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**MEMORANDUM**

TO: *Early On*® Stakeholders

FROM: *Early On* Redesign Leadership Team

SUBJECT: Public Comment on Child and Family Outcomes

Attached to this memo is a compilation of public comments received regarding the indicators for Early Childhood and Family Outcomes for the *Early On*® systems. The comments have been reviewed by the *Early On* Redesign Leadership Team. On July 29<sup>th</sup>, a group of *Early On*® Stakeholders came together and initiated the selection process of the top indicators for each outcome using your public comment.

Thank you for your input!

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**Outcome: Families understand their children’s strengths, abilities and special needs; Families help their children develop and learn.**

Indicators	Specific					Average Rating	Relevant					Average Rating
	1	2	3	4	5		1	2	3	4	5	
Percent of families who assist their infant or toddler in learning about positive social relationships through one-on-one exchanges with the child, using positive words with the child and demonstrating physical affection for the child.	12	5	8	12	16	3.3	12	6	4	10	20	3.4
Percent of families who understand the development of their child within the context of typical childhood development.	13	2	6	11	21	3.5	6	2	5	16	22	3.9
Percent of families with confidence in their parenting skills with all of their children.	13	9	12	7	7	2.7	12	4	12	11	13	3.2
Percent of families who provide experiential learning opportunities for their at-risk child	13	7	4	9	16	3.2	10	2	2	12	22	3.7

**Additional Indicators:**

Percent of families that are supporting their child's progress toward functional outcomes.
Percentage of families that can identify activities and experiences they have provided and/or had their children involved with and can relate these to specific skills, needs, etc.
Increase in the percent of kids achieving developmental milestones as measured by a standardized tool.
Increase in percent of families participating in Early On experiential learning opportunities.
Percentage of families who demonstrate understanding that a nurturing relationship with their infant or young child promotes early development and learning.
Percentage of families who demonstrate that they recognize and support their infant or toddler’s strengths, abilities and special needs.
Percent of families that can identify and explain their child’s disability or special need.
Percentage of families who demonstrate that they are able to recognize and encourage their infant or toddler’s abilities to learn
Percentage of families who report that they apply information they learn to support their child’s development and learning.

Percentage of families who report that they have an understanding of their child's strengths, current skills and special concerns.
Percent of families who participate/observe therapies/methods (i.e. brushing, OT/PT) in order to incorporate techniques at home for seamless care.
Percent of families able to observe their child's behavior and notice whether changes occur as a result of services, mediations, changes in parenting, or alterations in the home environment.
Percentage of families who report that they apply information they learn to support their child's development and learning.
Percentage of families with IFSP's who report that they understand their children's strengths, abilities, and special needs.
Percentage of families that understand their child's learning style and preferences.
Percentage of families with IFSPs who report that they help their children develop and learn.
Percentage of families that know about recommended interventions and practices related to their child's special risk factors, condition or disability
Percentage of families that know how to access information about child development or their child's special needs thru resources such as other parents, reading material, professionals, internet.
Percent of parents that utilize positive parenting skills in their home environment to help their infant or toddler develop and learn 6 months after entering Early On. (Confidence is only one measure of helping with development, interactions and experiences are another).
Percent of families that link improved skill development, etc. to activities, experiences, interactions they provided – e.g. they see results they attribute to these activities, etc. that "help their children learn and develop."
Percentage of families who report that they have an understanding of their child's strengths, current skills and special concerns.
Percentage of families that understand the unique characteristics of their child's particular disability.
Percentage of children who show increased knowledge of print awareness and book handling skills using the Concepts of Print.
Percentage of families that help their child participate in family routines & activities
Percentage of families that provide a safe, nurturing & stimulating environment for their child.
Percent of families who understand basic infant or toddler development and are able to assess how their infant or toddler's development is progressing by the time they transition from Early On.
Percentage of children who show increased developmental skills after 6 months and 12 months of service after adjusting for age and expected developmental level.

## Comments:

I like the indicator that I rated lower. I just think that supports that the family has are going to be critical in this area. I think that they can understand development but not have the emotional support or self-esteem to think they do this well.

I am not sure what you mean by percent of families – will a certain percent of families in MI be your indicator of progress or rather the degree or to what extent families can do these indicators?

None of these are specific or would result in accurate recording.

This outcome as laid out by the Leadership Team, is a combination of Outcomes 1 and 3 from the ECO Center recommendations. These 2 concepts should not be combined- “Families help their children develop and learn” should remain a separate outcome. Its single indicator would be: “ % of families with IFSP’s who report that they help their children develop and learn”. Outcome 1, Indicator 3: This indicator seems to cast a large net of responsibility for Early On. Not only is Early On responsible for the child who is eligible, but according to this indicator, families will have confidence “in their parenting skills with all of their children” Outcome 1, Indicator 4: Again, the responsibilities of Early On have been expanded to include at-risk children. This indicator assumes eligibility criterion has changed. Has it?

The second indicator – does this refer to the knowledge of parents knowing that their infant or toddler is developmentally delayed as compared to other infants or toddlers, or knowing of what typical development consists?

Think that outcomes one and three need to be separate.

I DON'T KNOW HOW THESE INDICATORS CAN BE MEASURED. PERHAPS THE INDICATORS COULD BE PARENTS WHO SAY THEY UNDERSTAND THE DEVELOPMENT OF THEIR CHILD WITHIN THE CONTEXT ETC. OR PARENTS WHO REPORT CONFIDENCE IN THEIR PARENTING . . .

2nd: How is “understand” measured/demonstrated/evaluated? 3rd: How is “confidence” measured? By whom? Using what criteria?

I don't think that learning is only about positive social relationships. I think this is too narrow, and doesn't reflect the breadth of domains for learning. Substitute “interaction” for exchanges. I think the word experiential could be removed from the fourth item.

How will confidence be measured? Do parents verbalize feelings of confidence? Maybe % of families reporting confidence in their parenting skills with all their children. Parenting confidence can be different for each child in the family.

How would we measure whether the family is assisting their infant in positive social relationships? This could be highly affected by personal judgement and negatively impacted if service coordinators and providers lack cross-cultural competencies. I have similar concerns about how we would measure “understanding of development” and “confidence in parenting skills”.

Draft indicators use too many qualifiers or are too broad (all children) or use one example (experiential learning) as surrogate for all helping.

Need to assign these to the outcomes they go with. They need to be discussed separately.

Indicator 1 is very wordy, not specific, not measureable, too many variables

These indicators require the parent to use time assessing family knowledge rather than assisting them in understanding their child.

This outcome should be split into two different outcomes. Although some indicators can apply to both, some indicators apply only to one outcome, which can make it confusing to understand which outcome applies to which indicator. Also, define "experiential" in 4th indicator, or provide examples.

The last three would be difficult to measure reliably. Number one needs to be operationalized for inter rater reliability and for how and who will measure and report.

It was too much not clear a lot of information needs to be broken down .

Measuring understanding is a difficult task, unless you are giving families a questionnaire to fill out, "demonstrating understanding" via more specific activities might be useful.

Each of these indicators should specify by parent or professional report. Also, when you are looking at qualitative or subjective data to be measured, you haven't specified AEB (as evidence by." The rater, whether the parent or the professional needs to know what is used to determine this. Using a percent to measure means that families either do or don't. A likert scale might be better and could show movement toward improvement, if collected regularly. #1 indicator here should have a phrase added at the end to specify the % of time, ie "most of the time" "all of the time" "usually" Just a comment—combining ECO outcomes # 1 and # 3 into one outcome may have made this more difficult, but can probably work.

What measurement or assessment tools will be used? Will some measurement be done before specific interventions or education and then again afterward? These indicators seem way too vague. I think we're talking about 0-3 year olds who are disabled and it isn't real helpful to only compare them to "typical" children.

How will one be able to evaluate this indicators objectively?

How would a home visitor measure a parent demonstrating physical affection for the child? Would it be through parent report or observation? Perhaps a two and a half year old child is up and about during the home visit. Would the parent be "marked down" for not demonstrating physical affection? Be conscious of cultural issues with a "stranger" in the home. And when would this be measured? After the end of Early On? Would the parent need to show physical affection each visit? Would confidence in parenting skills be measured through parent report? Using the words "at-risk" seems a bit confusing here. And how often would these learning opportunities need to be provided to be adequate? One per month? One per day? One per hour? Several per hour? And whose perception of an experiential learning opportunity would be counted? A parent might think they are giving a learning opportunity while an interventionist might see the parent as controlling the situation.

On last three indicators it is unclear how the indicator will be measured – self-report (yes I know child development) or observable markers (parent attends playgroup with child and participates in hands on activities)

Is this empirically based (i.e., one-on-one exchanges, positive words, etc. will help their child learn about positive social relationships- versus, for example, families' emotional availability, sensitivity, and responsiveness to the child's needs)? Also, the indicator is "triple-barreled" (i.e., addressing three aspects of teaching positive social relationships-through one-on-one exchanges, using positive words, & demonstrating affection). This is a challenge for operationalizing/measuring the indicator-do all of these behaviors need to be present, just one of them, etc.? It would need to be separated into three indicators if measuring all three behaviors as evidence of this outcome. How will this be measured (e.g., parent self-report, provider observation, etc.)? What level of knowledge do/should parents have about typical child development? Will this depend on the type/severity of the child's disability? Also, confidence in parenting skills does not necessarily mean competence in parenting skills to help the child develop/learn. What is meant by "experiential" learning opportunities-examples would help (e.g., trips to museums, zoo, reading to the child, etc).

Do they understand their child's disability? How are these measurable?

This outcome is too involved. It should be broken down into two outcomes.

If you can't measure how can you use as an indicator?

Parents should be able to explain their child's disability to another person. This is very important for obtaining services as necessary in the present and in the future as needs change

**Outcome: Families know their rights and advocate effectively for their children.**

Indicators	Specific					Average Rating	Relevant					Average Rating
	1	2	3	4	5		1	2	3	4	5	
Percent of families are informed and understand their rights at the time of their initial IFSP.	15	3	7	11	16	3.2	3	3	4	12	30	4.2
Percent of families knowledgeable about the variety of sources for information regarding their family rights during Part C involvement.	16	2	9	7	15	3.1	13	2	2	13	20	3.5

**Additional Indicators:**

Percent of families who receive information about their rights and know who to call or where to get help if they need it.
Percent of families who file formal complaints with the State of Michigan Department of Education have their issue resolved within the legal timeframe and the families are satisfied with the resolution of the complaint. (It is important to honor and respect all of the family's rights.)
Percent of families that used what they learned in real advocacy situations.
Percent of parents who have been given the opportunity to learn advocacy skills ( 3 of parents that file a complaint, # of parents asking for mediation)
Percent of families who demonstrate understanding and formulation of the outcomes they want for their child.
Percent of families who demonstrate the ability to express what they want for their child.
Percentage of families that understand their rights and their child's rights under Part C versus what their child's rights would be under Part B (e.g., FAPE not required after age 3).
Percent of families who have received information about their rights at the time of the initial IFSP.
Percent of families who know how to get help and who to call regarding any concerns they have about their infant's or young child's development and behavior.
Percent of families reporting that they are able to advocate effectively for their child.
Percent of families who know they've received the information about their rights and report that they know who/where to call to get help or assistance regarding concerns about their child's development.

