR** The number of service providers involved appear that: • a clinical model of direct therapy will be implemented, **AND/OR** • families are likely to feel overwhelmed or burdened.	Specific child and family services seem reasonable given: • the family's concerns, priorities and resources, • the IFSP outcomes, **AND** • appear to fit into the family's daily routines and activities.	*Not Applicable*

Section 7: Natural Environment			
Review Area	**1** **(Unacceptable)**	**3** **(Acceptable)**	**5** **(Best Practice)**
A. Adequate information is provided to support the rationale that a child's needs and outcomes cannot be achieved in natural settings.	The IFSP identifies one or more services that are not in a natural environment for the child and family. **AND** There is no justification or the justification is not based on the needs of the child, but appears to be for: • administrative convenience, • fiscal reasons, • personnel limitations, and/or • parent/therapist preferences.	The child is receiving **most** services in natural environments. **AND** When a service is provided in a setting other than a natural environment, the justification includes why the service is not being provided in a natural environment. This justification must be based upon the needs of the child.	**All** services are provided in natural environments. **OR** The child is receiving **most** services in natural environments. **AND** When a service is provided in a setting other than a natural environment, the justification includes a description on how the service will be applied to the child and family's daily activities, and a description of the plan to move intervention into the natural environment.

Section 8: Other Services and Supports
Not Applicable to QIRS

Section 9: Team Communications			
Review Area	**1** **(Unacceptable)**	**3** **(Acceptable)**	**5** **(Best Practice)**
A. Information is included on how the members of the child and family's IFSP team will communicate with one another and the Early Intervention Team (EIT).	No information is provided on how the EIT or IFSP teams will communicate.	Information is provided regarding how the EIT and/or IFSP team will communicate, which may include communications with the family, progress notes, upcoming meetings, contacts with the Service Coordinator, etc.	Includes everything under *Acceptable* indicator. **AND** Information including: • service delivery explanation (if applicable when front-loading or higher service levels indicated), • how providers will support each other through consultation and/or joint visits, • specific upcoming meeting details, **AND/OR** • EIT communications, including monthly meetings.

Section 10: Transition			
Review Area	**1** **(Unacceptable)**	**3** **(Acceptable)**	**5** **(Best Practice)**
A. **At time of IFSP, age of child is Birth to 24 months**: The IFSP includes documentation that transition issues are identified and discussed, and steps are included to prepare the family for choices/options at different transition points.	No transition information is noted in the IFSP.	Transition activities include information on **all of the following**: • First Steps ends at age 3, • transition meeting will be held at approximately 2 years 6 months, and • community program options available at age 3.	Includes everything under *Acceptable* indicator. **AND** Includes **all of the following**: • date range for transition meeting, • school district information, and • a listing of community program options available at age 3.
B. **At time of IFSP, age of child is 24 months up to the Transition Meeting**: The IFSP includes documentation that transition issues are identified and discussed, and steps are included to prepare the family for choices/options at different transition points.	No transition information is noted in the IFSP. **OR** The information shared is inadequate to inform parents about the transition process.	Transition activities include information on **all of the following**: • First Steps ends at age 3, • transition meeting will be held at approximately 2 years 6 months, • Directory Information/Opt Out, • community program options available at age 3, • school district information, and • summer birthday information, if applicable.	Includes everything under *Acceptable* indicator. **AND** Includes **all of the following**: • differences between Part C and Part B services, • specific date ranges or date of the transition meeting (if scheduled), • ECSE/ district personnel who will be involved in the transition, if applicable, and • a listing of community program options available at age 3.

Section 10: Transition is continued on the next page.

Section 10: Transition (Continued…)			
Review Area	**1** **(Unacceptable)**	**3** **(Acceptable)**	**5** **(Best Practice)**
C. **Transition Meeting to Exit**: The IFSP includes documentation that transition issues are identified and discussed, and steps are included to prepare the family for choices/options at different transition points.	No transition information is noted in the IFSP. **OR** The information shared is inadequate to inform parents about the transition process.	Transition activities include information on **all of the following**: • First Steps ends at age 3, • transition meeting held at approximately 2 years 6 months, • discussion of other community program options available at age 3, • activities and supports to help the child and family prepare for a new setting, • school district information, • information on the eligibility process for ECSE, and • summer birthday information, if applicable.	Includes everything under *Acceptable* indicator. **AND** Includes **all of the following**: • differences between Part C and Part B services, • ECSE/district personnel involved in the transition, if applicable, and • plan to notify ECSE of any IFSP changes that occur prior to exit from First Steps, if applicable.

