



Applied Practice for COS Skill Building Activity

Table of Contents

Instructions: Before the Training	2
Instructions: At the Training	3
Case Study Activity Worksheet	5
Case Study: Kendall (19 Months)	
Assessments and Early Intervention Observations	6
Parent Observations via Routines-Based Interview (RBI)	9
Observations from Child Care	11
Answer Keys	13
Case Study: James (36 Months)	
Assessments and Early Intervention Observations	16
Parent Observations	18
Observations from Child Care	21
Answer Keys	23
Case Study: Alison (60 Months)	
Assessments and Special Education Observations	26
Parent Observations	28
Observations from Preschool and Child Care	31
Answer Keys	33

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Trainer preparation time: 1 hour

Training activity time: 3 – 4 hours to complete all outcomes for one case study. Note: One full case study could be completed in 1-hour segments over several meetings by completing one outcome at a time.

Instructions: Before the Training

Before the training, the trainer should:

- 1) Determine if participants will use a real case study from your program or one of the three provided case studies developed by ECTA/DaSy. If using a case study developed by ECTA/DaSy, select which case study to use and instruct your participants to review it before the training:
 - a. Kendall (19 months)
 - b. James (36 months)
 - c. Alison (60 months)

Note: Participants who have little to no experience in completing the COS process may have difficulty applying their knowledge to a hypothetical child. It will be up to you as a trainer to weigh the pros and cons of using a real case study or one of the included case studies.

- 2) Read the case study and review the worksheet answer keys, if using a case study developed by ECTA/DaSy.
- 3) Bring blank copies of the *Applied Practice for COS Skill Building Activity: Case Study Activity Worksheet* for each participant.
- 4) Bring copies of the decision tree and any age-anchoring tools that are used in your state/program for each participant.
- 5) Bring copies of the form that your state uses to record the COS rating and documentation.

Before the training, participants should:

- 1) Complete the *Child Outcomes Summary (COS) Process Online Module*: http://ectacenter.org/eco/pages/cos.asp#COSProcessModule
- 2) Review the selected case study, if using a case study developed by ECTA/DaSy.

Instructions: At the Training

- 1) **Trainer:** Reflect on the COS Process Online Module and/or your participants' experiences engaging in the COS process by eliciting questions or issues. This will help you to identify areas of need. If possible, table the questions and determine where within the applied practice activity each question fits. Incorporate the questions into the training, as appropriate.
- 2) Participants: Break into teams of 3–6 people.
 - a. If using a case study developed by ECTA/DaSy, assign at least one person to each role on the COS team:
 - i. EI/ECSE provider
 - ii. Family member
 - iii. Child care provider
 - b. If the group is using their own case studies, identify the roles that are appropriate for the child's team.
- 3) **Trainer:** Identify which outcome rating will be completed. Instruct each team to discuss the information about the child presented in the case study, including the functional skills and age anchoring for that outcome.
- 4) **Participants:** During the team discussion, each person should speak from the point of view of the role they selected. Have one person from each team record the key functional skills and age anchoring on the **Case Study Activity Worksheet**.

Note: If using a case study developed by ECTA/DaSy, note any additional information that you feel is necessary to accurately age anchor a skill. As a group, discuss what additional detail would be helpful and come to consensus on how to age anchor using the available information.

- 5) **Participants:** Once your team has identified and recorded the key functional skills, use the decision tree to reach a consensus in determining a rating for the identified outcome area. Record the rating on the worksheet.
- 6) **Trainer:** Instruct each team to use the information they captured on their worksheet to complete the **state documentation form**.
- 7) **All:** As a large group, review how teams completed their documentation forms. Check for the essential elements of documentation as outlined in the COS Process Online Module. End with teams sharing their ratings for the selected outcome.

- 8) **All:** As a large group, debrief on this *Applied Practice for COS Skill Building Activity*. Below are some examples of questions and reflections that you might use with your practitioners to support this discussion:
 - a. **Gathering data**: Did the child demonstrate differences in skills across settings? How did your team take this into account in the discussion and in the rating?
 - b. **Age anchoring functional skills**: Did members within your team agree on how to age anchor the child's skills? If not, how did you reach consensus? What skills factored into determining the rating?
 - c. **Determining a rating**: How did your team reach its rating? Were there two ratings you were deciding between? Why did you reach the rating you decided? How did you use the decision tree? Did the decision tree help the team in coming to consensus on the rating?
- 9) **Optional:** Repeat steps 3–8 for a second outcome.
- 10) **Trainer:** Select a team to determine the rating for the last outcome.

Participants: Role-play the COS process and endorse a rating for this outcome, while the rest of the participants observe and complete the worksheet.

- 11) Trainer: Facilitate a large-group discussion on teaming in the COS process.
 - a. **Team process**: Any observations or reflections on the COS team process? During the roleplay, did all team members contribute? Did anyone's input exert undue influence? Did all team members contribute equally? If not, how could that have been addressed?
- 12) **Trainer:** Close the training discussing any lingering questions and final reflections on the COS process.

Case Study Activity Worksheet

Child's Name:	Child's Age:	
Outcome:	Rating:	
Functional Skill:	Outcome:	Age Anchor:
	□ 1	☐ Foundational
	□ 2	☐ Immediate Foundational
	□3	☐ Age Expected
Setting/Informant:		
Functional Skill:	Outcome:	Age Anchor:
	□ 1	Foundational
	<u> </u>	☐ Immediate Foundational
	□3	☐ Age Expected
Setting/Informant:		
Functional Skill:	Outcome:	Age Anchor:
	□ 1	Foundational
	<u> </u>	☐ Immediate Foundational
	□3	☐ Age Expected
Setting/Informant:		
Functional Skill:	Outcome:	Age Anchor:
	□ 1	☐ Foundational
	□ 2	☐ Immediate Foundational
	□ 3	☐ Age Expected
Setting/Informant:		
Functional Skill:	Outcome:	Age Anchor:
	□ 1	☐ Foundational
	□2	☐ Immediate Foundational
	□ 3	☐ Age Expected
Setting/Informant:		
Functional Skill:	Outcome:	Age Anchor:
	□ 1	☐ Foundational
	□ 2	☐ Immediate Foundational
	□ 3	Age Expected
Setting/Informant:		

COS Applied Practice Case Study: Kendall (19 Months)

Kendall (19 Months): Assessments and Early Intervention Observations

Referral

Kendall, age 19 months, was referred to early intervention by his pediatrician, who had concerns about his development. Kendall's parents, Tanisha and Robert, were also concerned but less so because their daughter Olivia was slow to start talking and is doing fine now. Tanisha and Robert reported that Kendall is the baby of the family and is probably treated more like a baby than a toddler.

Intake

Kendall lives at home with his mother and father and two older sisters Olivia (age 4) and Sophia (age 6). He goes to a small family day care 2 days a week, when his mom works. On these days, the girls also join him at the day care after they finish school. The day care provider, Janessa is expecting her second child in 4 months and plans to take 2 months off from day care work once the baby arrives. This a concern for Tanisha and Robert because it took Kendall some time to be comfortable staying with her.

During the intake, Tanisha said that since seeing the pediatrician, she and Robert have noticed that Kendall is not as social as the girls were at his age. Kendall plays near the girls, but as she and Robert have observed him more since seeing the pediatrician, they have noticed that he mostly plays by himself unless the girls make an effort to involve him in their play, such as encouraging him to sit at their tea set table or playing dress up with him.

Birth History/Medical

Kendall was born full term, is up to date on his immunizations, and has not had any hospital stays or trips to the emergency room. There are no concerns about his vision or hearing. There is no family history of any concerning conditions that Tanisha and Robert are aware of or concerned about.