Percentage of families that help their child participate in family routines & activities
Percentage of families that report knowing how to get help with their rights if needed.
Percentage of families that provide a safe, nurturing & stimulating environment for their child.
Percent of families confident in their abilities to make choices about interventions for their infant or toddler and will be able to implement those interventions effectively in the natural environment; measured at the time of the initial IFSP and during subsequent IFSP reviews. (ECO-Center Research; it is important not only to measure the advocacy, but the implementation of their advocacy as well – this would be measuring effective advocacy).
Percent of families who feel that their beliefs and values are respected by other members of their infant or toddler’s team, and see themselves as equal and integral members at the Initial IFSP Meeting and subsequent IFSP Reviews. (ECO-Center Research; What is more central to family-centeredness? Respecting the beliefs of families are further considerations to place them in to the forefront of their children’s lives.
Percentage of families with IFSP’s who report that they know their rights and advocate effectively for their children
Percentage of families that are able to participate as full partners in team meetings to plan goals and services
Percentage of families that communicate needs for services they feel important and know what to do if they feel needed services are not being provided.
Percent of families that know how to use a variety of sources of info to find out about their rights

**Comments:**

I’d rather that families are informed and understand their rights BEFORE their initial and ALL SUBSEQUENT IFSPs.

Know how to use a variety of sources of info to find out about their rights

These seem to measure parents knowing their rights, but not advocating effectively. Another indicator is needed to measure parents’ advocating effectively.

We feel that in indicator number 1 being informed and understanding should be separate indicators. Parents may not need to understand the mediation process at the initial IFSP. There may be other issues at that time that are more important to the family.

Indicator 2 is not clear. What does “variety of sources” mean?

These indicators are good, to an extent. They measure how families are informed within EARLY ON, as well as knowledge regarding resources; however, they do not measure a critical question – the outcomes for those families that may need to take other measures to advocate for their children, like filing complaints.

The two draft indicators relate to families knowing their rights. Indicators are needed for advocacy.

2<sup>nd</sup>: How is “knowledgeable” measured? By whom? When?

Often we work with young parents just coming into the system. This frequently is their first time working with social service or educational agencies, and they are overwhelmed. A common phrase heard as they are transitioning is "if I only knew then what I know now". Families will self-report that they were given the rights booklet, and that they know their rights and the services available, but experience will show that they really do not until they have been in the system for a while. It is unfortunate. How we would assess these indicators is the key. If we rely on self report, I think these would be poor indicators.

How do we know if parents "understand their rights" or if they are "knowledgeable about the variety of sources for information".

It is very important that families understand there is a dispute process and that the procedures are not given to them in college-level language. If a young parent doesn't understand something, they will rarely stop and ask for clarification. I was that parent-it took me a long time to get the guts to start questioning things. Terminology must be kept simple so as to avoid intimidation and frustration on the part of the parent.

Draft indicators use too many qualifiers to permit clear interpretation. Neither indicates whether effective advocacy occurs.

Indicator 1: 2 variables, few parents understand their rights before the initial IFSP. They should be informed before their initial IFSP.

Low number of complaints or mediation indicates to me that parents do NOT know their rights.

The first indicator is subjective in nature and will be difficult to measure. The second indicator does not feel relevant as rights will not change depending on source.

Knowing rights or sources is not the same as using the information to advocate effectively.

# two is missing something. "support is? through" Access to support groups and using them are different.

Again, how will these be measured. Possibly the number of families who participate in the IFSP and/or in other areas that would indicate knowledge and effective advocacy.

A lot of families want to reconvene the IEP because they didn't know their rights at the first IEP.

It can be assumed these will be by parent report, but maybe should be stated. This could be stated in the outcome statement itself. I.e. "Families report they know....." what evidence supports this should be stated (AEB) i.e. "...at the time of their initial IFSP as evidenced on their positive check mark and signature on the IFSP."

What measurement or assessment tools will be used? Will some measurement be done before specific interventions or education and then again afterward? These indicators seem way too vague.

Understanding rights at the time of the initial IFSP? Even understanding rights applying to the transition process at the initial IFSP? Understanding might have different meanings to different persons. "Variety of sources" is vague. Would these sources need to be accessible? How? What would the variety include? And who would verify that all the sources give accurate information? And would the variety of sources need to be trained in Procedural Safeguards? Who would monitor that and do the training for the variety of sources?

Are these self-reporting indicators? How do you know the family is informed? Is there a quiz?

Indicator 1: A change in wording would help, i.e., "Percent of families who are informed..." Also, this gets at two indications of this outcome- i.e., being informed about their rights (e.g., through booklets, having them explained by service coordinators) and actually understanding their rights. It should be separated into two indicators, as one aspect might be met (e.g., being informed) but the other might not (e.g., understanding). The challenge is measuring families' level of understanding of their rights. Indicator 2. Not clear; when operationalizing this indicator, it would help to provide specific examples of sources of information which families should be knowledgeable about. Also, we need to consider not only families' knowledge of sources of information regarding their rights, but whether families have access to them (e.g., via the internet, phone, local library, etc.). In addition, there needs to be an indicator(s) related to families advocating effectively for their children. For example, "Percent of families who know what to do if needed services are not provided;" "Percent of families who know the range of services available for their children." Items from the Family Empowerment Scale (Koren, OeChillo, & Friesen, 1992) might get at this (e.g., "I know the steps to take when I am concerned my child is receiving poor services;" "I have a good understanding of the service system my child is involved in.")

Parents will better understand the relationship between Part C and Part B rights.

What would the criteria be to determine the percentage and how would this be monitored on all indicators? Percentage of ?

Families may advocate well for their child but still might not be a "real" partner at the table so the true outcome may not be what is desired.

**Outcome: Families have support systems**

Indicators	Specific					Average Rating	Relevant					Average Rating
	1	2	3	4	5		1	2	3	4	5	
Percent of families who report connections to informal support on IFSP.	4	7	11	7	18	<b>3.6</b>	8	3	6	8	19	<b>3.6</b>
Percent of families who report that their family support through formal supports such as, medical, quality child care, transportation, insurance at the time of their initial IFSP.	5	4	9	12	14	<b>3.6</b>	4	4	5	12	19	<b>3.9</b>
Percent of families who have access to parent organizations or support groups relevant to their child’s disability and their family’s lifestyle and priorities.	6	6	7	9	16	<b>3.5</b>	2	5	10	7	20	<b>3.9</b>
Percent of families who are receiving early intervention services that are supporting their child’s progress toward functional outcomes.	13	3	8	7	17	<b>3.2</b>	9	4	5	6	22	<b>3.6</b>

**Additional Indicators:**

Percent of families who are experiencing an increase in support as a result of being involved in early intervention.
Percent of families who understand their infant or toddler’s disability and how to access supports within the community related to that disability at the time of transition from Early On.
Percent of parents of young children who have been given contact information of parents with older children.
Percent of families who need and are able to access respite care.
Percent of families who report that they have adequate community supports in place upon the 6 month review
Percent of families who report that they are receiving services that support them in responding to the special needs of their infant or young child.
Percent of families who report connections to formal supports such as medical, child care, transportation, insurance, etc. at the time of their initial IFSP.
Percentage of families who report having access to parent organizations or support groups relevant to their child’s disability and their family’s lifestyle and priorities at the time of their initial IFSP.

Percent of families who utilize supports offered.
Percent of families who can identify and understand the role of their "Service Coordinator".
Percent of families who utilize the services of their service coordinator.
Percent of parents who report receiving the early intervention service described in their IFSP.
Percent of parents who experience ongoing formal supports as their children transition out of Early On.
Percent of families that report at the time of completion of the initial IFSP that they have the necessary supports in place in their lives (such as income, housing, food, supportive stable relationships, quality child care, transportation, insurance, etc.) to be able to focus their attention on their child's development or that the initial IFSP addresses how these critical supports will be met either through direct service or referral.
Percent of families with IFSP's who report that they have support systems
Percent of families who demonstrate they know who to contact when questions arise (who is their Early On primary contact person?) and how this person will direct them to answers.
Percent of families who report that they have support systems in place at the time of the IFSP or upon the 6 month review.

**Comments:**

First indicator: support on IFSP? What's that mean? Second indicator, not a complete sentence. Do you mean: "...families who report that their family HAS RECEIVED support through formal supports..." ? Answer assumes that's the intent. Third indicator—I'd like it to be stronger or add another indicator that measures parents USE parent support groups. Such as, who have access and UTILIZE PARENT ORGS...

Will need to define *functional outcomes*

Will need to define *informal supports*

Indicator 2 needs clarification. Indicator 4—"functional outcomes" should be defined by family.

# 3 is more relevant for families with children who have established medical condition; it doesn't seem to include all EO children, especially those with developmental delays. Why not shorten it to after the word relevant ... to the family's priorities.

I don't think belonging to a church etc necessarily means anything about having support

Reporting is more specific and probably contained on current documentation like the IFSP. Access is vague—maybe "report using"

Outcome 3, Indicator 1: Where on the IFSP will this information be indicated? Is this part of the Family Information page, which is voluntary? Will there be yet another page or two added to an already unwieldy IFSP? Outcome 3, Indicators 2 & 3: Again, how will this information be gathered and combined with all the other Early On families to produce a reportable statistic?

The last indicator is quality as it asks if the family is supported through Early On toward progressing in a positive manner to the child's developmental outcomes – bravo. Make sure natural environments are included. This is where services should be received! Indicator 1: Percent of families who report connections to informal support on their Initial IFSP. Indicator 2: Percent of families who report that their family receives support through formal supports such as, medical, quality child care, transportation, insurance at the time of their initial IFSP and at the time of transition from Early On. Indicator 3: Percent of families who have access to parent organizations or support groups relevant to their child's disability and their family's lifestyle and priorities at the time of the initial IFSP. Indicator 4: Percent of families who are receiving early intervention services in the natural environment that are supporting in support of their child's progress toward functional outcomes at the time of their IFSP Reviews.

**I LIKE THESE INDICATORS BECAUSE OUR COUNTY OFFERS PARENT SUPPORT GROUPS TO ALL FAMILIES INVOLVED IN PART B/PART C. OTHER COUNTIES WOULD HAVE DIFFICULTY SINCE SO FEW SUPPORT GROUPS FOR FAMILIES WITH DISABILITIES ARE AVAILABLE.**

2nd: needs rewording...bad syntax; I would also suggest "as a result of their initial IFSP, % of families who report..." because formal supports may occur as a result of the IFSP not necessarily at the time of the initial 3rd: edit/add: "% of families who have access to and use..." 4th: isn't this just asking # of families enrolled? This indicator is neither specific nor relevant. Omit it. Replace medical with "health care". Health care includes medical care but is far broader.

I don't know what the phrase I struck through means in the context of children with special needs. What I had hoped for might not be achievable, but participation should be measurable. The word "hoped" was not clear enough if what is meant that there are activities I want to do with my child but am prevented because of the lack of availability. Does "hoped" mean dreamed for? Another word or

In indicator 3, "are engaged with" rather than "have access to"

I'd focus these more on if people are using formal/informal supports vs. just knowing how to access. Knowledge comes first but do people use these - and how well do they work for them? If not using, why not? What would they want in place or that could help that isn't there?

Draft indicators use too many qualifiers and specifics to be answered or interpreted clearly. Neither early intervention services nor support of one's own family are usually considered "support systems".

Indicator 2 seems to be missing a phrase or word. Should it read: "Percent of families who report that their family receives support..."

Indicator 2: Don't we want more than the initial IFSP? This should be in place across all involvement in Early On.

Indicator 4: This is the ultimate purpose of our system so we want to be sure this is in place.

