Washington Early Support for Infants and Toddlers (ESIT)

Local Team Self-Assessment Process

**Overview and General Instructions**

**Purpose**

As part of the Washington Early Support for Infants and Toddlers General Supervision and Monitoring System under Part C of IDEA, each Local Lead Agency (LLA) Self-Assessment Team (comprised of early intervention service providers, Family Resources Coordinators and administrators who supervise the providers) is required to complete self-assessment through a review of children’s records. A review of COS report usage using the Local Child Outcomes Measurement System Self-Assessment (LCOMS-SA) tool is also required for State Systemic Improvement Plan evaluation. The self-assessment tool and process are designed to gather data from each LLA and its providers on the Annual Performance Report (APR) indicators and state selected indicators. These data will be used to substantiate that the state is complying with federal requirements and monitoring implementation of IDEA related requirements associated with each APR indicator, while looking at quality practices that impact results for children and families.

**General Instructions**

The child’s record, including provider notes, is needed to conduct the child record reviews included in the self-assessment process. ESIT will generate a list of randomly selected records for each LLA and provide the list to the LLA. Records will be randomly selected from all children who entered early intervention, received services, and exited the program during the contract year. The LLA self-assessment team will conduct a retrospective review of activities that occurred in the previously completed contract year and up to present date.

The LCOMS-SA tool will also be completed by the team.

***LLAs will use the results from the self-assessment process to design local improvement activities in collaboration with their ESIT program consultant for completion by the end of the following contract year. Submit the Record Review Summary, LCOMS-SA results and Local System Improvement Plan to ESIT at*** [***ESIT.Reports@del.wa.gov***](mailto:ESIT.Reports@del.wa.gov)***. The improvement activities must be completed by the end of the following contract year.***

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| **Child ID Number:** |  |  | **Date of Record Review**: |  |
| **Child's DOB:** |  |  | **Record Reviewer**: |  |

NOTE 1: “No” should be checked if a specific item should have happened but did not.

NOTE 2: “N/A” should only be checked if a specific item has not yet occurred or is not applicable to child/family or situation

NOTE 3: Whenever family’s native language or other mode of communication is referenced, native language or the family’s mode of communication must be used unless it is clearly not feasible to do so.

NOTE 4: “Reviewer Comments” is used to substantiate/support the ‘yes’ or ‘no’ section. If a “no” response is provided, document the reasons for the no response.