Instrument: Developmental Assessment of Young Children 2 (DAYC-2)

Developmental Area	Raw Score	Development Quotient	z-score	DAYC Descriptive Term
Social/emotional	19	79	-1.40	Poor
Cognitive	26	87	-0.87	Below average
Communication	10 (Receptive) 9 (Expressive)	73 (Receptive) 74 (Expressive) 74 (Combined)	-1.80 (Receptive) -1.73 (Expressive) -1.73 (Combined)	Poor
Motor	37 (Gross motor) 17 (Fine motor)	95 (Gross motor) 92 (Fine motor) 93 (Combined)	-0.33 (Gross motor) -0.53 (Fine motor) -0.47 (Combined)	Average
Adaptive	19	81	-1.27	Below average

Evaluation

Kendall was evaluated at his home with his mother, Tanisha, and two older sisters, Olivia (4) and Sophia (6). No special accommodations were needed.

Adaptive Domain

In the adaptive domain of development, Kendall helps with dressing by pushing his arms and legs through the arm- and leg-holes of clothing and can independently take his pants off, unless they are too tight or difficult to manage. He tries to take his socks off but cannot yet do it without help. He drinks from an open cup, but when he is done with it he may dump the remaining contents on the floor or use it as a toy by putting things in it and then dumping them out. He has not yet mastered drinking from a straw, chewing on it instead. He fingerfeeds himself and will go to the cupboard to get food he wants or thinks he wants. When given greens, he pushes them away to indicate he does not like them.

Social/Emotional Domain

Socially, Kendall is very connected to his mother. When she leaves the room, he will often cry and go to where she has gone in the house. He has, however, warmed up to his regular child care provider, Janessa, and he does not fuss when dropped off at her home. With other children, he mostly plays near them but does not yet show interest in joining what they are doing. When Robert comes home from work, Kendall sometimes goes to the door and looks up at his dad, but he does not initiate saying hi or giving a hug; rather, he lets is dad hug and lift him up or sometimes raises his arms to be picked up. He will play games of pat-a-cake but prefers to have Tanisha sit behind him to move his arms. When she pauses, he moves his arms as if to request more of the game. While Kendall engages in some interactive play, he also walks about and can be standoffish. His eye contact during activities is inconsistent. He likes blocks and balls and will take them to his mom as if to show her, but he does not obviously express interest in her taking a ball or joining him in

play. He laughs and shows pleasure when watching some TV shows but does not repeat things he has done to get positive social feedback, like claps or laughs from others.

Communication Domain

In the area of communication, Kendall responded to Tanisha asking him if he wanted to get out of the high chair by looking up at her and raising his arms to be picked up. He responds to "No" when he is doing something he is not supposed to (e.g., climbing up on the table) but sometimes needs two to five verbal and gestural reminders of no before he stops. When asked to get or give something (e.g., "Get your shoes" or "Give mommy the cup"), he does not respond unless provided physical assistance to follow through. He moves to music by dancing and does a "happy feet" dance when watching TV. Kendall says a few words but uses them infrequently (e.g., go, juice, no, mama). When he says "mama," it is not clear whether he is referring to his mother because he sometimes just says the word as he is playing. During the testing, he made /n/ and /y/ sounds, but /b/, /d/ were not heard. The family has tried sign language with Kendall, but he has not responded by imitating or using signs. Kendall does not make verbal requests from others but rather goes to get what he wants on his own. He does not yet point to request things. He does, however, take items to Tanisha to request, such as the bread bag to open or the ball to throw.

Motor Domain

Motorically, Kendall is a proficient climber, climbing up on chairs and up on the table. Walking is his primary means of getting around, and he almost never falls unless he trips on an uneven surface (like on the playground). He has just learned to throw a ball and is working

on learning to roll it back and forth with his sisters, although he does not show great interest in this. Kendall goes up and down steps with some support (touching the wall and putting both feet on each step). The steps at his home are open, and he approaches them cautiously by going slowly up and down. He does better on steps that are not open. Kendall is skilled in putting DUPLO blocks together, stacking, and even nesting four cups. He uses a neat pincer (thumb and index finger) to pick up small items (e.g., Cheerios) and often plays with objects that involve putting in and taking out. When coloring, he holds the crayon or marker toward its top and uses a fisted grasp with his thumb pointing downward as he marks on the paper. He shows better control coloring when using his right hand and will scribble upand-down and back- and-forth marks on the paper, but he is not imitating particular strokes.

Cognitive Domain

In the cognitive domain, Kendall favors toys that involve stacking or filling (e.g., blocks, DUPLOs, containers). He puts the DUPLOs together, stacks blocks, and will sort the wooden blocks from the others and put them in containers. During the evaluation, he imitated sliding a car down a makeshift ramp (a long book slanted against a box). He also gave the evaluator the car several times to have her roll it down the ramp. Kendall has a toy parking garage and slides the cars down that as well. He does not yet demonstrate pretend play. He demonstrates persistence in figuring things out, such as staying with the nesting cups until he mastered nesting the four cups together. He turns pages in a book but shows almost no interest looking at the pictures, generally spending less than 30 seconds with a book. Kendall puts parts on the Mr. Potato Head but does not yet identify body parts on himself or others.

Kendall (19 Months): Parent Observations via Routines-Based Interview (RBI)

Waking up

Kendall wakes up on his own and can entertain himself until his parents or sisters come into his room. He's not calling out for his parents by saying their names or otherwise vocalizing to call their attention.

Mealtimes

Kendall drinks from an open cup but sometimes dumps the contents out when he's almost done and uses it as a toy by putting things in it and then dumping them out. At meals, Kendall uses a spoon, but tips it over as it reaches his mouth, he will persist with the spoon until the bowl (e.g., yogurt) is almost gone, and then he will use his hands. He goes to the cupboard to get food he wants. He says "mmm" when he is eating something he likes. When given foods he does not like, such as greens, he'll push them away to indicate he does not want them. He does not yet say "All done" or "More." If he needs help opening an item, he takes it to his mom, dad, or one of his sisters. In doing so, he is not using words to request "Open" and does not consistently give eye contact as he is indicating his desire to have the food item opened.

Getting dressed

Kendall helps with dressing by pushing his arms and legs through the arm- and leg-holes of clothing. He takes off easy things like hats and his slippers but has trouble with his socks. He's not yet doing fasteners like unzipping or unsnapping. When asked about body parts, like "Show me your feet, head, belly," he is not yet responding or indicating he knows what we are asking for. When asked, he will sometimes get his shoes if they are in easy view, but if he has to go get them he does not yet do that.

Diaper

Kendall sometimes goes behind the couch to poop in his diaper, but he is fine to then continue to play. He's not saying or otherwise indicating that he has a full diaper. When one of us is changing his diaper, he's pretty passive. He allows us to wipe his bottom and clean him up without squirming. Sometimes we ask him to get the wipe out of the container, and he'll pull out the wipe. He can climb down from the changing table using the shelf as a step. When we wash his hands he likes the water, but mostly for playing and not really helping to wash and dry. When we turn off the water, he fusses but is generally easy to transition on to something else.

Going out

Kendall can be shy or standoffish around new people. He will, wave or give a greeting if we help him, but he's not doing it on his own. He generally stays near us when we are out and about and can walk independently and hold our hand when in parking lots and at stores. He also rides easily in his stroller and holds his blocks or some other toy pretty contently. He is not pointing to or drawing our attention to things he is seeing when we are out and is not saying much other than humming.

Play with others

Kendall plays alongside his sisters and others on the playground. He tolerates his sisters doing things to him; they sometimes try to dress him up if they are playing dress up. They think it's pretty funny, and Kendall passively participates, not really showing enjoyment or discomfort. He doesn't imitate what they are doing or show any interest in pretending like they do. He'll join them in a tea party when they encourage him, and he'll passively sit there and touch or put things into the teacups. When the girls ask him to do something, like "Give me the cup" or "Go get the cake," he doesn't respond in a way that shows he understands what they are

asking. He rarely imitates what he sees his sisters doing unless it is of high interest to him (e.g., crawling through their accordion tube, climbing on the cupboard to get chips, splashing in the bathtub).