Parents often experience a loss of formal supports when children move out of Early On. Parents of young children have limited knowledge/ability to connect with parents of older children. The system sustains this because of "confidentiality" and in some places who do not want young families in touch with "problem" families. Young families therefore often feel isolated and the "only one doing this, this way".

In first indicator, define what "connections" means. How does this apply to the outcome? In second indicator, a word appears to be missing (possibly "receiving"?). In third outcome, add the words "...have access AND KNOWLEDGE ABOUT" to statement.

Evidence of participation in support systems would be a better indicator. Providing knowledge of supports is easier to do but does not necessarily demonstrate outcome.

Offer more educational programs and different support systems to accommodate parent's needs

#2 could read " ...families who report that their family receives support....." • # 4 is confusing. The percent would always be 100%, as it is currently stated. Maybe this is okay, as it is relevant to the outcome stated. Maybe it could be more specific if it said, " Percent of families who are receiving early intervention services and believe these services are supporting....."

What measurement or assessment tools will be used? Will some measurement be done before interventions or education and then again afterward? These indicators seem way too vague. Just counting families who say they have support does nothing to help the family. How does EI assist families in gaining support and what is the effect on the family – it can be positive or negative. Having access and actually being supported are two different things. May be better to list various supports and have families choose ones they consider positive and measure again after EI and measure whether EI effects the number or types of support families report.

Report? This has the potential to be very judgmental. Information gained for the IFSP is best gathered through a conversation with families. Now we want them to "report out"? Would this need to be on initial IFSP like #2 above in the section? Why only "initial" IFSP? If this is an outcome of participation in Early On, why state on the initial IFSP? Would one formal support be enough? What does "have access" mean? A family might think it means attending meetings (perhaps even out of state) while someone else might think access means information via computer or a newsletter.

1. Is the quality of support more relevant than just having connections to support? Also, examples of Informal supports should be given. Finally, the statement is somewhat ambiguous. Will the information be found on the IFSP (Le.. informal supports are listed on the IFSP) or that families have these informal supports already at the time they created the IFSP? 2. The wording is unclear-should it read, "Percent of families who report that they have formal supports such as medical care, quality child care, transportation, and insurance at the time of their initial IFSP"? Also, it is unclear as to what is happening at time of initial IFSP. Does it mean that these formal supports are being provided at that time? Or does it mean that these services will be provided as a result of the IFSP? 3. What is meant by "family's lifestyle and priorities"? There are two types of parent organizations/support groups highlighted here (Le.. ones relevant to the child's disability and ones relevant to the family's lifestyle/priorities)-are you looking for families to have access to both types, either/or, etc? Also, "access" relates to both families' knowledge of such support groups (e.g. have they been informed about them), as well as availability of these groups. A possible measure of informal and formal supports is the Family Social Support Scale (FSSS) developed by Dunst et al. (1988).

Identification of valuable, workable relationships, not connections.

**Outcome: Families are able to gain access to desired services, programs, and activities in their community.**

Indicators	Specific					Average Rating	Relevant					Average Rating
	1	2	3	4	5		1	2	3	4	5	
Percent of families who report that they have been able to get the community services they need for their child, such as medical, dental, childcare.	4	3	5	6	28	4.1	4	2	4	5	28	4.2
Percent of families who report that they are able to have their child participate in all the community activities they had hoped would be possible.	9	8	4	7	17	3.3	8	6	2	8	20	3.6

**Additional Indicators:**

Percent of families that report after the initial IFSP completed and after each 6 month review, that the process is family – centered.
Percent of families who report that the desired activities and programs, in the community that they seek for their child, are available.
Percent of families able to access OT, PT, and speech, if their child is not eligible for special education services.
Percent of families reporting that they are eligible for the programs they seek for their child.
Percent of families who demonstrate or report that they are aware of a range of services in the community that may be helpful to them in caring for and responding to their infant or young child.
Percent of families who are able to participate in services for which their infant or toddler is eligible at the time of implementing their Initial IFSP, at the time of IFSP Reviews, and at transition from Early On.
Percent of families able to access services when eligible based on needs with Cognitive development at the time of the Initial IFSP, each IFSP Review, and at transition from Early On
Percent of families who understand their infant or toddler’s disability and how to access supports within the community related to that disability at the time of their initial IFSP, subsequent IFSP Reviews, and at transition from Early On
Percent of families able to access services when eligible based on needs with Physical development (OT, PT, Vision, and Hearing) at the time of the Initial IFSP, each IFSP Review, and at transition from Early On.
Percent of families able to access services when eligible based on needs with Communication development (Speech and Language) at the time of the Initial IFSP, each IFSP Review, and at transition from Early On.
Percent of families able to access services when eligible based on needs with Adaptive/Self-Help development at the time of the Initial IFSP, each IFSP Review, and at transition from Early On.
Percentage of families who know about services, programs, activities in the community.

Percent of families able to access services when eligible based on needs with Social/Emotional development at the time of the Initial IFSP, each IFSP Review, and at transition from Early On.
Percent of families with IFSPs who report that they access desired services, programs and activities in their communities.
Percent of families who demonstrate or report that they have awareness of and/or access to desired services in their communities.
Percent of families who demonstrate knowledge of the available resources, programs and activities in the community.
Percent of families that have a physician and dentist who can provide care that is sensitive and responsive to their child's special needs.

**Comments:**

Second outcome doesn't make sense and will always generate low scores, won't it?. I can't think of any parent whose child participates in everything they wanted....whether the child has disability or not....there are so many factors that affect "participation", including mere schedule conflicts, transportation, not being aware of all activities offered, etc. Maybe needs to be stated differently to ask what is really being measured (which I don't understand....)

This one speaks to the essence of natural environments to me. In terms of measuring.....might be difficult to measure the amount of hope a family had regarding participation?

As a parent with a child who has a delay, I know that if families don't have the basic supports such as housing, basic physical safety, etc, then they do not have the energy to devote to their child's development. It is hard enough to do the extra that is required when you work full time and have the basic supports. If these supports or helping the families find these supports isn't part of the EO process then this places our most vulnerable children (those with a delay in an at risk family) at even greater risk.

What is the definition of desired?

Include whether the hoped for activities exist in the communities.

Add mental health services to the list of community services.

This one speaks to the essence of natural environments to me. In terms of measuring.....might be difficult to measure the amount of hope a family had regarding participation?

Participate as in the child actively engaged or more general as in available. "all" this term is wide open to confusion—I don't even get ALL the community activities I HOPED would be possible.

Percentage of families with IFSP's who report that they access desired services, programs, and activities in their communities

The first indicator should measure services needed for the child's development! Medical, dental and childcare only scratch the surface. If you were going to give examples in the indicator (bad idea), then list things like OT, PT, Speech and Language, Vision and Hearing, or Social Work services. We would give it a 5 in the relevance measure if it related to the child's development. To be most relevant, create an indicator for each developmental domain (see below). The second indicator is horrid. It does not measure the family's access to services but rather if their child is eligible for desired services (whether they have access or not).

Change the first indicator to Percent of families who report that they have been able to get quality (the) community services they need for their child, such as medical, dental, childcare that are responsive to child's special needs. Change indicator 2 to Percent of families who report that they are able to have their child participate in all the community activities they wanted with kids with and/or with out disabilities. (had hoped would be possible.)

**THE SECOND INDICATOR SEEMS RATHER CRUEL TO ME. DESPITE MAKING ACCOMMODATION, SOME LITTLE ONES COULD NEVER, DUE TO SIGNIFICANT DISABILITIES, BE ABLE TO TAKE PART IN ALL ACTIVITIES THE PARENT "HOPED" WOULD BE POSSIBLE. HOW ABOUT "FAMILIES WHO REPORT THAT THEY WERE ABLE TO ACCESS DESIRED COMMUNITY ACTIVITIES FOR THEIR CHILD."**

Replace medical with "health care". Health care includes medical care but is far broader. I don't know what the phrase I struck through means in the context of children with special needs. What I had hoped for might not be achievable, but participation should be measurable. The word "hoped" was not clear enough if what is meant that there are activities I want to do with my child but am prevented because of the lack of availability. Does "hoped" mean dreamed for? Another word or phrase might clarify this indicator.

Early On can only give the information to the parents, and assist them in their application to other community services. I do not like the wording of the outcome, or either of the indicators. Perhaps the % of parents who report that they received information on the community services.... And the % of parents who report that they received information on community activities.....

"Such as" bothers me - if they get one but not others, is this outcome met? May need a specific indicator for a set of specific services.

It will be important to somehow retain the idea that different families might have different hopes so we need to be basing it on the individual family.

Draft indicators are too specific and include too many qualifiers; if this degree of detail were applied, many more indicators would be called for. indicator includes a standard ("all" ) that is different from the outcome

What barriers did they encounter? How long did it take to get enrolled/involved? Was the quality of services what they hoped for? What do they need that they can't find or access?

In first indicator, what does "able to get" mean? That they actually receive the service? Can afford it? Have the ability to utilize it immediately (versus being placed on a waiting list for child care, for example)? Also, add the word "quality" in reference to services (e.g., "...are able to get QUALITY services...").

Too many variables in number two

Indicators assume that families get all the services they think they need without regard to whether the EI make an effective and measurable difference for the child. A family is set up for frustration if they know of various services or programs that they think could benefit the child but there is no payment source for the EI. Again, we must first define what are the EI that enhance development or minimize the potential for developmental delay, and build the measurements around that. May be better to list various services, programs, activities (that have a payment source) in the community and measure how many are utilized before and after (or at some specific time) Early Intervention services. Or measure how many services are not utilized and why.

Would this be reported at the end of Early On? Perhaps stating, "Percent of families who report they have been helped with connections to family desired community services...." Omit the word "all".

The first indicator includes a broad range of services. This may need to be separated into different questions as community health services are provided under a very different model from childcare and are often linked more to the economic characteristics of the community and family than the ability of EO to make referrals. For example, a separate indicator for "Percent of families who report they have been able to get quality childcare for the child that is responsive to his/her needs," and another for "Percent of families who report they have been able to get appropriate medical and dental services for their child." 2. The use of the word "all" is problematic for measurement. The phrase "they had hoped would be possible"-what does this mean? It presumes pre-knowledge of available activities. When looking at families' access to desired services and support in their community, it would be important to have indicators that capture both knowledge of such services and support (i.e., do families know they exist were they given information?), and availability of the services/support (Le., is it available in their area; is it accessible for all families-regardless of type of disability, socio-economic status, maternal employment etc; can they get to it/transportation; costs, etc.). Alternate indicators that get at these aspects of access would be beneficial.

What does "participate" mean? Attends? Watches? Solitary participation? Meaningful interactions?