Section 11: Attendance			
Review Area	**1** **(Unacceptable)**	**3** **(Acceptable)**	**5** **(Best Practice)**
A. The IFSP includes documentation of who was invited to the IFSP meeting.	The IFSP team only includes the parent and the Service Coordinator and does not indicate that a person directly involved in conducting the evaluations and assessments or a person providing early intervention services was invited to attend.	The IFSP team includes the parent and two or more disciplines or professions and one of these must be the Service Coordinator. The method of attendance must be in person, by report, via conference call, or by having a knowledgeable representative (substitute) attend.	*Not Applicable*

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Scoring Process

At the end of each fiscal year, the First Steps Area Directors will review at least one (1) IFSP from each Service Coordinator who has been employed by the SPOE for at least six (6) months regardless of the Service Coordinator's current status with the SPOE (i.e., no longer employed or in a different position) or the number of plans available. For new Service Coordinators, IFSPs will not be pulled until six (6) months from their employment start date. For example, if a Service Coordinator begins employment with the SPOE on September 12th, then no IFSPs from that Service Coordinator will be pulled for review prior to March 12th of the following year.

In general, IFSPs are pulled randomly by the Area Directors from a pre-selected date range (typically January 1st – June 30th). If an exception to this process is going to be made, SPOEs will be given advanced notice. In order to have the majority of indicators scored, Initial and Annual IFSPs are generally selected for scoring. However, 6-month reviews and Part B IFSPs may be selected for review. Transition IFSPs should represent at least 10% of the total number of files selected for a SPOE region. For example, if the SPOE has ten (10) Service Coordinators being reviewed, then at least one (1) plan must be a transition IFSP.

Each IFSP will be rated using a Likert Scale of 1 to 5, where "1" indicates Unacceptable, "3" indicates Acceptable, and "5" indicates Best Practice. Within each Likert Scale, mid-points can be used (i.e., on a 1-3-5 Likert Scale, an IFSP indicators could get a score of 1, 2, 3, 4 or 5). Each IFSP will receive a final overall rating of 1- Unacceptable, 2- Needs Improvement, 3- Acceptable, 4- Quality, or 5- Best Practice.

Each Area Director scores the IFSPs from their assigned region. A second Area Director is also selected to score each IFSP. The two Area Directors score each IFSP independently, but then review each IFSP together to determine a final rating. The final ratings must be within 3-points of each other and be within the same ratings category.

Results from the QIRS review are recorded and stored in the Improvement Monitoring, Accountability and Compliance System (IMACS) under the QIRS section. Each SPOE is given an overall rating based on average scores of the IFSPs rated.

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Scoring Sheet

SPOE:		**IFSP Type:**
Rater:		**IFSP Date:**
SC:		**Child's DOB:**
Child:		**Child's Age:**

Quality Review Item	Scale	Reviewer Rating	Reviewer comments
2.A Family Assess	1-5		
2.B Family Assess	1-5		
3.A Health	1-5		
3.B Health	1-5		
4.A Present Level	1-5		
4.B Present Level	1-5		
5.1.A Outcomes	1-3		
5.2.A Child Out	1-5 n/a		
5.2.B Child Out	1-5 n/a		
5.3.A Family Out	1-3 n/a		
5.4.A Strategy/Act	1-5		
5.5.A Review	1-5 n/a		
6.A Services	1-3		
7.A NE	1-5		
9.A Team Comm	1-5		
10.A, B or C Transition	1-5		
11.A Attendance	1-3		
	Total		Indicate Items: __ Child Outcomes __ Family Outcomes __ Review

Final Rating:	(1) Unacceptable	(2) Needs Improvement	(3) Acceptable	(4) Quality	(5) Best Practice

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Rating Sheet

QIRS Level	Percent of Possible Points
5 – Best Practice	93% and higher
4 – Quality	84% - 92.9%
3 – Acceptable	69% - 83.9%
2 – Needs Improvement	47% - 68.9%
1 – Unacceptable	0% - 46.9%