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| ***Topic Area*** | **Guidance for Reviewers** | | | | |
| ***Procedural Safeguards –State Selected Indicator #1:***  ***Parent Rights*** | **Guidance – Question #1:**  The "Parent Rights” document is the state’s description of all procedural safeguards required under Part C. The Parent Rights document is required to be given to the child’s parent at intake and the parent provided an explanation of the rights. Parents Rights must also be given and explained at any time prior written notice and/or consent is provided (303.403). Documentation of these actions should be recorded in the child record via contact notes, maintaining copies of prior notice forms, or other acceptable means (e.g., log sheets, signed IFSP).  The reviewer should determine if any of the activities (a) through (m) occurred during the fiscal year by reviewing the child’s record, IFSPs, and other appropriate data in the DMS. The reviewer confirms whether or not parental rights were provided and explained during each of the activities that occurred by reviewing evidence in the child’s record.  Evidence =The information used for documenting when parent rights are provided might include: contact notes (specifying the parent rights had been provided and explained at Intake), consent form for evaluation and assessment (indicating that Parent Rights were provided and explained), signed IFSP (stating parent received rights), log sheet, intake paperwork, etc.  Criteria for Providing a N/A, Yes, or No Response  An “N/A” response is appropriate if an activity (a) through (m) was not required to occur during the fiscal year.  A “Yes” response is appropriate if there is evidence (see below) in the child’s record that reflects provision and explanation of Parents Rights with each activity (a) through (m) that occurred during the fiscal year. In addition, credit is given to multiple activities if these activities occur at the same time. For example, one prior written notice may be provided to reflect that a child is eligible and that an IFSP meeting will be held. Therefore, Parent Rights are provided and explained once. Both activities would be credited with a “Yes” response.  A “No” response is provided whenever an activity (a) through (m) occurred during the fiscal year and there is no evidence in the child’s record that Parent Rights were provided and explained. | | | | |
| ***Topic Area*** | ***Question/Item*** | ***Yes*** | ***No*** | ***N/A*** | ***Reviewer Comments*** |
| ***Procedural Safeguards –State Selected Indicator #1:***  ***Parent Rights*** | 1. Is there evidence that the parent was provided the “Parent Rights” document and an explanation of the rights was provided initially and when prior written notice and/or consent was provided: |  |  |  |  |
|  | * 1. At Intake? |  |  |  |  |
|  | * 1. Prior to Screening? |  |  |  |  |
|  | * 1. With screening results, if screening was provided? |  |  |  |  |
|  | * 1. If initial evaluation and assessment is determined to be not appropriate? |  |  |  |  |
|  | * 1. Prior to initial evaluation and assessment? |  |  |  |  |
|  | * 1. With eligibility determination? |  |  |  |  |
|  | * 1. Prior to Initial IFSP meeting? |  |  |  |  |
|  | * 1. Prior to initiating services on the IFSP (initial, IFSP reviews, annual, Transition)? |  |  |  |  |
|  | * 1. Prior to IFSP reviews? |  |  |  |  |
|  | * 1. Prior to Subsequent evaluations? |  |  |  |  |
|  | * 1. Prior to Annual IFSP meetings? |  |  |  |  |
|  | * 1. Prior to Transition Conference? |  |  |  |  |
|  | * 1. Prior to discontinuing/exiting services if child no longer meets eligibility criteria? |  |  |  |  |
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| ***Topic Area*** | **Guidance for Reviewers** | | | | |
| ***Procedural Safeguards –State Selected Indicator #1:***  ***Parent Rights*** | **Guidance – Question #2:**  Prior written notice must be given to the parents in a reasonable time before the early intervention program proposes, or refuses, to initiate or change the identification, evaluation or placement of the child, or prior to providing early intervention services. The notice must be in sufficient detail to inform the parents about the action that is being proposed or refused; the reasons for the action; all procedural safeguards; and the state’s complaint procedures. Notice must be provided in the family’s native language or other mode of communication.  To meet these requirements, prior written notice should be mailed (not emailed) to families in advance of each action. This applies to IFSP meetings when modifications to IFSP outcomes and services are being made. However, in some situations, such as prior to initiating services on an IFSP, parents may be provided prior notice in conjunction with signing consent.  Providing prior written notice with screening results is only applicable if screening is completed on an individual child to determine if the child should proceed to evaluation and assessment. Prior written notice is not required to be provided when screening is conducted as part of a community child find screening activity.  The reviewer should determine if any of the activities (a) through (k) occurred during the fiscal year by reviewing the child’s record, IFSPs, and other appropriate data in the DMS. The reviewer confirms whether or not prior written notice was provided before each of the activities that occurred by reviewing evidence in the child’s record.  