Play by self

Kendall's favorite toys are his blocks and containers for filling and dumping. He is good at stacking and putting DUPLOs together. He also does shape sorters and often puts things in and out of containers. He stacks several (up to eight) 1-inch wooden blocks. Typically, he engages in this type of play for 5 to 25 minutes at a time at home. He uses toys in their intended manner, for the most part. When playing, he is mostly quiet although he sometimes hums. During play he makes vowel sounds, cries, and laughs but is not consistently saying words or using signs.

Nap time

Kendall is a good napper. He has one nap a day that may last 45 minutes to 2 hours. We give him a kiss before leaving him for a nap, and he reaches in for that and even puts his mouth on my cheek.

Bath time

Kendall loves water. He splashes in the water, dumps and fills containers, and tries to blow bubbles when we do bubble baths. He can get into the tub on his own. Probably the least favorite is when the water is poured over his head to wash his hair. He will pull away and fuss a bit, but is fine once we are done rinsing his hair.

Hanging out/ TV/books

At this time, Kendall shows little interest in books. He turns the pages and looks briefly at pictures but does not point at pictures or spend more than a minute exploring books. Kendall likes the Mickey Mouse Club House show and will stop and watch it, smiling and sometimes moving to songs that are sung during the show.

Outside

When on the playground, he understands "Ready, set, go" when he is getting ready to go down the slide; he'll even pause briefly to wait for the "Go." He has been heard to say "Go" when going down the slide but not yet consistently. Kendall moves about by walking and running, which looks like a fast walk. On the playground, Kendall goes up and down the slide by climbing up the steps and then sitting on his bottom to slide down.

Transitions in general

Kendall follows him me about when we are home during the day. Yet when I have to leave for an evening outing, Kendall separates by crying briefly if he sees me leave (i.e., by the time I reach the main door of the apartment Kendall has stopped crying). Kendall is generally easygoing and transitions without fussing if we go out to run errands, visit a friend, or take the girls to school, or go to Janessa's, unless he is tired; then is it a challenge, as he cries and fusses.

Kendall (19 Months): Observations from Child Care

Kendall has been going to Janessa's child care for almost a year. He is there 2 full days a week when his mom works. Janessa has been a family childcare provider for several years and has a schedule similar to that of a center-based program.

Arrival

When his mom drops him off, he fusses some but is generally OK shortly after she leaves. It seems that it is harder for him to separate from his mom than from his dad. On arrival, Kendall is not saying "Hi" but will let his parents help him move his arm to wave. He's not yet saying much but does seem to know the routine to go to where the arrival toys are. His parents help him take off his jacket and put it on the hook.

Breakfast

Kendall follows the routine to go to the table for breakfast. Kendall drinks from an open cup at the table and uses a spoon to eat spoon-type foods, although he continues to tip over his spoon when putting it in his mouth. After breakfast, the kids bring their plates to the bucket, and Kendall can do this independently. When washing his hands, he says "On" to have the water turned on. He also puts his paper drying towel into the trash bin on his own.

Playtime

The children play in the same area for the most part, and while Kendall plays alongside them he mostly does his own thing. He knows where the blocks are kept and seems to choose them most days he is here. He stacks blocks and likes to play with the toy cars by pushing them around and sliding them down the toy parking garage ramp. Kendall does not take turns, but he will pause to let another child go first.

Outside

Kendall goes up and down the small slide and will also pushes the small (no pedals) ride-on toy with his feet. When we do squirt bottles on the pavement, Kendall gets excited and does a tiny excitement jump when the bottles are taken out. He is not asking for them with words, but it is clear that he enjoys playing with them. He squirts them on the pavement and on the side of the building with the other children.

Story/Music

When teachers are reading a book out loud, he will stay with the group but he does not look at the book or pictures. He's more participatory when we do music. He'll dance and move to the music and will follow some directions, such as "Let's jump," or "Let's wiggle".

Lunch

Kendall sometimes helps by putting the plates on the table he is inconsistent at getting one plate by each of the chairs. When asked what he wants, he does not respond with words but will reach for desired food items, such as chicken nuggets.

Nap

Kendall sleeps for about 90 minutes and gets up on his own when ready. He does not show any discomfort with a wet or poopy diaper but has been observed "hiding" by the coat hook area to poop.

Arts and crafts

Kendall sits at the table for a few minutes-up to 10-with the other kids. However, he often leaves to walk around or go to where the blocks are kept. Sometimes he'll take the crayon or maker from the table and walk around with it not really doing anything or trying to write, just walking around.

Departure

When Kendall's mom or dad comes to pick him up, he generally walks to the door when he sees or hears them. They generally scoop him up and give him a hug, which puts a little smile on his face. When it's time to say bye-bye, Kendall needs a bit of help from his parents to wave. He said "be" once, but we haven't heard "bye" just yet.

Case Study Answer Key: Kendall (19 Months)

Outcome: Positive Social Relationships (Outcome 1)

Child's Name: Kendall Ch	ild's Age: 19	9 Months
Outcome: 1	Rating: 2	
Functional Skill:	Outcome:	Age Anchor:
When greeting his father after work he does not initiate	1	Foundational
contact with words, he will sometimes raise his arms to be picked up.	□ 2	☐ Immediate Foundational
picked up.	 □3	 ☐ Age Expected
Setting/Informant: Early Intervention		
Functional Skill:	Outcome:	Age Anchor:
Does not repeat things he has done to get positive social	1	Foundational
feedback, like claps or laughs from others.	□ 2	☐ Immediate Foundational
	 3	— ☐ Age Expected
Setting/Informant: Early Intervention	_	
Functional Skill:	Outcome:	Age Anchor:
Is often standoffish around new people, he will wave with ful	1	■ Foundational
hand over hand support.	— ·	☐ Immediate Foundational
	□-	☐ Age Expected
Setting/Informant: Parent (RBI)	L	
Functional Skill:	Outcome:	Age Anchor:
Does not use language to seek parents' attention, such as	1	Foundational
upon waking. Instead, he waits for them to come to him to	<u>−</u> □2	— ☐ Immediate Foundational
help him out of his crib.	 ∏3	☐ Age Expected
Setting/Informant: Parent (RBI)	ш,	□ . 9 . − . 4
Functional Skill:	Outcome:	Age Anchor:
Does not greet childcare provider by saying "Hi," but will let	1	■ Foundational
his parents help him move his arm to wave.	- · □ 2	☐ Immediate Foundational
	□2	Age Expected
Setting/Informant: Child Care		
Functional Skill:	Outcome:	Age Anchor:
Plays alongside peers but does his own thing and doesn't	1	Foundational
generally engage with them.	<u>−</u> □2	Immediate Foundational
	 ∏3	Age Expected
Setting/Informant: Child Care		

Case Study Answer Key: Kendall (19 Months) Outcome: Acquire and Use Knowledge and Skills (Outcome 2)

Child's Name: Kendall Chi	ld's Age: 19	Months
Outcome: 2	Rating: 4	
Functional Skill:	Outcome:	Age Anchor:
Kendall says a few words but uses them infrequently. When	□1	Foundational
he says "mama," it is not clear whether he is referring to his mother because he sometimes just says the word as he is	<u> </u>	— ☐ Immediate Foundational
playing.	_ □3	☐ Age Expected
Setting/Informant: Early Intervention		
Functional Skill:	Outcome:	Age Anchor:
Puts parts on the Mr. Potato Head but does not yet identify	□1	Foundational
body parts on himself or others.	<u> </u>	■ Immediate Foundational
	<u></u> □3	— ☐ Age Expected
Setting/Informant: Early Intervention		
Functional Skill:	Outcome:	Age Anchor:
Doesn't imitate siblings or peers or show any interest in	□ 1	Foundational
playing pretend.	2	☐ Immediate Foundational
	□3	☐ Age Expected
Setting/Informant: Parent (RBI)		
Functional Skill:	Outcome:	Age Anchor:
Not yet responding to games that involve identifying body	<u> </u>	Foundational
parts.	2	☐ Immediate Foundational
	□3	☐ Age Expected
Setting/Informant: Parent (RBI)		
Functional Skill:	Outcome:	Age Anchor:
Stacks blocks and plays with the toy cars by pushing them	<u> </u>	☐ Foundational
around and sliding them down the toy parking garage ramp.	2	☐ Immediate Foundational
	□3	Age Expected
Setting/Informant: Child Care		
Functional Skill:	Outcome:	Age Anchor:
Inconsistent at using 1:1 correspondence to put one plate by	<u> </u>	☐ Foundational
each of the chairs during lunchtime.	2	Immediate Foundational
	□3	☐ Age Expected
Setting/Informant: Child Care		