QIRS Rating Scale					
	1	2	3	4	5
	Unacceptable	Needs Improvement	Acceptable	Quality	Best Practice
Child Outcomes Family Outcomes Review (max 77 pts)	0 – 36	37 – 53	54 – 64	65 – 71	72 - 77
Child Outcomes No Family Outcomes No Review (max 69 pts)	0 – 32	33 – 47	48 – 57	58 – 64	65 - 69
Child Outcomes Family Outcomes No Review (max 72 pts)	0 – 33	34 – 49	50 – 60	61 – 66	67 - 72
No Child Outcomes **Family Outcomes** No Review (max 62 pts)	0 – 29	30 – 42	43 – 52	53 – 57	58 - 62
Child Outcomes No Family Outcomes **Review** (max 74pts)	0 – 34	35 – 51	52 – 62	63 – 68	69 - 74
No Child Outcomes **Family Outcomes Review** (max 67 pts)	0 – 31	32 – 46	47 – 56	57 – 62	63 - 67

Appendix A: Making Outcomes Measurable

Step 1: Develop outcomes for Lance:

1) Lance will participate in breakfast, lunch, and dinner by feeding himself on his own.
2) Lance will participate in meals, playtime, and hanging out time by saying words to tell mom what he wants.
3) Lance will participate in play time by crawling to the toys he wants to play with.
4) Lance will participate in family dinners by eating on his own.

Step 2: Add a measurable criterion for demonstration the child has acquired the skill:

1) We will know he can do this when he <u>uses his spoon to put 10 bites into his mouth</u>…
2) We will know he can do this when he <u>says three different words</u>…
3) We will know he can do this when he <u>crawls</u>…
4) We will know he can do this when he <u>eats his dinner without assistance</u> …

Step 3: Add a criterion for generalization <u>*OR*</u> maintenance <u>*OR*</u> fluency:

- **generalization criteria (across times, places, people, situations or materials):**

1) We will know he can do this when he uses his spoon to put 10 bites into his mouth <u>at breakfast, lunch, and dinner</u>…
2) We will know he can do this when he says three different words <u>during each of the three times of day</u>...
3) We will know he can do this when he crawls <u>across the living room or kitchen floor to the toy box</u>…
4) We will know he can do this when he eats his dinner without assistance <u>at home and in restaurants</u>…

- **maintenance criteria (demonstrate the behavior for a reasonable period, e.g., 8 weeks):**

1) We will know he can do this when he uses his spoon <u>to eat all his meals for two weeks.</u>
2) We will know he can do this when he says three different words <u>throughout each day for three weeks.</u>
3) We will know he can do this when he crawls <u>to the toy box three times a day for two weeks.</u>
4) We will know he can do this when he eats his dinner without assistance <u>every night for two weeks.</u>

- **fluency criteria (perform the behavior smoothly and rapidly, e.g. within 2 minutes):**

1) We will know he can do this when he uses his spoon to put 10 bites into his mouth <u>without spilling</u>…
2) We will know he can do this when he says three different words <u>clear enough for everyone to understand</u>...
3) We will know he can do this when he crawls <u>without stopping and wanting to be carried</u>…
4) We will know he can do this when he eats his dinner without assistance <u>within 35 minutes of the start of the family meal</u>...

Step 4: Add a criterion specifying the amount of time over which the behavior needs to be displayed. This step only applies to outcomes with generalization or fluency criterion since maintenance criteria already contains a measurement of time.

1) We will know he can do this when he uses his spoon to put 10 bites into this mouth without spilling <u>for one week.</u>
2) We will know he can do this when he says three different words during each of the three times of day <u>for two weeks.</u>
3) We will know he can do this when he crawls across the living room or kitchen floor to the toy box without stopping and wanting to be carried <u>for two weeks.</u>
4) We will know he can do this when he eats his dinner without assistance within 35 minutes of the start of the family meal <u>for three weeks.</u>

Whole Measurable Outcomes Examples:

1) Lance will participate in breakfast, lunch, and dinner by feeding himself on his own. We will know he can do this when he uses his spoon to put 10 bites into his mouth at breakfast, lunch, and dinner without spilling for one week.
2) Lance will participate in meals, playtime, and hanging out time by saying words to tell mom what he wants. We will know he can do this when he says three different words during each of the three times of day for two weeks.
3) Lance will participate in play time by crawling to the toys he wants to play with. We will know he can do this when he crawls across the living room or kitchen floor to the toy box without stopping and wanting to be carried for two weeks.
4) Lance will participate in family dinners by eating on his own. We will know he can do this when he eats his dinner without assistance within 35 minutes of the start of the family meal for three weeks.