Evidence = The information used to confirm that prior written notice was given to the family might include: a copy of the prior written notice form signed by the parent (the date of the notice precedes the activity).  Criteria for Providing a N/A, Yes or No Response  An “N/A” response is appropriate if an activity (a) through (k) was not required to occur during the fiscal year.  A “Yes” response is appropriate if there is evidence (see below) in the child’s record that reflects prior written notice was provided before each activity (a) through (k) that occurred during the fiscal year. In addition, credit is given to multiple activities if these activities occur at the same time. For example, one prior written notice may be provided for a child who is found eligible and the same prior written notice is used to indicate an IFSP meeting will be held. Both activities would be credited with a “Yes” response.  A “No” response is provided whenever an activity (a) through (k) occurred during the fiscal year and there is no evidence in the child’s record that prior written notice was provided. | | | | |
| ***Topic Area*** | ***Question/Item*** | ***Yes*** | ***No*** | ***N/A*** | ***Reviewer Comments*** |
| ***Procedural Safeguards –State Selected Indicator #1: Parent Rights*** | 1. Is there evidence that the parent was given prior written notice before each of the following events and that the content of the notice clearly described the action that will be taken and its purpose: |  |  |  |  |
|  | * 1. With Screening results, if screening was provided? |  |  |  |  |
|  | * 1. If initial evaluation and assessment is determined to be not appropriate? |  |  |  |  |
|  | * 1. Prior to Initial evaluation and assessment? |  |  |  |  |
|  | * 1. With eligibility determination? |  |  |  |  |
|  | * 1. Prior to Initial IFSP meeting? |  |  |  |  |
|  | * 1. Prior to initiating services on the IFSP (initial, IFSP reviews, annual, Transition)? |  |  |  |  |
|  | * 1. Prior to IFSP reviews? |  |  |  |  |
|  | * 1. Prior to subsequent evaluations? |  |  |  |  |
|  | * 1. Prior to Annual IFSP meetings? |  |  |  |  |
|  | * 1. Prior to Transition Conference |  |  |  |  |
|  | * 1. Discontinuing/exiting services if child no longer meets eligibility criteria? |  |  |  |  |
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| ***Topic Area*** | **Guidance for Reviewers** | | | | |
|  | **Guidance - Question #3:**  A family directed assessment of the family’s concerns, priorities, and resources related to enhancing their child’s development should be completed. Participation by the family in this assessment is voluntary since it is the family’s discretion regarding what information they share and want included as part of evaluation and intervention planning.  Personal interviews with the family must be used to conduct the family assessment, whether done informally or when using more formal protocols.  Evidence = The information used to confirm that the family directed assessment occurred might include: the family assessment section of the IFSP (completed); contact notes (reflecting a summary of the family assessment).  Criteria for Providing a Yes, No, or N/A Response  A “N/A” response is not applicable for this question.  A “Yes” response is appropriate if there is evidence in the child’s IFSP or record that the family assessment occurred.  A “No” response is appropriate is there is no evidence in the child’s IFSP or record that the family assessment occurred.  (NOTE: A “No” response to this question does not impact program performance because the family may decline to provide this information.) | | | | |
| ***Topic Area*** | ***Question/Item*** | ***Yes*** | ***No*** | ***N/A*** | ***Reviewer Comments*** |
|  | 1. Did the family identify its resources, priorities and concerns related to enhancing their child’s development and provide information about everyday routines and activities through a family directed assessment?   (303.322(d))  **Skip to question #5 if answer is Yes** |  |  |  |  |
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| ***Topic Area*** | **Guidance for Reviewers** | | | | |
|  | **Guidance – Question #4:**  In the event that the family declines to participate in a family directed assessment, this must be documented in a service note or evaluation report.  Evidence = The information used to confirm that the family declined to participate in the family directed assessment might include: contact notes (reflecting the family declined the family assessment).  Criteria for Providing a Yes, No, or N/A Response  A “N/A” response is not applicable for this question.  A “Yes” response is appropriate if there is evidence in the child’s record that the family declined the family assessment.  A “No” response is appropriate is there is no evidence in the child’s record that the family declined the family assessment. | | | | |
| ***Topic Area*** | ***Question/Item*** | ***Yes*** | ***No*** | ***N/A*** | ***Reviewer Comments*** |
|  | 1. If no, is there documentation that the family declined?   (303.322(d)) |  |  |  |  |
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| ***Topic Area*** | **Guidance for Reviewers** | | | | |