Case Study Answer Key: Kendall (19 Months) Outcome: Use Appropriate Behaviors to Meet Needs (Outcome 3)

Child's Name: Kendall Chi	ld's Age: 19	9 Months
Outcome: 3	Rating: 5	
Functional Skill:	Outcome:	Age Anchor:
When coloring, he uses a fisted grasp with his thumb	□ 1	Foundational
pointing downward as he marks on the paper.	_ 2	Immediate Foundational
	<u> </u>	— ☐ Age Expected
Setting/Informant: Early Intervention	_	
Functional Skill:	Outcome:	Age Anchor:
Assists with dressing by pushing his arms and legs through	□1	☐ Foundational
the arm- and leg-holes of clothing. Can independently take	 □2	☐ Immediate Foundational
his pants off, unless they are too tight or difficult to manage.	■ 3	■ Age Expected
Setting/Informant: Early Intervention		— / 190 — / 100 m
Functional Skill:	Outcome:	Age Anchor:
Goes up and down the slide by climbing up the steps and	□ 1	☐ Foundational
then sitting on his bottom to slide down.	 □2	☐ Immediate Foundational
	<u> </u>	Age Expected
Setting/Informant: Parent (RBI)		
Functional Skill:	Outcome:	Age Anchor:
When he needs assistance to open an item, he takes it to	<u> </u>	☐ Foundational
someone, doesn't use words to request help opening and does not consistently give eye contact to initiate request.	□ 2	☐ Immediate Foundational
Unusual behavior not like that of a younger child.	3	☐ Age Expected
Setting/Informant: Parent (RBI)		
Functional Skill:	Outcome:	Age Anchor:
Goes up and down the slide independently and pushes the	<u> </u>	☐ Foundational
small (no pedals) ride-on toy with his feet.	<u> </u>	☐ Immediate Foundational
	3	Age Expected
Setting/Informant: Child Care		
Functional Skill:	Outcome:	Age Anchor:
Uses spoon to eat spoon-type foods continues to tip over his	<u> </u>	☐ Foundational
spoon when putting it in his mouth.	<u> </u>	Immediate Foundational
	 3	 ☐ Age Expected
Setting/Informant: Child Care		•

COS Applied Practice Case Study: James (36 Months)

James (36 Months): Assessments and Early Intervention Observations

At 36 months old, James will be transitioning into a preschool program next month for 2 days a week. He has been attending a local center-based child care facility for 4 days a week since he was 1 year old, when his mother, Amber, went back to work.

James has a history of congenital cataracts that resulted in significant visual impairment. In addition to surgery to remove his clouded lenses, he has had ongoing ophthalmology appointments to monitor his eye pressure. He wears contact lenses that still do not provide him with corrected vision. James and his family have been receiving early intervention services in their home since he was 6 months old.

In preparation for his transition out of early intervention services, Ellen, his teacher of students with visual impairment (TSVI), has completed the Measure of Engagement, Independence, and Social Relationships (MEISR) with Amber over a series of virtual and home visits. Along with James's occupational therapist, Cathy, and his child care primary provider, Angela, they have filled out the Early Intervention Developmental Profile, revised edition (EIDP-R), after observing James in his home and child care settings. In addition, Ellen has administered the Boehm-3 Test of Basic Concepts - Tactile Edition to James over several sessions at home to determine his understanding of early literacy and numeracy concepts.

The MEISR provides a comprehensive look at James's development in the context of

functional routines throughout the day. The items considered include engagement, independence, and social relationship skills; five developmental domains; and the three child outcomes.

Consistent with interventionists' and caregivers' observations, the MEISR indicates that James has mostly age-expected skills in his daily routines with adult assistance. Some daily routines require a mix of skills that James has not acquired: mealtime, getting dressed, play time with others, hanging out/watching TV/books, and outdoor play. James demonstrates the ability to seek out adults for assistance, uses appropriate greetings in the child care setting, and is curious about new adults who visit the child care facility.

He prefers to play on his own, with limited interactions with the other children. His favorite areas are the quiet book corner, where he chooses mostly tactile books, and the sensory table. When other children approach James, he is quiet and does not answer requests or engage in imaginary play in the kitchen area or the block corner. James independently takes a hat with a brim and sunglasses provided for him before going outside to play, but he continues to stay close to the adults and has to be encouraged to interact with the playground equipment or ride-on toys. He prefers to watch what is going on with the other children, rarely joining in.

Although James is competent in matching and sorting objects by color and shape, he struggles with any task that requires putting pieces together and using tools such as scissors or crayons. He still requires adult assistance to open packages or wrappers at snack time. He

can put on his own coat but cannot manage all the fastenings.

Although many of James' skills are affected by his visual impairment, developmental differences in his fine motor skills are of concern, and he continues to require assistance with social interactions with his peers.

The EIDP-R is an observational and interactive assessment for children ages birth to 3 years that covers major developmental milestones in six domains. Items are scored with "passing," "not passing," and "omitted," allowing for certain items to be removed if they are inappropriate because of a sensory loss or a need for adaptation. The Profile Graph provides a visual overview of developmental skills in the six domains and gives some guidance on where intervention may be required. James's EIDP-R scores indicate age-expected skills in the cognitive and gross motor domains and in the toileting and dressing section of the self-care domain. As on the MEISR, James shows a mix of skills in fine motor, language, and social domains and in the feeding section of the selfcare domain.

Observation of James in the child care setting confirms his difficulties with peer interactions. He does not appear to be able to approach small groups that are beginning to form as the children play with each other. He watches these groups but prefers to play on his own at a distance. Adults' efforts to engage him with other children require a high level of intervention, such as setting up an activity and giving direct instructions on what to say and do.

James enjoyed the administration of the Boehm-3 Test of Basic Concepts - Tactile Edition by his TSVI, Ellen. This assessment is a series of performance items (Can you point "up" with your finger?) and 2-D tactile pictures (Which is the bead on the "top"?) that allow a young child to demonstrate knowledge of

directional concepts critical for early literacy, numeracy, and orientation skills. James has recently become interested in tactile books, spending hours in the book corner at child care on his own. He is also excited about making his own tactile books with his family, and he has built a small library of short, narrated homemade books that he seeks out daily. The Boehm-3 Test of Basic Concepts - Tactile Edition was completed over three sessions during home visits, and his responses indicated an above-average understanding of relational concepts for his age (< 27).

Overall, observations of James in multiple settings from multiple individuals and performance data show consistent age-expected results for early literacy and numeracy skills, social relationships and language use with adults, most self-care tasks, and understanding of safety. Although James is a cautious child, his gross motor skills are developmentally appropriate.

James (36 Months): Parent Observations

At 36 months old, James will be transitioning into a preschool program next month for 2 days a week. He has been attending a local center-based child care facility for 4 days a week since he was 1 year old, when his mother, Amber, went back to work.

James has a history of congenital cataracts that resulted in significant visual impairment. In addition to surgery to remove his clouded lenses, he has had ongoing ophthalmology appointments to monitor his eye pressure. He wears contact lenses that still do not provide him with corrected vision. James and his family have been receiving early intervention services in their home since he was 6 months old.

Amber reflected that over the past 3 years except for his vision, James has been fairly healthy:

"James still needs drops for his eyes every day to control the pressure, and changing from his very strong glasses to the contact lenses was quite a struggle, but I think we have that all part of our routine now. He has had a few colds and respiratory illnesses, but I think that is to be expected when your child attends child care. I have no concerns about his health."

Even with all the excellent eye care James has received, his vision obviously is still poor.