**Outcome: Children have positive social relationships**

Indicators	Specific					Average Rating	Relevant					Average Rating
	1	2	3	4	5		1	2	3	4	5	
Percent of infants and toddlers who made progress in social competence, i.e. have secure attachment to the parent, demonstrate positive social behavior, with parents, caregivers and peer, making and keeping friends, positive interaction with parents, caregivers and peers, ease of joining in play, paying attention, doing what is expected, resolving conflicts.	11	6	4	4	24	3.5	10		4	8	23	3.7
Percent of infants and toddlers who made progress in self-regulation, e.g. actively and flexibly directed their own behavior, emotions and attention through effortful internal control.	12	5	7	5	17	3.2	10	2	7	9	18	3.5

**Additional Indicators:**

Percent of families that report an increase in ability to interact, understand or care for their children.
Percentage who made sufficient progress to maintain their functioning in having positive social relationships at a level comparable to same-aged peers
Percent of infants and toddlers who display developmentally appropriate social skills.
Percent of infants and toddlers who have access to interact with peers.
Percent of infants and toddlers who are able to demonstrate at least one attachment relationship with a primary caregiving figure, most optimally a parent
Percentage who made sufficient progress to achieve functioning in having positive social relationships comparable to same-aged peers
Percentage of infant and toddlers who have an increased number of meaningful social relationships (appropriate to age) with people beyond their immediate family and service providers.
Percentage who made sufficient progress to move nearer to a level of functioning comparable to same-aged peers in having positive social relationships but did not achieve it
Percentage who made progress in having positive social relationships but not sufficient progress to move nearer to functioning comparable to same-aged peers

Percent of infants and toddlers whose parents demonstrate appropriate and dependable parenting techniques and interactions measured annually while served by, and at transition from, Early On
Percent of infants and toddlers who demonstrate increasing comfort in talking with and accepting guidance from a range of familiar adults at the time of transition from Early On
Percent of infants and toddlers who interact positively with peers and maintain social interactions and participate socially in the natural environment by their transition from Early On
Percentage of infants and toddlers with IFSP's who made progress in positive social relationships
Percent of infants and toddlers who have demonstrated attachment to at least one care giver.
Young children will remain in school program and not be expelled or segregated into special education programs.

**Comments:**

First outcome has too many examples that muddy the waters. Each could produce a different response, so by the time the reader gets to the end, it seems they don't know which example to answer for. Needs to be clarified to include "age-appropriate social competence" (and thank you for using the word "competence" instead of that awful word "competency"!!

-2nd outcome: what on earth is "effortful internal control"? It's a wonderful phrase, but maybe not for simple outcomes measure document that (I assume?) needs to be understood by all who complete it on a regular basis....

These are both relevant but not well-written or asked, in my opinion....

I believe both these indicators need to be broken down into meaningful understandable language.

You will want to ensure in the accompanying set of indicators, as for the entire document, that you have a parallel structure.

Indicator 1 does not appear to be developmentally appropriate for the 0-3 population (making and keeping friends, ease of joining in play, resolving conflicts). We do recognize the importance of social competence. Indicator 2—this is dependent upon if this issues is listed as an outcome in the families IFSP.

These outcomes need to involve the family in helping the child acquire outcomes, not be a therapy model. Use the same model as in the first outcome: Families help their children develop positive social relationships.

Both totally inappropriate developmentally for infants and toddlers.

There has to be at least 2000 different ways this would be defined by various parents/staff. You should see the "effortful internal control" I am trying to direct on my own behavior!

These indicators are very well done and it is evident much work went in to their development. My comment on the first indicators would be to shorten the number of examples as the text gets dense and overwhelming. One surprise with this set is the poverty of indicators looking at the quality of relationships between caregivers and children. The two indicators above measure the desired outputs of the relationships, but there is not a measure to the quality of those relationships.

THESE WOULD BE VERY DIFFICULT TO MEASURE WITHOUT SUBJECTIVITY. WITH SOME OF THE NEWLY DIAGNOSED AI KIDS, BOTH INDICATORS ARE GOALS BUT WOULD OFTEN NOT BE SEEN FOR A WHILE IN THE WAY THEY ARE WRITTEN.

I LIKE THEM BETTER WITHOUT THE I.E. AND E.G. HOW ABOUT SAYING PERCENT .. WHO MADE PROGRESS IN SOCIAL COMPETENCE AND PERCENT .. WHO MADE PROGRESS IN SELF REGULATION AND WHAT THE PROGRESS WAS.

Item #one is a bunch of jargon, and could not be achieved unless all the items are demonstrable. This defeats the purpose of measureability since it addresses a whole range of tasks. This item also neglects to address the variety of skills that are needed for social relationships (physical, cognitive, communication and adaptation). I'm not sure how you would measure many of the current items listed, and this ignores many of the domains that contribute to positive social relationships. Item #two is also jargon. Why not say this in English? The infant/toddler is able to actively control their own behavior and demonstrates ability to comfort himself/herself.

Both indicators should be reflective of the children who showed delays in the quoted areas not the total number of children served. Thus, the indicator might read Of the children who showed a delay in the social emotional domain, the % of children who made progress when re-assessed after 6 months, 12 months, etc.

What if the child has Autism or another type of disability that makes this very difficult? With some children, even eye contact is a struggle. Sometimes this isn't achieved until after the child is out of Early On programming.

How do you define social competence?

Degree to which child seeks/initiates relationships, degree of responsiveness to overtures from others, adaptability in new social settings.

Draft indicator examples are not age-appropriate for the full 0-3 age range. They use developmental evaluation language but are not an evaluation. Several examples are not relevant to positive social relationships.

Attempting to measure infants and toddlers on "resolving conflicts" can be a tough assignment... Is the goal for this phrase similar to that in the second indicator, i.e., measuring "internal control"?

Very wordy, not specific

These indicators are not appropriate for infants. Rather, the indicators should focus on the importance of the secure attachment relationship with the parent(s).

The first indicator while, highly specific and relevant is the full time job of Infant Mental Health Specialists. For this indicator to be measured accurately one must be highly skilled in this area. A much more general statement would be more appropriate. Parent is observed consistently responding to the nonverbal cues of child. The second indicator is very wordy and requires someone with specific skills to measure progress.

# 1 needs to be linked to developmental stages.

In the first indicator, do all of the examples have to be met in order for a "yes" response to the indicator? One? Three? Maybe this should be broken down into several indicators to address the needs met in each example. Also, how much progress is sufficient for a yes response to each example? \*How is the second indicator going to be measured? Again, what is "progress"?

How are each of these indicators going to be measured? A "yes" or "no" response? As assessed by the team? An individual? Make specific.

How are you going to measure these? What about inter rater reliability?

Who would be determining these indicators? #1 "progress in social competence i.e. have secure attachment....." Who will determine that the infant or toddler has a secure attachment. Determining this requires considerable clinical skill and the determination will likely vary across disciplines. Maybe this should be determined by someone with a MI-AIMH endorsement at level 3 or 4. #2 the above two comments apply here, as well. As evidenced by (AEB) should be included in each statement. These are good indicators. In my opinion, they are better than the indicators that ECO has described for this outcome. I'd just like to see them supported a little more to improve the reliability and validity of the data collected on these indicators.

What measurement or assessment tools will be used? Will some measurement be done before interventions or education and then again afterward? These indicators seem way too vague. Again, what does research tell us are the EI that assist children to form positive social relationships and build the indicators around that – perhaps something like: With EI, % of children showing gains in: acknowledging new persons (as evidenced by saying hello, signing, eye contact, smiling, shaking hands, etc)

Related to indicator 1 – I think it should include that the progress in social competence is age appropriate and that the outcome is measured by a standardized tool.

This area is huge. Perhaps breaking this down further. This is also huge to measure. If Early On is based on parent priorities, where does this play in these outcomes? If a parent did not see this area as needing an outcome, why would it be measured? And how then would this be explained to the parents?

Where are these percentages identified? During periodic reviews? Parent questionnaires? Is a tool – i.e. "Percentage of infants and toddlers identified on the ASQ as making progress in social . . ."

There are too many parts to this indicator; it would be beneficial to break it into different, measurable aspects of progress in social competence. For example, "Percent of infants and toddlers who demonstrate secure attachment with their caregiver;" and "Percent of infants and toddlers who demonstrate positive social behaviors with family and peers." Also, the developmental level of the child needs to be considered, e.g., "making and keeping friends" and "ease of joining in play" are not appropriate for infants who often engage in parallel play instead of cooperative play, which is more prevalent for children over age 2. Note that "though" should be "through" i.e., "Percent of infants...and attention through effortful internal control."). The developmental level of the child needs to be taken into consideration for this indicator, particularly when looking at "effortful internal control" Also, in measuring children's self-regulation it is important to distinguish it from their temperament/personality le.g., "individual differences in reactivity and self-regulation" (Rothbart & Bates; Handbook of Child Psychology)). For both indicators above, the wording is different from those for the other outcomes-i.e., "Percent of toddlers who made progress in..." versus "Percent of families/children who report/demonstrate/have/etc)." This makes a difference in how the indicators are operationalized and measured, and should be agreed on across outcomes/indicators.

Making certain that "peers" include non-disabled peers, not just with other children with special needs.

**Outcome: Children acquire and use knowledge and skills**

Indicators	Specific					Average Rating	Relevant					Average Rating
	1	2	3	4	5		1	2	3	4	5	
Percent of infants and toddlers who demonstrate receptive and expressive vocabulary.	14		5	10	18	<b>3.4</b>	11	1	7	8	20	<b>3.5</b>
Percent of infants and toddlers who have an understanding of basic concepts and relationships.	14	7	6	5	14	<b>2.8</b>	10	3	8	5	18	<b>3.2</b>
Percent of infants and toddlers who demonstrate curiosity in people, objects, and activities.	11	4	7	9	13	<b>3.2</b>	12		6	13	14	<b>3.4</b>

**Additional Indicators:**

Percent of children making progress on parent identified priorities for child within their natural environment.
Percentage of infants and toddlers with IFSP's who made progress in acquiring and using knowledge and skills
Percent of infants and toddlers that display curiosity and an eagerness for learning at transition from Early On
Percentage of infants and toddlers who progress in the ability to communicate wants and needs to parent(s) and caregivers who have primary responsibility for them.
Percent of infants/toddlers who manipulate/use objects in the intended functional manner.
Percent of infants/toddlers who utilize receptive and expressive vocabulary.
Percentage of infants and toddlers who progress in the ability to enter into a relationship with parent(s) and caregivers who have primary responsibility for them.
Percentage of infants and toddlers who demonstrate curiosity and the ability to explore their world of people and playthings.
Percent of infants and toddlers that engage in daily learning opportunities through manipulating toys and other objects in a appropriate manner at the time of transition from Early On
Percent of infants and toddlers that learn new skills and use them in play, for example, by completing a puzzle or building a fort, at the time of transition from Early On
Percent of infant and toddlers exiting from Early On due to developmental progress and achievement of IFSP Outcomes (not transitioning to Special Education) at the time of IFSP Reviews or transition planning
Percent of infants and toddlers who demonstrate progress in acquiring the skills and knowledge need to move nearer to functioning in comparison to same-aged peers.
Percent of infants and toddlers who demonstrate appropriate literacy skills

Age appropriate development skills demonstrated through group play based on standard development scales.

**Comments:**

1st outcome-is so generic it doesn't seem to have meaning. 2nd outcome—understanding of basic concepts ABOUT WHAT? Needs to be clarified

Define basic concepts

Define what you mean by basic concepts and relationships.

Define receptive and expressive

Indicator 3—concerns about measuring curiosity.

Outcome wording: Families help their children acquire ...

I don't care for the word curiosity in #3; why not use interest in its place. You need to add an indicator that shows child demonstrates emerging literacy skills in this section.

This just requires too much assessment – and takes us back to removing the parent from the equation.

Are you referring to the existence of these skills or progress (how much)? Language may not be a need or targeted outcome for the family and likely would occur regardless of intervention

Will Early On eligible children be expected to do these things at levels expected of normally developing children or will each child have own set of standards?

Change indicator 1 to Percent of infants and toddlers who demonstrate receptive and expressive vocabulary in an increasingly complex form. Change indicator 2 to Percent of infants and toddlers learn new skills and use those skills in play. (who have an understanding of basic concepts and relationships.). Change indicator 3 to Percent of infants and toddlers who demonstrate curiosity in people, objects, and activities and their environment.