| ***High Quality Assessments – State Selected Indicator #2*** | **Guidance – Question #5:**  Part C regulations require that evaluation and assessment of each child include: 1) an evaluation of the child’s level of functioning in each of the following developmental areas: cognitive development; physical development, including vision and hearing; communication development; social and emotional development; adaptive development; and 2) an assessment of the unique needs of the child in terms of each of the developmental areas above including the identification of appropriate services to meet those needs. This information can be found in the Present Levels of Development section of the IFSP.  Evidence = The information used to confirm that the evaluation and assessment included each area of development and the unique needs and services for the child might include: the Present Levels of Development section of the IFSP (reflecting the child’s developmental status and unique needs of the child in the developmental area).  Criteria for Providing a Yes, No, or N/A Response  A “N/A” response is applicable only if an evaluation or assessment was not completed during the fiscal year for the child.  A “Yes” response is appropriate if an evaluation and assessment occurred during the fiscal year and there is evidence in the child’s IFSP or record that the child’s functioning AND unique needs of the child were evaluated and assessed in each developmental area (cognitive, physical, communication, social/emotional, and adaptive).  A “No” response is appropriate if an evaluation and assessment occurred during the fiscal year and there is no evidence in the child’s IFSP or record that the child’s functioning AND unique needs of the child were evaluated and assessed in each developmental area (cognitive, physical, communication, social/emotional, and adaptive). | | | | |
| ***Topic Area*** | ***Question/Item*** | ***Yes*** | ***No*** | ***N/A*** | ***Reviewer Comments*** |
| ***High Quality Assessments – State Selected Indicator #2*** | 1. Did the evaluation and assessment (for eligibility and program planning) identify present levels of functioning and the unique needs of the child in each of the following developmental domains? (303.322(c)(3)) |  |  |  |  |
|  | * 1. Cognitive? |  |  |  |  |
|  | * 1. Physical (e.g., gross motor, fine motor, vision, hearing)? |  |  |  |  |
|  | * 1. Communication (e.g., expressive and receptive language)? |  |  |  |  |
|  | * 1. Social and emotional? |  |  |  |  |
|  | * 1. Adaptive? |  |  |  |  |
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| ***Topic Area*** | **Guidance for Reviewers** | | | | |
|  | **Guidance – Question #6:**  The child’s functional skills in each required developmental area, including strengths and needs relevant to challenges and what is working well in everyday routines and activities, is used to develop IFSP outcomes and to monitor progress on the 3 global child outcomes (Indicator 3) and is used to help plan and provide appropriate intervention activities provided by therapists and educators.  Evidence = The evidence used to confirm that information on the child’s strengths and needs is used to develop IFSP outcomes and plan services for the child might include: the Summary of Functional Performance section of the IFSP (reflecting not only the child’s skills but how the child uses those skills in the context of participating in everyday routines and activities).  Criteria for Providing a Yes, No, or N/A Response  A “N/A” response is applicable only if an evaluation or assessment was not completed during the fiscal year for the child.  A “Yes” response would be indicated if the child’s developmental status included test scores AND contextualized statements of what the child can do in everyday routines and activities (e.g., “Kim makes throaty sounds and gestures to let her mom and dad know when she wants to be picked up, when she is full or doesn’t like a particular food”; or “Johnny is able to say 50 words and can express his needs and wants, including what foods/liquids he wants to eat/drink at mealtime, what toys he wants to play with during play times with his brother, etc.”). In addition to information about the child’s strengths and needs, the description should include information on what’s challenging/what’s working at home and in the community, what’s motivating for the child, the child’s likes and dislikes, and how the child functions/interacts in various settings, with different things, and with different people as part of everyday routines and activities.  In other words, a “Yes” response would only be possible if the child’s “functional” status is based upon information gathered through multiple sources such as normed-referenced assessment tools, curriculum based assessment, observations, parent report, etc.  A “No” response would be indicated if the child’s current status is only summarized in terms of **one or more of the following:**   1. test scores 2. a statement of “within normal limits” 3. child’s deficits 4. a reflection of what child’s performance was on test items (e.g., Johnny stacked 4 blocks but was unable to pull the string to obtain the ring.) 5. vague mention of child strengths without describing developmental status as it relates to everyday routines and activities | | | | |
| ***Topic Area*** | ***Question/Item*** | ***Yes*** | ***No*** | ***N/A*** | ***Reviewer Comments*** |
|  | 1. Does the Summary of Functional Performance section of the IFSP contain functional skills, including strengths and needs relevant to challenges and what is working well in everyday routines and activities? (quality) |  |  |  |  |
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| ***Topic Area*** | **Guidance for Reviewers** | | | | |
