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# Special Considerations When Using the Child Outcomes Summary (COS) 7-Point Scale: Questions and Answers

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## Which Outcomes to Rate

**Question:** Do children need ratings in all three outcome areas?

**Answer:** Yes. Ratings are always provided on all three outcome areas. This is true even if no one has any concerns about a child's development in an outcome area or if a child is showing delays in only one or two of the outcome areas. Ratings on all three outcomes are needed to provide a complete picture of the child's functioning.

## Adjusting for Prematurity

**Question:** Should we adjust a child's age for prematurity when using the COS process?

**Answer:** No. Do not adjust a child's age for prematurity when using the COS process. It is common practice in early intervention to assess children born prematurely using their adjusted ages; however, chronological age, not adjusted age, is used for Child Outcomes Summary ratings. One of the reasons we collect data on child outcomes is to examine the effectiveness of early intervention and early childhood special education programs. Using the child's chronological age provides a truer picture of the effect of services on the child's development. Documenting data relative to chronological age allows programs to show how children born prematurely catch up, demonstrating an important impact of early intervention services.

## Children Receiving Services for Articulation Only

**Question:** Should children who have only communication delays, especially articulation delays, be rated automatically as typically developing on Outcomes 1 and 3?

**Answer:** No. The team needs to consider how the child's communication, including articulation, is affecting the child's functioning in all three outcome areas. When thinking about how a child with articulation delays would be rated on all three outcomes, the team members should focus their discussion on how articulation or other aspects of the child's communication are affecting the child's functioning across settings in each of the outcome areas.

For example, when considering Outcome 1, the team should focus on how well the child is understood during social interactions and how well the child communicates with other children. When considering Outcome 3, the team should ask questions about the impact of articulation delays on the child's ability to make his or her wants and needs known or to convey critical safety needs to different people or in different situations. So, even if a child presents with only articulation concerns, development needs to be assessed and documented on all three outcome areas.

## Children with Atypical Functioning

**Question:** How should teams consider atypical behaviors in rating the child's functioning?

**Answer:** Children sometimes display behaviors that do not represent delays in the usual progression of skills. Rather, they exhibit a pattern of consistently reoccurring behaviors that are atypical. These kinds of atypical behaviors are markedly different from what is observed in the child's peers and uncommon in that group. Examples include self-stimulating behaviors, perseveration on specific activities, strict adherence to daily rituals, and

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echolalia. The team must consider the extent to which atypical behaviors influence the child's level of functioning in each outcome area across settings and situations. For example, if the child spends a lot of time engaged in self-stimulating behaviors, then she is not able to interact as much with people around her. If the child displays self-stimulating behaviors in response to others' actions instead of reciprocating and extending interactions with those people around her, then the self-stimulation has a functional impact on her relationships with others. The team must consider the extent of this impact on age-expected functioning across settings and situations. Sometimes, teams focus on the atypical behaviors but overlook what the child is doing in an age-expected way. For example, a child may be overly focused on cars, have several rituals related to toy cars, and persevere on making car sounds. All of these may be interfering with the child's interactions with children and with the child's availability to engage in learning about new things. On the other hand, the child may also have strengths in an outcome area. For example, he may interact with books appropriately, be age-appropriate with regard to doing puzzles, and be able to provide good descriptions of past events. When deciding a rating in an outcome area, the team needs to examine the entire repertoire of the child's skills and determine which are and are not age-expected.

## Assistive Technology Devices

**Question:** What is the role of assistive technology devices when considering a rating?

**Answer:** Ratings should reflect the child's functioning using whatever assistive technology devices are used in his or her everyday routines and activities. For example, teams discussing a child who wears glasses or hearing aids or who uses a walker or wheelchair should consider the child's functioning with the use of these items. In some cases, a child may have more access to assistive technology in particular settings than others. If so, then that variability in the child's use of the technology will probably mean he or she shows a mix of functioning across settings and situations. COS ratings describe how a child is functioning in everyday settings and situations, not what the child's optimal functioning could be. As programs help children and families access and use assistive technology across settings, the child's functioning may improve and COS ratings will be able to detect these changes.

## All 7s at Entry

**Question:** Can teams appropriately rate a child's functioning as a 7 across all three outcome areas at program entry?

**Answer:** Yes. We do see that some children in early intervention or early childhood special education will have ratings of 7 in all three outcome areas. People may ask, "Why would a child with all 7s be receiving early intervention or early childhood special education services?" The team needs to remember that eligibility determination is independent of the child outcomes summary rating. A rating is based on the child's everyday functioning in the outcome area across setting and situations. There are a number of examples of children who may have 7's on all three outcomes at entry, such as:

- A child who has sensory impairments but functions at age-expected levels when assistive technology is in place.
- A child with a diagnosed condition who displays age-expected functioning for a period of time but for whom delays are likely to emerge later in development.

Early intervention or early childhood special education for these children is trying to prevent delays in development from occurring.

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## Understanding the Family's Cultural Context

**Question:** Should the family's culture be taken into consideration when determining COS ratings?

**Answer:** Yes, a family's culture affects what is considered age-expected development. Certainly, within early intervention and within early childhood special education, we often work with families who come from cultures other than our own. Interventionists need to understand how cultural practices influence the age at which children develop certain skills. For example, some cultures don't expect the same level of independence in feeding, and parents may continue to assist their children with feeding into the preschool years. In working with these families, culturally competent interventionists would not see this as a problem because it has no long-term impact on development.

For identifying appropriate targets for interventions as well as for the Child Outcomes Summary process, the team needs to understand age expectations within the context of the family's culture. When teams see skills and behaviors that are below mainstream U.S. age expectations but are the result of cultural practices, like the example of independence, then they need to adjust age expectations for those skills for that child.

Working effectively with families from other cultures can be challenging for providers. These challenges are also challenges for the Child Outcomes Summary rating process. The team needs to understand what is considered age-appropriate in that child's culture and base their sense of what should be considered age-expected functioning for that child on that understanding.

Source: [COS Process Online Module](#) (Sessions 3 and 5)