**I BELIEVE THESE ARE IMPORTANT INDICATORS BUT NOT SENSITIVE TO THE DIFFERING LEVELS OF EARLY ON KIDS. PERHAPS THEY COULD SAY ... DEMONSTRATE IMPROVED RECEPTIVE AND EXPRESSIVE VOCABULARY AND HAVE INCREASED UNDERSTANDING OF BASIC CONCEPTS AND RELATIONSHIPS. AGAIN, FOR EACH CHILD, IT WOULD NEED TO BE NOTED WHERE THEY STARTED AND WHERE THEY ARE NOW. THE CURIOSITY INDICATOR WOULD FIT EVERYONE BUT WOULD BE SUBJECTIVE.**

1st: Concern is that this is an individual child outcome that will begin to show up on all/many IFSPs....it does not appear to be a system outcome indicator. Omit it.

I have no idea what item #2 is supposed to mean. This is extremely non-specific and as such is not useful or measurable.

Indicators should be reflective of the children who showed delays in the quoted areas not the total number of children served. The indicators should demonstrate developmental improvement for these children after so many months of participation in Early On, such as at the 6 month, 12 month, etc. reviews. Both relationships to persons and relationships to inanimate objects domains on the IDA, suggest rewording this indicator to relationships to inanimate objects.

These indicators would take us backward on the progress we are trying to make to have families and providers work together to have routine-based outcomes and interventions! Please don't use these since they would rely heavily on traditional infant/toddler assessments to measure. As it is, districts sometimes spend way too much time in assessment, which unnecessarily delays providing important information to families and working alongside families to provide joint interventions.

If the child uses PECS or sign language (or other forms of communication other than speech) this may make this harder to gauge.

Do we have specific instruments to measure indicator 2?

Receptive language - infants and toddlers don't have much "vocabulary" examples of ways they express themselves - gestures, vocalizations

How do other domains of development play into this outcomes?

More regarding specific developmental milestones

Draft indicators use one statement to represent an entire area of development; some examples are too specific to be developmentally applicable to all age ranges, some are too vague. If this level of detail is to be used, many more indicators will be needed, as in a developmental evaluation.

Need to make sure this includes non verbal means of communication. Behaviors not measurable.

These indicators seem particularly weak when considering children 0-3 years of age with identified delays and disabilities or those at-risk.

The first indicator is too broad as even a child with significant delays would demonstrate some receptive and expressive language. Age appropriateness would be useful to know. These indicators are very broad and difficult to measure.

The first indicator is impossible to obtain. No infant or toddler will be able to meet their self-care needs. It is the parent who we must be supporting to meet the needs of the child. A possible indicator might be: Percent of parents who reported taking their child to the doctor for Well Baby Check Ups, or who reported examples of how their child communicated her/his wants and needs.

#2 more specific, could use examples, tied to developmental stage.

Could add age appropriate for vocabulary?

See comments for positive social relationships above. Also should we talk about progress rather than acquiring skills, for example some children may be without language skills for a very long time.

These are better indicators than those specified by ECO for this outcome. AEB (as evidenced by) should be specified on each indicator. Or what tool will you use to determine this indicator has been met.

Indicators are way too broad for kiddos with difficulties. Again, what measurement or assessment tools will be used? Will some measurement be done before interventions or education and then again afterward? What does research tell us about what EI help enhance the development and minimize developmental delay in 0-3 kiddos with disabilities

All children should grow and increase in their abilities even if there is not an interventionist coming a couple times a month to their home. Are we measuring growth or just the demonstration of these behaviors? And would the behaviors have to be at age level? What about the child who (because of disability) cannot demonstrate expressive vocabulary? Is there any plan to modify some of these outcomes based on the child's disability?

Where/how are these percentages identified? Percentage of infants and toddlers who demonstrated age appropriate or improving receptive and expressive vocabulary as evidenced on a standard vocabulary screener.

1. Is receptive and expressive "language" more relevant than "vocabulary?" Does this take into consideration children whose primary means of communication is sign language? Will this be measured by existing evaluation tools (e.g. IDA?). 2. This seems rather vague/broad-how would this be operationalized/measured? What is meant by understanding of basic concepts? Understanding of relationships? 3. How do you operationalize curiosity? What is the behavior/action linked to curiosity? Does this include exploring their environment, playing with objects, demonstrating an eagerness to learn? Consider a functional indicator related to cognitive development, such as, "Percent of infants and toddlers who are able to learn new skills and apply them."

**Outcome: Children take appropriate action to meet their needs.**

Indicators	Specific					Average Rating	Relevant					Average Rating
	1	2	3	4	5		1	2	3	4	5	
Percent of infants and toddlers who are able to meet their self-care needs.	11	4	8	6	13	3.1	8	6	4	8	14	3.3
Percent of infants and toddlers who are able to communicate her/his wants and needs.	10	5	4	6	18	3.4	7	2	3	6	23	3.9
Percent of infants and toddlers who have mobility to participate in everyday activities.	12	6	5	7	13	3	11	6	4	6	16	3.2

**Additional Indicators:**

Percentage of infants and toddlers with IFSP's who made progress in taking appropriate actions to meet their needs.
Percent of children who meet their self-care needs which allows them to participate in everyday routines and activities at the time of transition from Early On
Percent of infants and toddlers who move from place to place to participate in everyday activities, play and routines at the time of transition from Early On
Percent of infants and toddlers who use gestures, sounds, words, signs, or other means to communicate wants and needs at the time of transition from Early On
Percent of families who participate/observe therapies/methods (i.e. brushing, OT/PT) in order to incorporate techniques at home for seamless care.

**Comments:**

1st outcome—now for this one, an example or two may be helpful to get best answers; and it may be good to have a question about the infant or toddler who “understands” or is able to determine” their needs, rather than “meet” their needs

Indicator 1 does not make it clear that expectations for self care abilities are developmentally appropriate.

The wording in the outcome should include families. In indicator #1 how do you define self-care? For a six month old how would that apply?

These are not relevant to infants especially and toddlers, barely, with the exception of the ability to communicate distress and basic needs. These are currently very very general—who will decide what kind of self care needs a child should be showing. Will it be the same for every 18 month old or based on the particular 18 month old?

These, in general, need to be much more specific. Examples or measure of self-care needs, communication techniques, or mobility should be offered. Further, these indicators should take into account the developmental level of the infant or toddler.

Change indicator 1 to Percent of infants and toddlers who are able to meet their self-care needs or seeks help when necessary to assist.  
Change indicator 3 to Percent of infants and toddlers who have mobility to participate in everyday activities or seeks help when necessary to move from place to place.

**THESE ARE NOT DEVELOPMENTALLY APPROPRIATE OR SENSITIVE TO THE NEEDS OF SOME OF OUR CHILDREN. EVERYONE WOULD WANT ALL KIDS TO MEET SELF CARE NEEDS, COMMUNICATE WANTS AND NEEDS AND HAVE APPROPRIATE MOBILITY. SOME OF OUR KIDS WON'T EVER MEET ALL OF THESE INDICATORS. HOW ABOUT USING SUFFICIENT PROGRESS IN THOSE AREAS. WE COULD SHOW PROGRESS BUT NOT ACCOMPLISHMENT FOR MANY KIDS.**

1st: add/edit: "...self-care needs or know how to seek assistance to meet..." 2nd and 3rd: these are individual outcome indicators specific to IFSPs not system outcome indicators

I'm not sure how item #1 is different from item #2. Does item #1 mean that the child is actively involved in meeting their needs, performing some specific actions? Item #2 is more specific and measurable since "communicate" can be interpreted very broadly.

I have concerns about the developmental appropriateness of some of these indicators. Young infants do not take care of their own self-care needs, so a lack of attainment of this indicator may not be negative. I am also concerned about children whose level of disability may make it impossible for them to ever meet their self-care needs or to use sufficient mobility skills to participate in everyday activities. The ECO report addressed various levels of disability, but these indicators do not adequately address varying levels of ability/disability and therefore do not capture the intent of the ECO report.

In indicator 3, replace "have ability" with "are able".

Draft indicators use one statement to represent an entire area of development; the examples are not developmentally applicable to all age ranges and do not represent "meeting needs."

I like the goal of indicator 3, but feel that there should be clarification about mobility related to an infant's or toddler's physical characteristics. For example, if a child has a physical limitation, does this indicator permit for the acknowledgement of the limits of mobility?

This is very fuzzy to me – i.e. infants and toddlers are largely dependent. Yes, they generally can express needs – hunger, pain, loneliness, etc. The issue is can the parent/caregiver understand the expression as related to the right need, and is appropriate, responsive action taken? \*This cycle repeats over and over, with the needs changing over the developmental cycle. If there is a breakdown in this cycle at any point, development and skill building is 'stuck.' I'd include more indicators that translate "understanding: and "confidence" to actions the parents take that they experience and link to improved outcomes and skills for their children. Do they regularly see themselves correctly identifying what their child is expressing? Do they feel they respond appropriately and the way they want to (with the necessary resources, supports, etc.)? Do they see the results they want in their child from what they do – and from what others assist them with?

- Child's experiences needs/strengths
- child expresses need/strength
- parent 'reads' need/strength
- parent responds to need/strength

Not sure what self care means for infant and toddler, Include AT.

Again, point 1 is not relevant to an infant or toddler with delays or disabilities or even those at risk. Infants and toddlers are by their very nature dependent on adults to care for them. This is a harmful and ridiculous indicator in family-centered practice. Point 2 is relevant, however I would restate it to read: % of infants and toddlers who are able to successfully communicate wants and needs. Point 3 is relevant if restated: % of infants and toddlers who are mobile demonstrate the ability to explore their environment safely, freely and with enthusiasm.

Be more specific. Self care needs change rapidly, can we choose a proxy? Communicating could be covered under the expressive/receptive vocabulary above. Mobility could be impacted by many factors: physical disability, housing, parental care, etc.

AEB should be specified for each indicator. This might just be professional opinion, but the tool to determine this should be specified. #3 indicator perhaps should read ".....who have mobility or accommodation that allows them to participate....."

What measurement or assessment tools will be used? Will some measurement be done before interventions or education and then again afterward? Again, too broad....What are self care need? Communication or adaptive communication - has it increased with EI? Mobility or adaptations for mobility - has it increased with EI? Something specific on toileting or pre-toileting may be a good thing to measure

These three would need explanation of what is meant! Be careful of cultural issues. Some cultures do not encourage self-care for all young children. What about a child communicating via eye contact that only family can understand? "Have mobility" might include assistive devices, not just learning to creep, walk, etc? How would the environment being conducive to movement be factored in here?

Where/how are percentages identified? I. E. Percentage of infants and toddlers reported by parents/intervention team during periodic reviews to have mobility to participate in everyday activities.

1. Examples of adaptive development might help. e.g., eating, drinking, dressing, toileting. 2. Add examples, such as "...able to communicate her/his wants and needs through gestures, sounds, words, or signs." 3. What is meant by "mobility"-does it just relate to moving around (e.g., gross motor skills such as crawling, walking, etc.) or also manipulating objects (e.g., fine motor skills such as using utensils, drawing, etc.)?

## **Early On Redesign Input Received Regarding Draft Indicators Prior to 7/29/05**

Thank you to all who took time from their busy schedules to review the draft indicators and to provide comments on the process. The response exceeded expectations and was a clear statement of the interest and commitment that stakeholders have regarding Early On and the redesign process. Because of the volume of general comments, staff has organized the input into general topic areas to make your review of the comments easier.