|  | **Guidance – Question #7:**  The reviewer should review only those COSs completed during the fiscal year and compare information on the COS with information in the child’s record including the assessment tool results, parent report, and functional observation in responding to 7(a) through (c).  Evidence = The information used to confirm that COS ratings are consistent with the child’s evaluation and assessment findings might include: the Summary of Functional Performance section of the IFSP and evaluation and assessment report (or information/results recorded on assessment instruments that demonstrate correlation of the assessment results with the COS ratings).  Criteria for Providing a Yes, No, or N/A Response  A “N/A” response is applicable only if a COS form was not required to be completed during the fiscal year.  A "Yes” response is appropriate if the Summary of Functional Performance section of the IFSP coincides with the assessment results including functional observation, information from assessment tools, parent report, etc. in the child’s record.  A “No” response is appropriate if the Summary of Functional Performance section of the IFSP does not coincide with the assessment results including information from assessment tools, parent report, and functional observations. | | | | |
| ***Topic Area*** | ***Question/Item*** | ***Yes*** | ***No*** | ***N/A*** | ***Reviewer Comments*** |
| ***High Quality Assessments – State Selected Indicator #2*** | 1. Are the COS ratings at **entry and at exit** substantiated by the evaluation and assessment findings, including parent observation/report regarding their child’s functional skills for the following child outcomes: (quality) |  |  |  |  |
|  | * 1. Positive social-emotional skills? |  |  |  |  |
|  | * 1. Acquisition and use of knowledge and skills (including early language/communication)? |  |  |  |  |
|  | * 1. Use of appropriate behaviors to meet their needs? |  |  |  |  |
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| ***Topic Area*** | **Guidance for Reviewers** | | | | |
|  | **Guidance – Question #8:**  The reviewer should review the evaluation and assessment information (reports, assessment tools, information on the child’s present levels of development in the IFSP, etc.) to determine if multiple sources of information were synthesized by the team in determining eligibility and in developing a functional and meaningful IFSP.    Evidence = The information used to confirm multiple sources of information and informed clinical opinion were used to determine eligibility and develop the IFSP may be: the evaluation and assessment report, assessment tools used compared to eligibility determination to IFSP outcomes and services.  Criteria for Providing a Yes, No, or N/A Response  A “N/A” response is applicable only if an evaluation and assessment was not completed during the fiscal year.  A "Yes” response is appropriate if the evaluation and assessment information (or report) contains a synthesis of both qualitative and quantitative information from multiple sources which go beyond just test scores alone. Information should include norm referenced and/or other assessment results, parent’s perceptions/observations about their child’s functional skills and participation across settings, observations of the child, clinical judgment of team members based upon their experience and expertise, information/reports available from other sources, etc. A compilation of this information by the team (preferably in the assessment report, contact notes, etc.) reflects that informed clinical opinion was used to:   1. Determine eligibility – For example, if test scores demonstrate that the child is not eligible (but the scores are borderline) and observations, parent report and clinical judgment of team members are used by the team (not just one individual) in determining that the child should be eligible. 2. Plan meaningful and functional services for children and families – For example, IFSP outcomes and strategies are based on parent priorities, child interests and preferences and not on individual test items such as stacking blocks.   (See *NECTAC Notes: Informed Clinical Opinion* at <http://www.nectac.org/~pdfs/pubs/nnotes28.pdf> and webinar on *Valid Use of Clinical Judgment (Informed Opinion) for Early Intervention Eligibility* <http://www.nectac.org/~calls/2010/earlypartc/earlypartc.asp#session3> for more information)  A “No” response is appropriate if the evaluation and assessment information (or report(s)) is limited to only one source of information in:   1. determining eligibility - For example, only test scores are used by the team to determine the child’s eligibility. 2. planning meaningful and functional services for children and families - For example, IFSP outcomes and strategies reflect teaching to test items.   NOTE: The Data Management System includes a place to identify the child’s eligibility determination and to document Informed Clinical Opinion. | | | | |
| ***Topic Area*** | ***Question/Item*** | ***Yes*** | ***No*** | ***N/A*** | ***Reviewer Comments*** |
|  | 1. Is there documentation on the IFSP showing evidence that informed clinical opinion was used during the evaluation and assessment? (303.322 (c)(2)) |  |  |  |  |
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| ***Topic Area*** | **Guidance for Reviewers** | | | | |