Appendix B: Strategies & Activities (IFSP Action Steps)

In Missouri First Steps, strategies and activities are the action steps that the IFSP team determines as necessary to support the child and family in reaching an outcome and are determined by the IFSP team during the IFSP meeting (i.e., not solely by the service coordinator outside the IFSP meeting). Strategies and activities need to be written in family-friendly language (no jargon or professional terminology).

While each outcome may have a variety of strategies and activities, each should be written following one of the Action Step formats below:

1) **Information Action Step**: Determine what information needs to be provided to the family by IFSP team members to assist in achieving the outcome. This type of action step would be appropriate for child and family outcomes.

   - *Example*: Provider(s) will supply Gracie's family with information about ways to introduce new foods.
   - *Example*: Service coordinator will provide Gracie's family information on local play groups.
   - *Example*: Provider(s) will give information on temper tantrums and calming techniques to Gracie's family.

2) **Activity Action Step**: Determine what types of activities and/or objects will encourage the child to meet the outcome. Activity Action Steps can be written in 2 ways: Developmental Milestones or Activity Suggestions. These types of action steps would be most appropriate for child outcomes.

   a. **Developmental Milestones**: The individual developmental milestones needed to reach the overall outcome are listed along with family-friendly activities supporting each milestone in the context of the family's routines.
      - *Example*: Rolling over – Supporting Provider will show the family and the Primary Provider other ways to encourage Gracie to roll over during playtime by using her favorite toy such as the Tickle Me Elmo or her older brother, Grant, to motivate Gracie. The family could also lay Gracie on her tummy after her bath when she is relaxed and in a good mood, encourage Grant to lie on the floor with her slightly out of her reach and coax Gracie to come to him or get her Elmo.
      - *Example*: Sitting with support – Supporting Provider will show Gracie's family and the Primary Provider ways to help Gracie sit up by supporting her back so she can sit in her high chair during mealtimes. Eating meals together is an important part of the day for Gracie's family. Supporting Provider can also help show how to position Gracie during bath time so that this routine can be less stressful for the Gracie's parents.

b. **Activity Suggestions**: Activities that will be tried during visits with the providers or activities the family can utilize during daily routines and activities. These suggestions should build upon what the family is already doing with the child that is working well, be incorporated into the family's daily activities, and be related to the family's interests, locations where the activities may occur or activities/community events that the family would like to participate in.

- *Example*: The Primary Provider will coach parents on ways to assist Gracie with eating solid foods. Begin by offering small amounts of Stage 1 baby foods after Gracie has had some formula from her bottle so that she is not too hungry or fussy.
- *Example*: Offer Gracie 2 choices at snack time and practice having her make the choice of which one she wants. The Primary and Supporting Providers will coach the family on additional activities for making choices such as picking which toy she wants to play with at playtime or choosing which shirt she wants to wear that day.
- *Example*: Gracie and her family will sit down together for dinner. The Primary Provider will work with the family during some lunch times to practice activities to keep Gracie engaged during meal time.

3) **Family Responsibility Action Step**: Determine what action the family is going to take to assist in meeting the outcome. If applicable, include who will be assisting the family with these action steps. These action steps may include information on what the activities the family plans on continuing to support their child and family, or new activities that the family plans on trying out to support the outcome. This type of action step is appropriate for child or family outcomes.

- *Example*: Gracie's family will follow-up with her doctor to determine if additional testing is needed regarding her seizures.
- *Example*: Gracie's family will continue to read books to Gracie every night as part of the bedtime routine. They will begin pointing to the pictures in the book and labeling them aloud for Gracie.
- *Example*: Jane will contact the local play groups to see if they have space for Gracie to attend weekly.

Adapted with permission from *Tennessee Early Intervention System (TEIS)*