There were several comments submitted that require clarification:

- “Direct service providers have not been solicited for input.” Input has been sought from all stakeholders in the Early On system. Providers submitted scoring and comments in this process and 27% of the results team participants are Birth to Three service providers, the largest stakeholder perspective represented.
- “I have great concerns about the nature of these indicators in general. Many are not developmentally appropriate for a child under three with or without a disability.” Stakeholders are encouraged to visit the Early Childhood Outcomes Center web site <http://www.fpg.unc.edu/~eco/index.cfm> and review the documents on child and family outcomes. The ECO Center utilized early childhood experts in the development of both outcomes and indicators/measures. The experts on various panels and documents developed as a result of their input are available for review/
- “Purpose of outcomes and indicators being drafted/ Relationship of system-wide outcomes and indicators vs. IFSP-level outcomes and indicators: It has not yet been made clear exactly how the outcomes and indicators are intended to be used in Michigan.” The family and child outcomes that have been adopted are system outcomes and are NOT IFSP outcomes. Indicators that will be adopted will be measures of whether the Early On system is making progress in achieving the desired outcomes.

Thank you again for your interest and input. There will be ongoing opportunities to participate in the Redesign process. Please continue to visit the Redesign web site at <http://www.earlyonredesign.com/> and subscribe to the Redesign mailing list to receive announcements regarding the *Early On* Redesign products, events, and opportunity to comment.

### ***Developmental Appropriateness***

I have great concerns about the nature of these indicators in general. Many are not developmentally appropriate for a child under three with or without a disability. They are not culturally sensitive, or measurable. It seems like a big step backwards when looking at routines based interventions in natural environments. This seems counter to the spirit of IDEA Part C and the *Early On* philosophy of family friendliness. I do think it is possible to come up with some indicators for the outcomes that Michigan is adopting. This process should be done with experts in the field—I suggest contracting with Lee Ann Jung or Robin

McWilliam. They understand the research and know how to apply it on both a micro and macro level. This is much too important of an issue to be done quickly.

I think the social relationships indicators are particularly weak, and very narrow given the range of domains that contribute to social interactions.

I am concerned that this draft doesn't look like special education. Focus should be on providing intervention under Part C. Measurable outcomes – Not every outcome is easily measured by a "metric" nor is the same method of assessment applicable to all. I would like to see the degree in which parents are involved in helping their child progress be included in the assessment. Most Early On teams do not have people trained in data analysis.

Where are the health issues? Sleeping and eating are challenges for most infants and toddlers with disabilities or health issues. Not sure where these show up in these outcomes or indicators. I am very concerned about 1. Outcomes and indicators becoming what an IFSP is designed around and losing the "I" part of the IFSP. 2. Indicators seem to hold the disability against the child. In general autism is autism and ADHD is ADHD. Both have self regulatory issues that are a part of the disability that are life long. If you have a high population in a county or region, the percentage will be low and will continue to be low because it is the nature of the disability. What comes next is sanctions for low numbers. This trend is already being seen in the K-12 system with NCLB and AYP. We are about to create the same system for early intervention. This may be the direction we have to go in because of the federal government but it still needs to be said.

### ***Language used in the Indicators***

Many of the indicators contain professional jargon, which may confuse the reader. For example, the indicator, "Percent of infants and toddlers who have mobility to participate in everyday activities," contains the jargon "mobility to participate." We may understand that "mobility to participate" is about how the child moves her body to interact with family members during waking-up, using the bathroom, dressing, bathing, breakfast, play time, etc., - but I am unsure if this meaning is conveyed to most people. Maybe these indicators are intended for professionals, but I would hope that parents may assist in the observation process to assess the presents of indicators in their daily lives with their children. In the first "Outcome: Families understand their child's strengths, abilities, and special needs; families help their children develop and learn," I would like to read more specific language that describes what the behaviors would "look like" within the daily life of the family. What might we see the parent do with the child that may be considered "learning about positive social relationships through one-on-one exchanges"? Maybe a pecific scenario might convey the meanings with more clarity. Moreover, in the same Outcome, the indicator, "Percent of families who understand the development of their child within the context of typical childhood development," is very hard to assess. How do we know about a parent's "understand(ing)"? Here again, more specific language that describes what "families who understand" look like in daily life would increase the validity and reliability of observing this indicator. The problem of clarity and use of professional jargon is throughout the seven Outcomes and the indicators. Other examples are, "Percent of families who provide experiential learning opportunities for their at-risk child." First, we need to use People First or Person First Language. We are

referring to children who are considered at risk. Are they children at risk for developmental delays or disabilities? Then, the words need to be more specific. What does experiential learning "look like" in the daily life of families? If we used words to describe a scenario of a family member providing their child experiential learning opportunities, then the reader may not only have a clearer understanding of the construct "experiential learning opportunity," but also the knowledge to generalize the construct to match the social-cultural contexts of different families. Indicators are to provide a framework to identify behaviors, activities, and artifacts. The collection of behaviors, activities, and artifacts are to represent the presents of an outcome, hopefully along a continuum of continuous self-improvement for the parents, their child, along with other family members. The more direct and specific the language, the more accurately the observer may "see" the behaviors, activities, and artifacts; and if the parent or other family members are also involved in the observing, then there is an opportunity to calculate inter-rater agreement, which can be used to measure reliability. Moreover, a parent self-assessment process may promote the parent acquiring and maintaining the indicators and outcomes. This is a good start using the Eco-Center outcomes.

Some are "progress" indicators and some are "status indicators." ECO uses progress indicators only under child outcomes; Some give examples and some do not; Some are under an inappropriate outcome or might be used under more than one outcome; Some relate to specific developmental areas and others do not; Some indicators are an attempt to create a single indicator to reflect an entire developmental domain; Some indicators use developmental terms that are in appropriate for certain ages.

### ***Relevance of Indicators to Early Intervention Practice***

Please, let's use this opportunity to make all of our activities extremely relevant to the task at hand – wrapping families in the supports that they need, and hopefully desire, in order to be effective early interventionists with their at-risk or identified delayed infants and toddlers. The more we focus on outcomes that require anything other than reporting or observation, the more we continue to bury ourselves in paperwork and put up a paper barrier between our Service Coordinators/providers and the parent. ✓

First, I would like to note that I appreciate that good systems need ongoing updates, however I am concerned that the Redesign seems to have lost the spirit of what Early On was/is about...i.e. families. Many of the Outcomes/Indicators are measures for the state - not for families/children who are at risk. I had a difficult time understanding how when measuring the "percent of families"; "percent of children" that I could possibly be measuring the success of an outcome established for an "at-risk individual". Second, I am lost when trying to sort out some of the outcomes, which are measuring two separate entities, for example: Outcome #1: Families ability to understand their children's strengths, abilities, and special needs is different from their attempts to help their child develop and learn. This is especially true if a parent has limited cognitive ability, but is able to be trained to help their son or daughter develop and learn. Outcome #2: Although this Outcome is only one sentence, the capacity for a family to know their rights and advocate effectively are two very different things. Outcome #5: Children have positive social relationships. Will the state provide new monies to hire or rehire infant mental health specialists who have training and expertise to help

families help their children develop this outcome? If it is the state's intent to go back to the drawing board to Redesign Early On, remember to maintain or re-recruit family input in this process. In regards to the structure changes in the Early On system when creating the Redesign – In our area, i.e. “tip of the mitt”, Education has done a great job in providing training and facilitating collaboration with other agencies to optimize Early On services to families. While Education has worked towards providing services for child development, the health department has provided medical and health services that are necessary to optimize an at-risk child's ability to develop. Education and the Health Department have formed a strong collaborative to insure that children's needs are being met. In our area the piece that is missing is Infant Mental Health services to optimize social competence and attachment, etc. I am hopeful that the Redesign will include access to funding to help make that a reality. Thank you for the opportunity to give input to this project

### ***Relevance of Indicators to Effectiveness of Early Intervention Services***

These outcomes and indicators do not explore whether Early Intervention (EI) services are effective. I don't see the Early Childhood Outcomes Center considerations enumerated such as: enhancing the development of handicapped infants and toddlers and minimizing their potential for developmental delay, reducing the educational costs to our society, minimizing the likelihood of institutionalization, &/or enhancing the capacity of families to meet the special needs of their infants and toddlers. A basic framework needs to be established before outcomes and indicators can be identified. Missing, are important basics, such as: Who is eligible for EI? Kids that meet Part C (or B) criteria? Other kids? What is the definition of Early Intervention? What are all the potential services/supports that could be part of EI? Which EI does research tell us are most effective? These proposed ideas do not seem to be any improvement over the current state of EO. I am also concerned that our workgroups will be frustrated in our work unless we can truly develop measures to tell us if Early Intervention, and what type, is effective. I am also concerned that the workgroups have been scheduled during the summer, on Fridays, when many people take vacation or long weekends.

### ***Alignment of Early On Redesign with OSEP and ECO Center Approach***

According to the document on the redesign website, Comments Sought Regarding Proposed Set of Indicators for Early On, “The US. Department of Education, Office of Special Education Programs (OSEP) is developing and implementing an outcomes-based performance system...” If OSEP is still in the process of developing the outcomes and indicators, why is Michigan getting ahead of the Federal government and developing its own? Michigan should wait and see what indicators OSEP requires of Part C and do those well. If Michigan's indicators are developed prior to the Federal indicators and then “combined with federal indicators once the federal indicators become available”\*, does this mean that Michigan will be responsible for measuring outcomes using both State and Federal indicators? In a time of limited resources, why are we burdening our system with more requirements? Make available to all Results Team members the most recent publication from the ECO Center website: “Comments from the Early Childhood Outcome Center on Proposed Indicators for Child and Family Outcomes- 5/9/05”.

My understanding is that The Early Childhood Outcomes Center for Infants, Toddlers, and Preschoolers with Disabilities (ECO Center) is a grantee of the federal Office of Special Education Projects (OSEP). Since 2003, they (with input from numerous stakeholders) have been charged with developing an outcomes system to help determine the effectiveness of early intervention services. In this most recent report, the ECO Center is making recommendations to OSEP that 3 child and 5 family outcomes be set. Due to the complexity of putting this system into effect, the ECO Center is further recommending that initially, these 8 outcomes be measured using only 1 indicator each, "As an interim solution to this dilemma (the pressing need to have national outcome data on Part C and Part B), we recommend that OSEP collect data only on the first indicator for the next several years, phasing in the other indicators over time" (see ECO Center report dated 5/9/05). Although the ECO Center recommendations haven't been formally adopted by OSEP yet, Michigan should follow the lead of the ECO Center report and use those, and only those, indicators outlined in the report.