Amber shared,

"It is amazing to me how much young children need to learn through imitation and what they see around them. We adapt a lot of things for him at home. The ophthalmologist thinks James will be a candidate for lens

implants in 2 years or so, and we are looking forward to that. It may mean his vision will be fully corrected, but for now we assume he cannot see most things we do."

While going through the Routines Based Interview (RBI) with the service coordinator and the Measure of Engagement, Independence, and Social Relationships (MEISR) with James's teacher of students with visual impairment (TSVI) and occupational therapist, Amber was pleased to relate how many things are going well at home.

"Our family has some nice routines in place that I think really help James make it through the day. I'm grateful for all the help we have had from early intervention services, and we have learned so much about how James's vision loss can affect his development."

Amber is happy about how independent James has become at home.

"We follow a schedule throughout the day so James knows what to expect, and we have made some adaptations to the house to help him, such as placing contrasting color rugs wherever there is a change in the flooring level or he should be aware of an edge. He is so comfortable at home that sometimes I forget he has a visual impairment. I am quickly reminded when we go somewhere new and he is hesitant to leave my side or shuffles his feet or trails the wall. His orientation and mobility specialist (O&M) is starting to introduce a white cane to him so he can be as confident in other settings as he is at home.

James is almost completely independent at mealtimes. He likes to be included in the preparation process, and I know this has helped him understand where the food comes from. He still needs some help with food wrappers and using a fork, but that's about it. I've let him practice spreading peanut butter and jam on bread a few times, and he likes the challenge, even though it's a mess! He helps me put away utensils and set the table when we have time, and he has his own drawer with cups and bowls to choose from.

I expect him to help me with matching socks and putting away the laundry, and this has really helped me to have a better idea of what he sees. He can match and label most colors and patterns, and if I ask him to find an item of clothing, he usually can remember where it is. He's good about asking us for help if he needs it. I know he is good about that at child care, too, but if we are visiting my parents, who he does not see very often, he may not ask for help. I'm a little nervous about him going to preschool, as the teachers will be new to him.

James loves books now, especially books with textures or books we have made together. This has been a struggle. He has always loved being read to, but until the last 3 months, he had no interest in the books themselves. Now I will find him curled up on the couch pretending to read a book we made together. His TSVI calls them "experience books"! We have one about a trip to McDonald's and one about going to the park. His

TSVI is introducing braille, just in case future surgeries are not successful, but he is not as interested in the letters as he is in the stories he makes up. We tried a trip to the library the other day, and I think he was a little overwhelmed. He wouldn't leave my side and hid his face when the librarian tried to share a book. I guess we will have to make more trips there. I'm just glad he is finally interested in books.

Some of James' favorite activities include counting objects one by one and playing with the small garage his grandfather built for him. He will spend hours moving the cars around, pretending to fix them, and talking with "customers" who come in "the shop." His imagination is wonderful! His father is a mechanic, and sometimes we go to visit him at the garage. I think he likes the darker lighting and the sounds and smells of the garage. We have set up a little workbench for him in the garage at home, and he will organize nuts and bolts into different containers, and the other day I heard him count to 100! I'm happy with his progress, but he struggles with putting things together. I'm not sure if it is because of his poor vision or his fine motor skills. Even using large building blocks or two-piece puzzles is frustrating for him. We are working on this with his occupational therapist.

Outdoor play is very challenging for James. We go to the park every weekend so we can practice on the equipment, but I still need to help him or stay close. I think the glare from the sun diminishes his vision significantly. He's starting to try the slide on his own and will go on the swing on his tummy. He will not sit on the swing. He screams and will not let go of me. I'm not sure what to do, so we've stopped trying for now. There are several children in the neighborhood James's age, and I have tried to get James to interact with them, but he is resistant. My sister lives nearby, and we visit often, and she has a daughter who is 6 months older than James, and they play next to each other but not with each other. This is probably my greatest concern, that James has no interest in other children. I know his child care provider is concerned about this as well.

Once or twice I have seen other children approach James, but he just doesn't seem to know what to do. If a child offers him a shovel, he just sits there and does not respond. If they take his hand, he pulls back. He is content to sit next to the quieter children but avoids the more active ones and often seems surprised if a child has left unexpectedly, which they often do. Sometimes I think the other children move too quickly for him. He navigates the child care classroom independently but not as quickly as others. I am hoping that as James begins preschool this year, there will be opportunities for him to work more with other children in the class."

James (36 Months): Observations from Child Care

At 36 months old, James will be transitioning into a preschool program next month for 2 days a week. He has been attending a local center-based mixed-age child care facility for 4 days a week since he was 1 year old, when his mother, Amber, went back to work.

James has a history of congenital cataracts that resulted in significant visual impairment. In addition to surgery to remove his clouded lenses, he has had ongoing ophthalmology appointments to monitor his eye pressure. He wears contact lenses that still do not provide him with corrected vision. James and his family have been receiving early intervention services in their home since he was 6 months old.

The staff are familiar with James's visual impairment and are willing to adapt routines and activities if they are aware of a need. His primary care provider at the center, Angela, is most concerned about James's social skills.

"James is always ready to try a new activity as long as an adult is nearby. He knows the classroom routine and is first to wash his hands for snack! He is independent at mealtime except for opening some food wrappers and can complete most tabletop activities. He greets the adults in his classroom and will answer questions about how he is feeling or what he did over the weekend, and he is curious if there is a new adult in the room. However, he is hesitant and quiet around his peers. He will stand or sit next to them at circle time or in activity centers facilitated by an adult, but he prefers to play on his own. When allowed to choose an activity, you can find him in the book corner with

our collection of tactile books or at the sensory table practicing his pouring and filling with cups that he has organized by color and size. Many of the other boys in the room are in the block corner, building or driving their cars, and even though James has showed interest in these materials he still has to be encouraged to join them.

I know that James has the language skills to interact with his peers because he uses them with me! He still struggles with entering the groups though, and I'm certain it is because he can't see which children are in which group to approach them."

Angela is starting to notice a difference in how the other children react, too.

"Up until now, all the children in James's group have been learning how to interact with each other. We are starting to see some children emerge as leaders; they are particularly good at starting an activity or imaginary game. They approach James and seem to be a bit confused when James does not respond or turns away. I see less efforts by the other children as time goes on. If one of the adults can be there to support James, he will talk with the others, but sometimes the moment is missed. I'd like James to have more "tools" to interact with the children when they approach him."

Angela also has concerns about James when they are out of doors.

"Sometimes, on sunny days, it is as though he is a different child. He stays close to me or one of the other teachers, and unless he can find a shaded area in the sandbox or under the awning, we can't get him to participate in any activities. James has sunglasses and a hat with a brim that is available for him to wear, but some days it doesn't seem to make a difference. He is good about going to his cubby and remembering to put them on before we line up. He loves to do the same kind of "safe activities" outside that he does inside: building roads with trucks in the sandbox, counting rocks, and even putting the different playground balls into containers by color and size! However, getting him to play ball with another child is something we supervise because his frustration level is low for retrieving the ball.

I don't know, it seems like he wants to be engaging with the other children, but something is holding him back. An example would be that we all go outside and most of the children find a tricycle or a ride-on toy of some type, and James will just stand next to me until I guide him to one. He likes a small car we have where he can keep his feet on the ground, but often he will simply refuse to be left. If he does get into the car, he will sit and watch the other children riding by and not try to catch them or move around the playground.

James has made progress in using the playground equipment. His mother says he likes the slide and swings at the park by their house, but it has taken a while for him to even try ours. I'm worried what will happen when he goes to preschool in the afternoons and they have a different playground. The O&M specialist from early intervention visited James here at child care one day and she had some great ideas. One of her strategies was to bring small toys that look like our playground equipment (slide, swing, riding car). Using little toy people, she demonstrated how James could try each of these items and what he could do. James has a great imagination, and he continues to remember that imaginary play session as he has mentioned it to me several times. One day he even said, "I'm sitting in the riding car like the little toy person!" I'm considering setting up an "outdoor play" center in the classroom for all the children so we can practice playground safety and maybe some social interactions with the group.