|  | **Guidance – Question #9a:**  The IFSP is required to include child and/or family IFSP outcomes. These should be based on the needs and interests of the child and the family.  Evidence = The information used to confirm that child and/or family outcomes are based on needs and interests of the child and family are listed on the IFSP might be: the IFSP outcome section (reflecting whether or not child and/or family outcomes are included).  Criteria for Providing a Yes, No, or N/A Response  A “N/A” response is applicable only if an IFSP has not yet been completed for a child referred to ESIT.  A "Yes” response is appropriate if there are child and/or family outcomes on the IFSP and an IFSP was developed.  A “No” response is appropriate if an IFSP meeting has occurred and completed and there are no child and/or family outcomes included on the IFSP. | | | | |
| ***Topic Area*** | ***Question/Item*** | ***Yes*** | ***No*** | ***N/A*** | ***Reviewer Comments*** |
|  | 9a. Does the IFSP include outcomes (or statements of measurable results) that are expected to be achieved, including pre-literacy and language as developmentally appropriate?  **If Yes, answer (b) through (d) below. If no or N/A, skip to question #10.** |  |  |  |  |
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| ***Topic Area*** | **Guidance for Reviewers** | | | | |
|  | **Guidance – Question #9b:**  Evidence = The information used to confirm that outcomes are measurable might be: the IFSP outcome section (either embedded in the outcome statement itself or with the outcome).  Criteria for Providing a Yes, No, or N/A Response  A “N/A” response is not appropriate for this item.  A "Yes” response is appropriate if all child and/or family outcomes on the most current IFSP have criteria, procedures, and timelines for determining progress and whether modifications or revisions are necessary for the outcome to be achieved. (NOTE: Criteria, procedures, and timelines do not need to be documented within the outcome) Outcomes should state what the child or family will do or have, under what circumstances, and when. Outcomes should be specific enough to be able to determine when the outcome is achieved. For example, if the outcome is: *Kim will eat with her family, eating the foods they eat*, the criteria, procedures and timelines might be:   * Criteria for meeting outcome: When Kim is able to eat 2 meals every day with her family, eating food from the table and gaining/maintaining sufficient weight for removal of the night tube feeding. * Procedures: Parents will share with the team any increase in Kim’s intake of new foods or liquids, increase in ability to eat foods with the family (when she eats one meal every day and then begins eating two meals some days), decrease in the need for night time tube feeding while maintaining desired weight gain until physician recommends that tube feeding is no longer necessary. * Timeline: Review strategies and activities for effectiveness at least monthly and outcome at least once every 3-6 months.   A “No” response is appropriate if any (one or more) IFSP outcomes do not meet the information in the “Yes” response above. | | | | |
| ***Topic Area*** | ***Question/Item*** | ***Yes*** | ***No*** | ***N/A*** | ***Reviewer Comments*** |
| ***Quality IFSPs – State Selected Indicator #3*** | 9b. Are IFSP outcomes measurable?  (303.12 (a)(1), 303.344 (c)) |  |  |  |  |
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| ***Topic Area*** | **Guidance for Reviewers** | | | | |
|  | **Guidance – Question #9c:**  Evidence = The information used to confirm that outcomes are reflective of the family priorities, concerns and resources might be: information that the family has shared about their concerns and priorities for their child in comparison to the IFSP outcomes.  Criteria for Providing a Yes, No, or N/A Response  A “N/A” response is not appropriate for this item.  A “Yes” response to this question is appropriate if all child and family IFSP outcomes are clearly based on family concerns and priorities (e.g., there are clear connections between the IFSP outcomes and information the family has shared about what’s working and challenging in everyday routines and activities and the priorities families would like to focus on).  A “No” response is appropriate if any (one or more) child and family IFSP outcome seems to be based on provider priorities or something other than family concerns and priorities (e.g., there is not a clear connection with the concerns and priorities expressed by the family), and/or no family outcomes are included related to specific family needs and concerns expressed by the family. | | | | |
| ***Topic Area*** | ***Question/Item*** | ***Yes*** | ***No*** | ***N/A*** | ***Reviewer Comments*** |
| ***Quality IFSPs – State Selected Indicator #3*** | 9c. Are the IFSP outcomes reflective of family priorities, concerns and resources? (quality) |  |  |  |  |
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| ***Topic Area*** | **Guidance for Reviewers** | | | | |
|  | **Guidance – Question #9d:**  Evidence = The information used to confirm that IFSP outcomes are stated in terms of the child’s participation in daily routines and activities might be: the IFSP outcomes page compared to information gathered from the family about the child’s participation in daily routines and activities.  Criteria for Providing a Yes, No, or N/A Response  A “N/A” response is not appropriate for this item.  A “Yes” response is appropriate if the child and family outcomes reflect what the child or family will do in everyday routines and activities (e.g., Kim will eat with her family, eating the foods they eat; Kim will sleep through the night and take daytime naps and go to bed at the same time as her sister.)  A “No” response if any (one or more) child and family outcomes is written:   * as services to be provided, and/or * in discipline-specific therapeutic language, and/or * in vague terms, and/or without relevance to everyday routines and activities. | | | | |