After reading the report that ECO submitted to OSEP, I became very confused about why the proposed Part C indicators for Michigan were broken down into so many more subparts than the indicators proposed in the ECO report. Almost without exception, the proposed indicators for Early On of Michigan would be difficult, if not impossible, to measure. At the very least, they would require that extensive new infant and toddler assessments and/or data collection systems be put into place which would be costly and would further detract from providing services to children and families. Unfortunately, in many part of Michigan we are still not providing all or most of our Part C services in natural environments. We are also still too enmeshed in assessment-based, rather than family-oriented, routine-based outcomes and interventions. However, the state and some ISDs in Michigan are trying to make progress in these areas. I fear that hyper-specific performance indicators could take our focus away from true continuous quality improvement related to providing service in natural environments and implementing routine-based intervention. Over the years, our Early On system has seemed to focus excessively on creating detail in reporting and forms yet this excessive attention to detail has not resulted in substantive change. I implore the committee who is developing these standards to select indicators that are in the spirit of IDEA 2004 that includes the concept of paperwork reduction. It is important for us to begin to measure if our early intervention services are making a difference, but lets adopt the "onion" philosophy and take "one layer at a time". I believe that we will see more improvement in our system if we limit our indicators and only begin to become more specific when our data demonstrates that we need to "dig deeper" into an area that is not showing improvement. I have included my scores and suggestions for alternate indicators in the chart you provided. In many cases, the indicators that I suggested were those recommended in the ECO report to OSEP. The ECO project has had over a year and a half working with many stakeholders from throughout the country to formulate its comments and proposals. I think we would be well served by more closely aligning with the recommendations ECO gave to OSEP in the May 9, 2005 report

The State is using the ECO Center's work for Michigan's redesign model. The ECO recommends using one indicator for each outcome at this time and over the next several years, while more specific indicators are being developed, yet the redesign team has purposed 20, with this type of indicator being indicative of further indicators being required at

a later time. I believe that Michigan should adopt the ECO Center indicators as they recommend them, one indicator per outcome. Doing so will result in: consistency with the leading national model by the ECO Center; consistency with the outcomes that Michigan has already chosen (from ECO); less work now in developing indicators; less work later when Michigan develops and adds further indicators (when OSEP develops them), which will produce consistent outcomes with national outcomes; sufficient indicators to show system results; much more manageable amount of indicator data; less intrusion on children and families for this statewide evaluation.

Michigan is using work of the Early Childhood Outcomes (ECO) Center as a model for our outcomes. As noted, ECO is developing outcomes and indicators for OSEP for use nationally. ECO currently recommends using one indicator for each of the eight family and child outcomes at this time and over the next several years while more specific indicators are being developed. They provide wording for the indicators. (See their May 9, 2005 Publication "Comments from the Early Childhood Outcome Center on Proposed Indicators for Child and Family Outcomes" page 5.) Recommendation: Michigan should adopt the ECO indicators as they recommend them (listed below), one indicator per outcome. This will result in numerous benefits for Early On: Consistency with the leading national model, Consistency with the outcomes that we have already chosen for Michigan, Sufficient indicators to show system results, Less work now in developing indicators, Less work later when we develop and add further indicators (since they can be developed consistent with the national ones) Much more manageable indicator data, reducing work in collection, analysis, and application. This will also permit us time for other key Results issues.

I question Michigan developing indicators for Early On prior to the Federal Government developing indicators. I would hope 2 sets of indicators will not need to be met and reported on given the very limited financial resources currently available. I wonder how the indicators will be measured and verified given limited funding for Early On. Given the possibility of new information to be collected with the IFSP, I wonder how that will be added to the current IFSP which is very long and cumbersome for families and providers to complete. I hope this is useful information.

Redesign should wait to develop further Michigan indicators until ECO and OSEP move forward. Otherwise, we run the risk that we will put in place indicators that will be drastically inconsistent with those required by OSEP. Recommendation: While we wait, clarify the following about the nature of any further indicators for Michigan, to prepare for the time when we do develop them. What is the purpose of the further indicators? How will information be used at each level of the system? What type of information do we need to obtain, and how will it be gathered? How will we get the maximum benefit for the most conservative amount of effort? What is the intended practical application of these outcomes/indicators as they will be used by families, service coordinators, and service providers?

The suggestion that "Michigan's indicators can be combined with federal indicators once the federal indicators become available" is very uncertain. As noted above, the Michigan proposed indicators differ so greatly from the ECO indicators that if they are adopted it is likely that our indicators will be completely inconsistent with federal indicators. We will then

have to change our indicators or add our indicators to very different federal indicators. The wiser course is to use the eight indicators proposed by ECO for now, and develop any further indicators as ECO and OSEP do so over the next several years.

Thanks to those who put together the draft for our review. The proposed indicators show how very difficult it can be to write indicators that capture important concepts that are made up of many details. Instead of an approach of breaking the outcomes into more specific component parts (as in the proposed indicators), I recommend a more holistic approach using few, carefully chosen indicators that encompass the progress or status in the outcome areas. Such inclusive indicators yield information that is valid, quantifiable, manageable, sufficient to show results to state and federal parties, and usable at the local level to identify areas of strength and weakness. ECO similarly recommends using just one indicator for each of the eight family and child outcomes at this time and over the next several years while more specific indicators are being developed. (See their May 9, 2005 Publication "Comments from the Early Childhood Outcome Center on Proposed Indicators for Child and Family Outcomes" page 5.) Early On still has numerous processes in which detail is asked for and given: self-assessment, systems review/ focused monitoring, EETRK counts, and file reviews. We evaluate a child's development in all areas on many points. We check progress in each outcome in each family's IFSP at least every six months. These will all continue (at least no one has indicated that the new outcomes and indicators will replace any of them). We do not need to repeat that detail in the new outcomes and indicators. I recommend that Michigan follow the ECO lead and use the one indicator per outcome that ECO recommends. I recommend as well that Michigan wait to develop our further indicators until further indicators are recommended by ECO or others and approved by OSEP. Early On should not spend limited resources on a lengthy process of developing further indicators at this time.

### ***Construct & Content of Indicators***

There is a tremendous range of indicators, not in focus, but in content. Some indicators include dense descriptions of what should be expected, and others include vague and generalized statements that are troublesome; in this case, content and grammar suggestions have been offered. One major tenant of Early Intervention for children with developmental delays and established conditions that is absent in this document, and absent in my experience with various programs in the State of Michigan, is the use of natural environments. How is a system supposed to measure effectiveness, when it is not even proposing to measure service delivery in milieus scientifically proven to determine better outcomes for infants and toddlers? This fact in and of it self is unacceptable. The comments below include the natural environments where appropriate. We would strongly recommend having a definition list generated to allow for shared understanding of "jargonistic" words like "self-regulation", "social competence", and formal and informal supports, for example. It is advantageous to the system that as much direction as possible be given to those locally responsible for implementation of these indicators. There are very few timelines in the below indicators.

In general, some of these indicators are fine, but others are poorly constructed and do not measure what we need to think about with infants and toddlers who have identified delays or

disabilities. They do not always speak to the importance of the parent-child relationship and social and emotional development, or family strengths and needs.

Some indicators specify a point in time for measurements and others do not; Some suggest where information is to be found (for instance on the IFSP), others do not; Some use “family report”, and others do not tell how the indicator will be measured; Some very specific indicators appear under one outcome but are potentially relevant under several; Some indicators include signs that an indicator is being met and most do not; on Family outcome 5 “able to gain access to” has been rephrased by ECO to simply “access.”

I started to respond to each indicator. Generally the indicators seem very relevant. However, my greater concern is that the Indicators are not specific enough. For example, Percent of families who report that they are able to have their child participate in all the community activities they had hoped would be possible—what does “hoped” mean. What/who determines what is reasonable? What will be the evidence used to determine these indicators? Another example, Percent of infants and toddlers who demonstrate receptive and expressive vocabulary. How much receptive and expressive language?

### ***Missing Community Outcomes***

Need some outcomes that measure "communities " as well (e.g. ... Community has active and effective collaborative ownership and investment in early intervention across three or more service sectors (medical, mental health, child development etc.)

### ***Relevance of Child Outcomes***

For child outcomes - we need to remember that while children may never reach age appropriate skills (i.e. still have significant delays) they can still have friends and relationships, take action to influence their world, learn new things, be a member of their community, and have a good quality of life. We need to be careful NOT to imply a linear relationship between delay and quality of life.

If you give a child the proper communicating learning devices that will able the child to express their wants and needs .Which will allow an instructor or parent to help provide the child's needs which increase the child's mobility as will as confidence. Doubling the amount of time of each service will benefit the child chance for a higher achievement.

### ***Relevance of Family Outcomes***

Don't combine ECO Center Family outcomes 1 & 3. Leave them separate and use the single indicators for each as outlined in the 5/9/05 report. How will indicators be measured, compiled, reported and verified? Realizing that funds have decreased for Early On, how will this additional work be achieved?

Overall, this is a good representation of indicators that will help us know if the outcomes have been met. I'm curious to know your rationale for combining ECO outcomes # 1 and 3 into your #1 Outcome statement. This is a lot to cover in one outcome. A family might have a good understanding of their child's strengths, but still not be helpful as their children develop

and learn. It just seems like this could be two different outcomes. Also, a family may intend to be helpful, but what they do is not helpful. Good job!

Re: ECO outcomes# 4: Families are able to gain access to desired services, programs, and activities in their community. NOTE ECO has changed this outcome to “Families access desired services, programs, and activities in their community.”

“Formal” and “informal” supports need to be clearly defined.

In terms of family rights and support systems, do you want the indicators to indicate that the families are accessing or initiating services on their own - More than just an understanding but actual use of knowledge of information.

### **Concerns about Data Collection & Measurement of Indicators**

While we champion the efforts of Early On of Michigan to invest in the early childhood system and to make changes that positively affect families and children we have concerns about the proposed indicators sent to us in draft form. We have reviewed and discussed the comments submitted by Lucy Hough-Waite, Director of Special Education at Kent Intermediate School District. We agreed that her thoughts well encompassed our concerns after reading the draft indicators currently being considered by Early On of Michigan. In general, the proposed indicators were wordy and difficult to understand. They were subjective and would not be easily measured. We believe that indicators need to be simplified and written in a format that is measurable. We agree with Ms. Hough-Waite in her concern for the extensive new system that would need to be put into place to measure the proposed outcomes. This would be costly and would further detract from providing services to children and families. The proposed indicators would require professionals working with children and families to devote most of their time to assessing parent knowledge rather than assisting the family in gaining skills and understanding to better meet the needs of the children. Specific tools would be needed to evaluate the suggested indicators and staff would need to be trained. All of this using dollars and staff time that there is already in short supply. We support Ms. Hough-Waite's fear that a move toward “hyper-specific performance indicators could take our focus away from true continuous quality improvement related to providing service in natural environments and implementing routine-based intervention.” Indicators should be observed or reported. Many of the indicators as proposed do not offer the assessor something concrete to measure. We have made great efforts to reduce the amount of paperwork required as a benefit to both parents and staff. The proposed indicators would take us dramatically backwards in this goal. Thank you for the opportunity to share with you what we have learned through many collective years working directly with children and families.

Last three indicators are based on individual outcome data. I would question how the data would be interpreted on a program basis. How is the data to be collected? An additional data collection source? Our staff is so stressed at this point I am unsure that they can take on additional responsibilities. Over time, I can see the potential of staff spending more time on data collection than on services. Our EO program is budgeted for nearly \$1M. Of this amount only 100K is reimbursed through EO federal funds. The rest is local funds. Is the mandate including more state support for EO? I am very supportive of outcomes based

programming. However, the specificity of these outcomes concerns me. It feels as though we are creating more paperwork and assessments that don't necessarily relate to the specific service needs of the child/family. The sub-indicators feel too specific for our work. It was difficult to rate the appropriateness of the specific indicators.

If indicators are intended to be assessed by parent report, then they should be re-phrased to reflect that. For example: "Percentage of families who report that they have confidence in their parenting skills". Otherwise, quantification of indicators that include words such as "understand", "provide", and "knowledgeable" would be very difficult (as good as these indicators may be). For the last two outcomes, I suggest that the phrase "demonstrate progress" be incorporated. Children who are eligible for Early On under the "developmental delay" qualifier are, by definition, functioning below chronological age in one or more skill areas, but do demonstrate some level of performance in each domain. I think that what we are looking for is progress within the developmental continuum.