Another idea the O&M instructor had included taking James on the playground without the other children and let him explore with support.

Since that day, I have seen James go down the slide once or twice on his own. I wish he could have more time with the O&M provider; it's great to see him initiate some active play. It has really encouraged all of us to think about overall safety on the playground for all the children."

Case Study Answer Key: James (36 Months)

Outcome: Positive Social Relationships (Outcome 1)

Child's Name: James Ch	nild's Age: 36	6 Months
Outcome: 1	Rating: 5	
Functional Skill:	Outcome:	Age Anchor:
Uses age-appropriate communication with adults including	1	Foundational
speech and gestures.	_ 2	☐ Immediate Foundational
	 □3	Age Expected
Setting/Informant: Early Intervention		
Functional Skill:	Outcome:	Age Anchor:
Becomes hesitant when outside especially during sunny	1	☐ Foundational
weather.	- · □ 2	☐ Immediate Foundational
Unusual behavior, not like that of a younger child.	□ 2	Age Expected
Setting/Informant: Early Intervention		
Functional Skill:	Outcome:	Age Anchor:
Stays close to parent or other adult when in an unfamiliar	■ 1	Foundational
environment.	■ '	☐ Immediate Foundational
	□2	<u> </u>
Setting/Informant: Parent	3	☐ Age Expected
Functional Skill:	Outcome:	Age Anchor:
Follows and engages appropriately in routines at home.		Foundational
3 3 11 1 3	■ 1	
	□ 2 □ 2	☐ Immediate Foundational
Setting/Informant: Parent	□ 3	Age Expected
-	Outopio	A a a A a a b a a a
Functional Skill: Interacts with childcare providers appropriately, responds to	Outcome:	Age Anchor:
questions they ask and enjoys their company.	= '	Foundational
	□ 2 □ 3 □ 4	Immediate Foundational
Setting/Informant: Child Care	□ 3	Age Expected
Functional Skill:	Outcome:	Age Anchor:
Prefers quiet settings and playing on his own as opposed to playing with peers.	1	☐ Foundational
F	□ 2	Immediate Foundational
	□ 3	☐ Age Expected
Setting/Informant: Child Care		

Case Study Answer Key: James (36 Months)

Outcome: Acquire and Use Knowledge and Skills (Outcome 2)

Child's Name: James Ch	ild's Age: 36	6 Months
Outcome: 2	Rating: 5	
Functional Skill:	Outcome:	Age Anchor:
Can sort and match objects by color and shape.	<u> </u>	☐ Foundational
	2	☐ Immediate Foundational
	□3	Age Expected
Setting/Informant: Early Intervention		
Functional Skill:	Outcome:	Age Anchor:
Is able to use relational concepts to describe positions of	□ 1	Foundational
objects in space (above, below etc.).	2	☐ Immediate Foundational
	 3	Age Expected
Setting/Informant: Early Intervention		
Functional Skill:	Outcome:	Age Anchor:
Engages appropriately with books and pretends to read.	□ 1	Foundational
	<u></u> 2	 ☐ Immediate Foundational
	 □3	Age Expected
Setting/Informant: Parent		
Functional Skill:	Outcome:	Age Anchor:
Counts objects materials with 1:1 correspondence and have	□ 1	☐ Foundational
heard rote counting up to 100.	2	☐ Immediate Foundational
	□3	Age Expected
Setting/Informant: Parent		
Functional Skill:	Outcome:	Age Anchor:
Categorizes and organizes toys/materials by size/color.	□ 1	Foundational
	2	☐ Immediate Foundational
	□3	Age Expected
Setting/Informant: Child Care		
Functional Skill:	Outcome:	Age Anchor:
Requires significant support to participate in unfamiliar	□ 1	Foundational
activities.	2	☐ Immediate Foundational
	□ 3	☐ Age Expected
Setting/Informant: Child Care		

Case Study Answer Key: James (36 Months) Outcome: Use Appropriate Behaviors to Meet Needs (Outcome 3)

Child's Name: James Chi	ld's Age: 36	6 Months
Outcome: 3	Rating: 4	
Functional Skill:	Outcome:	Age Anchor:
Can use scissors or other tools.	□ 1	☐ Foundational
	<u> </u>	Immediate Foundational
	3	☐ Age Expected
Setting/Informant: Early Intervention		
Functional Skill:	Outcome:	Age Anchor:
Communicates needs in an age appropriate way to familiar	<u> </u>	☐ Foundational
adults but does not seek help from peers or less familiar adults.	<u> </u>	Immediate Foundational
	3	☐ Age Expected
Setting/Informant: Early Intervention		
Functional Skill:	Outcome:	Age Anchor:
Will not sit on the swing but will lay on it on his tummy.	<u> </u>	Foundational
	<u> </u>	☐ Immediate Foundational
	3	☐ Age Expected
Setting/Informant: Parent		
Functional Skill:	Outcome:	Age Anchor:
Navigates home environment independently.	□ 1	☐ Foundational
	<u> </u>	☐ Immediate Foundational
	3	Age Expected
Setting/Informant: Parent		
Functional Skill:	Outcome:	Age Anchor:
Is hesitant to use playground equipment at school, stands near childcare provider when outside until she guides him to	□ 1	Foundational
equipment.	□ 2	☐ Immediate Foundational
	3	☐ Age Expected
Setting/Informant: Child Care		
Functional Skill:	Outcome:	Age Anchor:
Navigates the classroom independently and engages with classroom materials.	<u> </u>	☐ Foundational
oldoor oom materials.	<u> </u>	☐ Immediate Foundational
Oction with forms and solving C	3	Age Expected
Setting/Informant: Child Care		

COS Applied Practice Case Study: Alison (60 Months)

Alison (60 Months): Assessments and Special Education Observations

At 5 years old (60 months), Alison will be transitioning into full-day kindergarten in August. She has been attending a local center-based child care facility 4 half-days a week since she was 3 years old, when her mother, Tami, went back to work. Alison also attends her local inclusive half-day preschool on Tuesdays, Wednesdays, and Thursdays.

Alison has a medical history of infantile spasms and left-side hemiplegia. She began to demonstrate evidence of seizures at 6 months, but since age 1 they have been under control with medication. In addition to the seizures affecting her motor control on the left side, Alison has some cognitive delays. She has been receiving physical therapy through early intervention since she was 1 year old and early childhood special education consultation services since she began preschool at age 3.

In preparation for Alison's transition out of preschool special education, Louise, her teacher, and Jackie, her early childhood special educator, have completed the Assessment, Evaluation, and Programming System for Infants and Children (AEPS), a developmental assessment appropriate up to age 6. The items include observable developmental skills in six domains: fine motor, gross motor, adaptive, cognitive, social-communication, and social. Amy, Alison's physical therapist, also contributed to the assessment by completing

the fine and gross motor sections. Observations of Alison in the preschool classroom by Jackie and at child care by Louise, as well as interviews with her primary caregivers, contributed to a comprehensive understanding of Alison's strengths and needs reflected through the scoring of the AEPS. Alison's mother, Tami, has filled out the Ages and Stages Questionnaire: Social-Emotional (ASQ:SE) to contribute her families' perspective of Alison's behavior development.

The AEPS ties together assessment, goal development, intervention, and ongoing monitoring and evaluation. It enables Alison's individualized education program (IEP) team to consider her developmental progress in the context of her preschool curriculum and her specific IEP goals. A unique feature of the AEPS is the opportunity to indicate whether the specific skill is acquired with modifications, adaptations, or assistance. This allows Alison's IEP team to concentrate on the areas she is successful in, even if these areas need to be addressed by her IEP.

Alison's AEPS results (Table 1) indicate that her strengths lie in the social-communication and social domains. She "consistently meets criterion" at an age-expected level in these two domains without assistance or adaptations except for those items that require remembering her address and phone number Alison is well liked in her preschool and child care settings and has age-expected language skills that help her navigate group and

¹ Bricker, Diane D. *AEPS assessment, evaluation, and programming system for infants and children.* Baltimore, Md: Paul H. Brookes Pub. Co, 2002. Print.

individual social situations. Adults and children alike consider her a leader in the classroom.

In the gross motor and adaptive domains, Alison has a mix of age-expected and immediate foundational skills. She is mostly successful in the gross motor area, able to run, jump, and skip without help as her peers can. She continues to work on her ball skills and bike-riding with the physical therapist. With some modifications, Alison is demonstrating age-expected behaviors for all eating and toileting and most dressing skills. Alison continues to need full assistance to tie her shoes and manage the zippers on her coat.

Table 1. AEPS Domain Scores

AEPS Domain	Area Percent Score
Fine motor	53
Gross motor	87
Adaptive	91
Cognitive	56
Social- communication	100
Social	91

Alison demonstrates some foundational skills and immediate foundational skills in the cognitive and fine motor areas. She continues to require adult assistance and is inconsistent with most fine motor skills, as she struggles with early writing tasks. Observations in all settings (including reports from Tami, her mother) indicate Alison is not motivated to work on these tasks. Although Alison's scores in the "play" section of the cognitive domain reflect her strong skills in imaginary play-acting and storytelling, the rest of her skills fall below what is age expected. Alison has limited interest in

emergent literacy or math tasks and has been observed to have poor visual memory and conceptual categorization skills.

In the beginning of the assessment process, Tami had filled out the 60 Month/5 Year Ages and Stages Questionnaire: Social-Emotional (ASQ:SE) to contribute her family's perspective of and any concerns about Alison's behavioral development. The ASQ:SE is a parentcompleted child monitoring report for socialemotional behaviors. It addresses many functional routines of the day (mealtimes, dressing, playing) in a variety of settings (at home, shopping, new environments) and the child's behavior. Parents indicate whether their child demonstrates positive or negative behaviors "most of the time," "sometimes," or "rarely or never." They are also asked whether they consider the behavior a "concern." Alison's ASQ:SE score was a 10, well below the cutoff score of 70 which for her age indicates a possible referral for behavioral services. This score is consistent with the indication that her mother and family have no concerns about her functional behaviors.

Overall, observations of Alison in multiple settings from multiple individuals and performance data indicate consistent age-expected results for social relationships and language use with adults and children, gross motor skills, self-care skills, and an understanding of safety. Although an imaginative and creative child, Alison will continue to need assistance with immediate foundational skills and foundational skills in letter and number recognition and early writing tasks. These results will be discussed at her transition IEP meeting to determine whether she requires additional special education services.

Alison (60 Months): Parent Observations

Tami reflected on Alison's health all during her early childhood.

"When Alison was diagnosed with infantile spasms and began receiving the ACTH shots, it was a very difficult time for our family. The medication affected her blood pressure, and she was hospitalized several times. Then, when the seizures were under control, we realized her left arm wasn't working. We started receiving physical therapy through early intervention, and there have been Botox treatments and some alternative methods to improve her range of motion. There have been some brief periods of improvement, but she really cannot use that arm as more than a helper. Alison has had more seizures only once or twice, usually after a growth spurt, and was hospitalized each time and then released with a change in medication. She has done well, considering, but it is something that is always in the back of our minds. The risk is always there that she could have more seizures.

Luckily, we have a very supportive family and community to help us.

Alison has two much older siblings, a sister and a brother, and I am so grateful that they are willing to spend so much time with her. No one can get Alison to use her left arm like her big brother, Shane, and she really looks up to her teenage sister, Sarah, who has contributed to Alison's sunny disposition and social skills. She is a

"girly girl" like her sister and loves to go shopping with us for new clothes or have her nails done."

While going through the health plan interview with the school nurse and the developmental psychologist and completing the Ages and Stages Questionnaire: Social Emotional (ASQ:SE) developmental screening, Tami was pleased to share how many things are going well for Alison.

"She loves her preschool class and child care, and she has several little friends who she plays with on weekends. She is sad if she is not well enough to go out or we have other responsibilities. But sometimes I worry it is more about the social aspect of her activities for Alison than about learning. She will do just about anything to get out of focused reading or number tasks."

Tami is concerned that Alison is still not completely independent at home.

"Because she was so ill, and she is so much younger, I guess we spoil her. I have watched her delegate tasks to her little group of friends in play so that she is almost the "supervisor" and they are running around doing things for her that she cannot manage without her arm or are too difficult for her! She does the same thing with all of us, too! This seems to work well for her now. but as there are there more expectations for her, I worry she will be frustrated. There are functional tasks she is motivated to do, like bathing and grooming, but then there are others, such as independently managing her clothing fasteners or riding a bike, that she avoids whenever possible.

Alison is almost completely independent when dressing. She likes to be included in choosing what she will wear and how to style her hair, and she even learned her colors by matching her sister's nail polish bottles! She still needs some help with zippers, but she has mastered buttons and snaps with one hand, and she asks for help when she needs it. She helps me with putting away the laundry and cleaning the bathroom sometimes, although her cleaning skills are much better if she is dressed like Cinderella!

I know that Alison is good at following directions at child care and preschool. In fact, her teachers have shared that she is a real leader in getting others to do what they should be doing, but she also is good at avoiding tabletop tasks. Once Alison was supposed to be painting for a group project, and her teacher reported that she was so busy asking about the other children's paintings and making suggestions that she never started her own! Alison often seems distressed at what she is able to produce with writing, drawing, or painting tools and will not show an adult what she has finished. We try to work with her on her letters and numbers, but she often struggles with what they look like and the order.

Alison is able to remember routines and schedules if they are familiar, but her memory for shapes and symbols is limited.

Alison has little interest in books, but she loves telling and listening to stories. Everyone enjoys her unique take on traditional stories; she often adds creative elements that are not in any book. She has always loved being read to, but she is only interested in the pictures in the books themselves. I can't even get her to pick out the letter "A" at the beginning of her name some days. She is the first to volunteer to play a "role" when the children are acting out a story, but she will never volunteer to read words for the class or put the weather symbol on the calendar.

Some of Alison's favorite activities are role-playing and imagination games with members of her family and her classmates. She loves to dress up in all sorts of costumes and pretends to be anything from a princess to the firefighters down the street. She has an excellent imagination, usually making up her own "scripts" and situations. She even likes to play in the block corner if she can help create an imaginary town, office, or school. Alison loves to swim, and we go to the pool weekly. Not only does the water help her to move her left arm, she is confident and fast in the water. We are thinking of having her become part of the swim team next year. I have also noticed her concentration is better after some time in the pool."

Tami reported that Alison has many friends, girls and boys, and her social circle includes children from her preschool class, child care, and the neighborhood.

"She is working on riding an adapted bicycle with her physical therapist, motivated by wanting to ride with the neighborhood children. She is not the fastest or the strongest child on the playground, but she is the most determined. She will not let her inability to move her left arm keep her from participating."

As Alison transitions into kindergarten next year, Tami is most concerned about her understanding of letters and number concepts and her lack of interest in games or puzzles. One thing that the whole family, including Alison's grandparents, likes to do is play card games after Sunday dinner.

"I would like Alison to try to play with us, but she still needs help to recognize the numbers and shapes. I am hoping she is just a 'late bloomer' and she will improve these skills in her new full-day kindergarten class."

Alison (60 Months): Observations from Preschool and Child Care

The teacher and classroom aide in Alison's preschool have participated in her IEP and work with her physical therapist and consultant early childhood special educator (ECSE) to adapt routines and activities. The child care staff members do not receive as much guidance, but they are consistent about asking Tami their questions, and she gives them ideas to help Alison that have been successful at preschool.

Louise, Alison's preschool teacher, is most concerned about Alison's cognitive skills.

"Alison's social skills are her strength! All the children are friends with her and willing to help her. Sometimes too willing! Alison arrives happy every morning and greets all the adults and children before deciding where she wants to play for the day. She knows the schedule and follows the rules, and she is the first to volunteer to lead a song or act out a story. Her sunny personality and creative changes really add to our group activities. But sometimes I wonder if Alison changes songs or stories because she cannot remember the actual words, because when the other children remind her. she seems confused. Even with adaptations to writing tools, she continues to struggle with tasks like writing her name or even identifying specific letters or shapes. The most I have been able to get her to do is to match three simple shapes in a puzzle, and they must be very different. If I ask the children to

categorize toys or items by size, she just watches and does not participate.