Representativeness/Generalizability: In order to get a sample representative of families in Early On, you need a random sample of families or IFSPs. To be generalizable, this would require a large N (approximately 600 to 900 for statewide analysis, more if sampling at the ISO level).

Methodology: To attribute any of these indicators to the system would ideally require a pre-post analysis. For example, what level of understanding did they have prior to beginning with Early On? What level of knowledge do they have as a result of Early On?

Level of Analyses: Also, one must consider the level of analysis (e.g., statewide vs. by ISD vs. ISD peer group size, etc.). Percent statewide does not always consider variability across ISDs (e.g., issues unique to a particular ISD or peer groups such as urban vs. rural sites). However, percent within an ISD makes comparisons against other ISDs difficult. The ISD peer-group level (e.g., urban, rural, etc.) is another consideration, but again there is great variation between sites. Other units of measure may need to be explored...

As the proposed outcomes endeavor to become more specific, they unfortunately become inconsistent and subject to the problems that always arise when writing more detailed statements. If Michigan is to introduce indicators of the sort proposed we will be creating a very cumbersome process that will be so unwieldy that it is unlikely to help us better see the results of our efforts.

I have concerns re: How some of these indicators would be measured. Having a coordinator (different person) entering the home creates a different dynamic so what actually is measured at that snapshot in the day may not be accurate.

Early On is family driven. Families direct the IFSP outcomes based on their resources, concerns and priorities. I'm wondering then, at the end of Early On, will families be assessed or surveyed about all the outcomes in this document? Somehow Early On would have to inform families at the start of the process that these outcomes will be measured either individually or as a system. There are not many specifics dealing with children who have an established medical condition meeting outcomes for being healthy and safe.

A number of these Indicators provide opportunities to develop indicators of progress. Particularly the ones that indicate where the family or child are at the time of their initial IFSP. This would require two time points of data. I recommend the two time points to be at the time of the initial IFSP/IEP (indicators already written) and the time of Transition. In using a tool such as a survey possibly during or just before the initial IFSP we could not just receive data about what information families have but also we could identify resources families may need. Having a similar survey at the time of transition would be relevant data as to the effective outcome of the services and supports. As per the State Prototype Form "IFSP/IEP" it is a reminder that children in Michigan Part C eligible may also be Part B eligible. Indicators identifying Part C and/or dually enrolled children may give relevant data. Consider if some indicators could identify involvement by the Dad. The word "Families" in this venue still applies to Mom's. Just as the IFSP/IEP reminds us of Michigan being a Birth Mandate State, some indicators identifying Dad's will remind us of the important roll they play in their child's development.

I thought that we were going to a more outcome based, research oriented means of evaluating our services. I do not see this in the above indicators. The indicators are too vague. 1) How are the indicators going to be assessed or evaluated? Can the indicators be tied into the current data collection system, such as EETRK, and WSU's family surveys? Assuming most service areas use the IDA as the developmental assessment tool, the indicators should reflect the domain areas of the IDA. 2) Are there researched based instruments that can or would be utilized for certain indicators? For instance, the DOE has promoted the MLPP as a means of promoting early literacy and learning. Can any of the instruments from MLPP, Concepts of Print, or the Parent Education Profile be utilized to assess children's learning or parental supports of their child's development and learning. 3) Who is going to collect the large amount of data needed for evaluating the indicators? Our service area's allocation was reduced this year. Given the number of indicators listed, and the type of information requested, a large amount of "evaluation" time will be required. Time, that right now, is not available. Identify the key areas needed to evaluate the services and put the time and effort into evaluating those indicators, not the broad array of indicators described above.

Indicators annotated are unmeasurable and not written in behavioral language or are indicators without criteria which are too child/family specific and not indicative of systemic efficacy. #2: What is the intent of these Outcomes and Indicators, really? Specifically, how will those who are responsible for the local, daily implementation of the EO system in Michigan use these Outcomes? What is the functional intent? #3: What was the scope and breadth of the dissemination of this draft? I hope it was US mailed to all LICC parents in locals (at least) OR that all LICC parents were notified of the opportunity for public comment. Who articulated these draft indicators? How? When? With what intent? Next step? Who are the decision makers? What role will Results Groups have in directing change (if any) to the Indicators?

The group has concerns about the ability to measure some indicators . Also concern about the amount of time that will be required to focus on evaluation vs. service provision. Group expresses concern that all indicators that are created will keep developmentally appropriate

expectations at the forefront. Parents in attendance at the meeting expressed that it is their hope that the listed outcomes and indicators will not be expected to be applied to all families despite what the parents are interested in and wanting for their child. Parents expressed that the outcomes/indicators that are chosen should be driven by the families IFSP.

Many of these things seem difficult to reliably and validly assess. Who is going to assess them? How will this be funded?

The redesign process has ignored trying to gain input from the primary service providers and funding source for Early On services—Education. Direct service providers have not been solicited for input. Overwhelmingly, they would say that the amount of paperwork significantly reduces their impact on the family and child. What is being proposed here would increase this barrier exponentially. Please do not create another layer of assessment and paperwork that reduces time with children and families! Not only does this reduce time with children and families, but it is a major barrier in retaining and recruiting qualified staff. If you create another whole system to document the number of outcomes and indicators in this proposal, it will be counterproductive. More specifically, many of the Outcomes have too many indicators and contain vague and unmeasurable terms (e.g., “confidence”, “experiential learning”, and “understanding”). Several of the outcomes have 4 indicators: Do you meet the outcome if just one of the indicators is evident or do all 4 need to be evident? Having this many will reduce accuracy and usefulness of the evaluation data. Several of the indicators seem to rely on additional evaluation of the child in specific areas (e.g. receptive/expressive vocabulary, basic concepts). This would seem to add another layer of assessment to the IEP/IFSP already in place to document progress. Since most of the indicators were too vague or confusing, I could not rate if they were relevant.

How will the system know when the desired results will be achieved, let alone measured? It is also advantageous to include a time frame so that these indicators can be utilized correctly, again setting-up those persons responsible for implementation to be successful. The comments and additional indicators offered in these comments were generated from the ECO-Center materials referenced in your directions. Certainly, the large field of early intervention research could have generated more comments, but with only using the materials your groups have referenced, there is currently a poverty of usable indicators. It is interesting to compare your products to those offered by the ECO-Center research-base and question the breadth of work used to create the draft indicators. It is the mission of these comments to expand the number of indicators under consideration and offer a fresh perspective to your process.

### **Lack of Clarity Regarding the Purpose of Outcomes**

The Results teams have important decisions to make regarding the use of the outcomes and indicators. The distinction between the broad ECO Center outcomes and the outcomes on an individual child's IFSP must be made clear. The ECO outcomes are fine, but general. They apply to all Early On children and families and are implicit in all that we do. They are however, obviously broader than outcomes that would be written in an IFSP (“IFSP Outcomes”). In other words, It is not yet clear exactly how/ if the outcomes and indicators under consideration in the redesign process are intended to be used in Michigan at the each

of the various (state, local, or family) levels. This is essential information as we consider them

Purpose of outcomes and indicators being drafted/ Relationship of system-wide outcomes and indicators vs. IFSP-level outcomes and indicators: It has not yet been made clear exactly how the outcomes and indicators are intended to be used in Michigan. Until their use is made very clear it is impossible to determine the type of indicators or their number, level of detail, or wording. For example, the ECO child and family outcomes and indicators are best understood as broad, general measures of the results of our program. They of course apply to all Early On children and families and are implicit in all that we do. From ECO readings it appears that they are for larger scale program use. They are related to, but are not the same as the specific outcomes and indicators used in the IFSP to track a child's progress in the areas in which they are receiving early intervention services—such as communicating, speaking, hearing, walking, reaching, grasping, relating, cooperating, etc. (“IFSP Outcomes”). Recommendation: Clarify the intended use of the outcomes and indicators under consideration and their relationship with outcomes on an IFSP.

### **Task was Difficult**

This was hard to complete. I tried to put myself in the position of those who are evaluating infants and toddlers, so questions could apply to everyone, but it's not easy..... Thanks for asking for our input, however.

I think that many parents do not participate in these comments processes simply because they don't understand what they're supposed to be commenting on. For someone who is NOT working within the system on a daily basis, these types of documents are hard to read and even harder to understand.

### **Parent Concerns about System Development**

I'm glad to see the list of indicators and outcomes include helping families understand the human services systems within Michigan and the efforts to help re-build the parent advocate system. But, from my perspective today, Michigan is currently building an entirely NEW system "out there", mostly by State government, that I still don't even know how to navigate yet, let alone assist families do the same. Think about it: the Children's Special Health Care Services system has and continues to change considerably; the CMHs have changed; there's a new Early Childhood EDC; we have this new Early On re-design; there are changes to the IDEA law; and probably additional changes are happening at FIA (in addition to kicking families out after 4 years) that I'm not real familiar with....and I'm leaving out other Gov Granholm initiatives that I can't remember the names....oh, and don't forget the work of the DD Council that usually spends its time on adults, but increasingly is spending money on grants for early childhood inclusion projects....I'm not aware of an all-embracing LEAD agency for early childhood or childhood initiatives, whose task is to help bring everyone to the table, with their egos and agendas at the door, to streamline and focus on on the infants and toddlers and their families... Because we are the leaders in this maze who will be "teaching" the parents what the system is like and how to work within it, we all MUST become familiar and comfortable with all these NEW systems, so we can convey the best paths for families to tread, and I'm encouraging there to be more coordination between all these projects so the

leaders can do their jobs better. Remember the talk of eliminating all those silos? I haven't heard much of that lately. In fact, I'm seeing MORE silos being built than ever!!! Speaking of which, I want a flow chart of all these projects to help me "get it" (because I do not) so I can help make constructive suggestions for the parents out there.... As you do your work, Early On, NOW is the time for you to emphasize coordination-- or at minimum, collaboration-- with all the other former and NEW "early childhood groups" who are trying to help many of the same parents, or specific subsets of parents with kids with certain diagnoses, to get the best care and information available..... Thanks for asking for comments.

### **Support Outcomes-based Approach**

Overall I appreciate the work to move towards a model which includes emphasis on child development. Clearly established outcomes will move us towards a coherency we have not ever been able to reach. I am in agreement with clear outcomes that are understandable as a framework for an accountability framework as opposed to a technical detailed monitoring approach for accountability that few understand.

I think that your team did a fantastic job formulating the outcomes and indicators contained in this document. My comments may seem irrelevant because I am a little confused as to why "percent" is used at the beginning of each statement. I was thinking in terms of "increase in percent" instead of just "percent" when forming my thoughts. For instance, what about those children who cannot meet self-care needs, cannot communicate and are not mobile? Would your desired outcome be to increase the percentage of children who CAN do those things? If I could get this straight in my mind, I would better understand the rationale for comment. In my opinion, the entire Early On redesign series of documentation – and probably 99% of all documentation coming from the State level, requires a higher level of understanding (a college education), thus most likely making some parents feel that this process wasn't meant to include them. The only reason that I am able to understand the terminology used in most of these documents is because I have sat in countless meetings, have been involved in Early On since 1995 and have worked for several state grantees. I honestly STILL have to read and re-read just to understand what is in front of me.

Overall, undertaking a project such as this is commendable. We hope our comments are found to be useful, and we thank you for the opportunity to provide comments and feedback. Good luck with your process, and thanks for helping make a difference in the lives of children and families.

As a parent "in the system" thank you for the opportunity to participate in this endeavor. My family's life would not be the same without Early On. Assuring that it is the best possible is vital.