When allowed to choose an activity, you can find Alison in the dress-up corner with several other children pretending to be a teacher or a veterinarian or a police officer. She is often the leader and the other children, even the shy ones, willingly follow her storyline. It is amazing to watch her use her language skills in her kind, reasonable way, and we rarely see any type of disagreements if Alison is involved. Another place you can find her is in the block corner creating castles or towns or even schools. Sometimes she struggles when she needs both hands to balance a tower or bridge, but I have watched her ask other children for help and they are always ready to assist."

Louise laughs,

"It is difficult to refuse Alison when she asks for help! She is determined, and the results are always worthwhile.

Alison's physical therapist, Amy, has helped us to adapt tasks that she cannot do on her own. We have started to use a stamp with her name on it so she can mark her papers on her own, and this has reduced her frustration. Learning how to use her left hand as a helper, Alison uses small clips to hold her papers in place, manages to eat independently using utensils, and even brushes her teeth on her own after a snack. I know that her mother has shared some of these strategies with her

child care providers so she can be independent there as well."

Esperanza, Alison's primary care provider, said:

"Alison is one of most enjoyable children we have ever cared for here at the center! She is always smiling, and if another child cries or falls down, she is the first one there to comfort them. We have a close group of children in our class, and we see Alison as a leader. She is friends with everyone.

She does seem to have difficulty with her memory and identifying shapes, letters, and numbers. This year we have been doing more with letter sounds and shapes, and Alison does not like these activities. I know that she has an ECSE who consults with her preschool class, and I wish we could talk with her. I have questions I would like to ask about how I could help Alison remember what the letters look like. I have a book I made for her with all the letters in it, but she needs help to pick out the letter we are talking about. There is a shy child in the class who has excellent letter skills, and sometimes I put them together. Alison helps the child with his social skills, and he helps Alison with the letters. This seems to be working well for now, but I worry what will happen when she starts kindergarten in the fall. Her shape and letter identification skills are significantly behind the other children's.

On the playground, she is completely independent, except for riding a bicycle. Alison is motivated though, and her mother has asked the physical therapist to come in and help her work on riding an adapted bike. We have seen Amy several times, and I have asked about some other ideas we can use here to make things easier for Alison. The other children are always willing to help her, and she is good about asking for help when she needs it. I have no concerns about how Alison will fare in kindergarten using her language skills or participating in the routine."

Case Study Answer Key: Alison (60 Months)

Outcome: Positive Social Relationships (Outcome 1)

Child's Name: Alison	Child's Age: 60	Months
Outcome: 1	Rating: 7	
F et a al Obilla	0	A A a la a
Functional Skill: Is well liked and a leader amongst her peers.	Outcome:	Age Anchor:
is well liked and a leader amongst her peers.	1	☐ Foundational
	<u> </u>	☐ Immediate Foundational
Catting //mfarmants FOCF	□3	Age Expected
Setting/Informant: ECSE		
Functional Skill:	Outcome:	Age Anchor:
Age-expected language skills help her navigate group a individual social situations.	nd ■1	☐ Foundational
individual social situations.	2	☐ Immediate Foundational
	□3	Age Expected
Setting/Informant: ECSE		
Functional Skill:	Outcome:	Age Anchor:
Strong emotional attachment to siblings.	1	Foundational
	 □2	— ☐ Immediate Foundational
	<u> </u>	— ■ Age Expected
Setting/Informant: Parent	Ш	_ 。
Functional Skill:	Outcome:	Age Anchor:
Enjoys the company of other same-age peers, has strong	g 1 1	☐ Foundational
friendships.	□2	☐ Immediate Foundational
	 3	Age Expected
Setting/Informant: Parent	_	_ ,
Functional Skill:	Outcome:	Age Anchor:
Positive emotional outlook and greets adults and childre		Foundational
	 □2	— ☐ Immediate Foundational
	<u> </u>	■ Age Expected
Setting/Informant: Preschool and Child Care	<u> </u>	_
Functional Skill:	Outcome:	Age Anchor:
Is a leader among her peers, negotiates complex play	1	Foundational
scenarios and avoids conflict.	 □2	 ☐ Immediate Foundational
	 ∏3	☐ Age Expected
Setting/Informant: Preschool and Child Care		

Case Study Answer Key: Alison (60 Months)

Outcome: Acquire and Use Knowledge and Skills (Outcome 2)

Child's Name: Alison Ch	ild's Age: 60	0 Months
Outcome: 2	Rating: 4	
Functional Skill:	Outcome:	Age Anchor:
Strong play skills and storytelling documented during AEPS	<u> </u>	☐ Foundational
assessment.	2	☐ Immediate Foundational
	□3	Age Expected
Setting/Informant: ECSE		
Functional Skill:	Outcome:	Age Anchor:
Not able to categorize toys and objects.	□ 1	Foundational
	2	☐ Immediate Foundational
	 3	☐ Age Expected
Setting/Informant: ECSE		
Functional Skill:	Outcome:	Age Anchor:
Avoids pre-academic tasks such as reading and math.	□1	☐ Foundational
	<u> </u>	Immediate Foundational
	_ □3	— ☐ Age Expected
Setting/Informant: Parent		
Functional Skill:	Outcome:	Age Anchor:
Unable to identify the first letter in her name (A) reliably.	<u> </u>	Foundational
	2	☐ Immediate Foundational
	□3	☐ Age Expected
Setting/Informant: Parent		
Functional Skill:	Outcome:	Age Anchor:
Understands schedule and follows classroom routines.	<u> </u>	☐ Foundational
	2	☐ Immediate Foundational
	 3	Age Expected
Setting/Informant: Preschool and Child Care		
Functional Skill:	Outcome:	Age Anchor:
Cannot reliably identify shapes.	<u> </u>	Foundational
	<u> </u>	 ☐ Immediate Foundational
	_ □3	☐ Age Expected
Setting/Informant: Preschool and Child Care		-

Case Study Answer Key: Alison (60 Months)

Outcome: Use Appropriate Behaviors to Meet Needs (Outcome 3)

Child's Name: Alison Cl	hild's Age: 60 Months	
Outcome: 3	Rating: 5	
Functional Skill:	Outcome:	Age Anchor:
Needs full assistance to tie her shoes and manage the	□ 1	☐ Foundational
zippers on her coat.	<u> </u>	Immediate Foundational
	3	☐ Age Expected
Setting/Informant: ECSE		
Functional Skill:	Outcome:	Age Anchor:
Can run, skip and jump when playing with friends.	<u> </u>	☐ Foundational
	□ 2	☐ Immediate Foundational
	3	Age Expected
Setting/Informant: ECSE		
Functional Skill:	Outcome:	Age Anchor:
Delegates self-care/adaptive tasks when she feels she is	□ 1	Foundational
unable to do them independently.	□ 2	Immediate Foundational
	3	☐ Age Expected
Setting/Informant: Parent		
Functional Skill:	Outcome:	Age Anchor:
Almost completely independent when dressing, likes to be	1	☐ Foundational
included in choosing what she will wear. Can independently manage her clothing fasteners and buttons, except needs	′	☐ Immediate Foundational
help with zippers.	3	Age Expected
Setting/Informant: Parent		
Functional Skill:	Outcome:	Age Anchor:
Struggles to successfully ride and navigate her adapted	<u> </u>	☐ Foundational
bike.	<u> </u>	Immediate Foundational
	3	☐ Age Expected
Setting/Informant: Preschool and Child Care		
Functional Skill:	Outcome:	Age Anchor:
Brushes her teeth independently after snack.	<u> </u>	☐ Foundational
	<u> </u>	☐ Immediate Foundational
	3	Age Expected
Setting/Informant: Preschool and Child Care		