| ***Topic Area*** | ***Question/Item*** | ***Yes*** | ***No*** | ***N/A*** | ***Reviewer Comments*** |
| ***Quality IFSPs – State Selected Indicator #3*** | 9d. Are the IFSP outcomes functional and stated in terms of the child’s participation in everyday routines and activities?  (quality) |  |  |  |  |
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| ***Topic Area*** | **Guidance for Reviewers** | | | | |
|  | **Guidance – Question #10:**  Evidence = The information used to confirm that IFSP outcomes reflect how service providers will enhance the family capacity to meet the needs of their child might be: the IFSP outcomes page and IFSP services page (reflecting whether outcomes/services support enhancing family capacity).  Criteria for Providing a Yes, No, or N/A Response  A “N/A” response is applicable only if an IFSP has not been completed.  A “Yes” response is appropriate if IFSP outcomes and services to meet these outcomes reflect how service providers support the family/caregivers in enhancing the child’s development and achieving outcomes as part of everyday routines and activities.  A “No” response is appropriate if IFSP outcomes (and therefore services) reflect only what the professional will do with the child, and only include specialized places and equipment. | | | | |
| ***Topic Area*** | ***Question/Item*** | ***Yes*** | ***No*** | ***N/A*** | ***Reviewer Comments*** |
| ***Quality IFSPs – State Selected Indicator #3*** | 10. Are the outcomes, services and supports identified in the IFSP designed to enhance the capacity of the family in meeting the developmental needs of their child?  (303.322 (d)(1)) |  |  |  |  |
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| ***Topic Area*** | **Guidance for Reviewers** | | | | |
|  | **Guidance – Question #11:**  303.344 Note 3 states that the early intervention services in 303.344(d) are those services that a State is required to provide to a child in accordance with 303.12 (a)(1). In addition, 303.12 (a)(1) states that early intervention services are designed to meet the developmental needs of the child and the needs of the family related to enhancing the child’s development. Therefore, services listed should meet the unique needs of the child and family to achieve the outcomes identified including the frequency, intensity and method of delivering services.  Evidence = The information used to confirm that IFSP services seem appropriate to achieve the child and family outcomes identified given the family concerns, priorities and resources might be: comparing IFSP services to IFSP outcomes and child’s unique needs (assessment report or information) and family needs (family assessment).  Criteria for Providing a Yes, No, or N/A Response  A “N/A” response is applicable only if an IFSP has not yet been completed for a child who was referred to ESIT.  A “Yes” response is appropriate if :   * Specific child and family services are listed and seem reasonable given the unique developmental needs of the child, the family’s concerns, priorities and resources, and necessary to achieve the IFSP outcomes; and * Frequency, intensity, and method are specified for each service and seem reasonable and not burdensome to families given the developmental status of the child, the family’s concerns, priorities and resources, and the IFSP outcomes.   A “No” response is appropriate if :   * Specific child and family services are not listed on the IFSP; or * Frequency, intensity, and method are not included for each specific service; or * Frequency, intensity, and method of services and/or number of service providers involved do not address the unique developmental needs of the child or the concerns, priorities and resources of the family; or * Frequency, intensity, and method of services and/or number of service providers involved seem likely to be overwhelming or burdensome to the family rather than building family capacity. | | | | |
| ***Topic Area*** | ***Question/Item*** | ***Yes*** | ***No*** | ***N/A*** | ***Reviewer Comments*** |
| ***Quality IFSPs – State Selected Indicator #3*** | 11. Do the services listed on the IFSP seem appropriate to achieve the child and family outcomes identified given the developmental status of the child (unique needs) and the family’s concerns, priorities and resources?  (303.344 Note 3; 303.12 (a)(1)) |  |  |  |  |
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| ***Topic Area*** | **Guidance for Reviewers** | | | | |
|  | **Guidance – Question #12:**  Part C regulations require that Part C services be provided in natural environments (settings that are natural or normal for the child’s same age peers who have no disabilities), including the home and community settings in which children without disabilities participate.  Evidence = The information used to confirm that all child-specific services are provided in a natural environment might be: the IFSP services page (settings).  Criteria for Providing a Yes, No, or N/A Response  A “N/A” response is applicable only if an IFSP has not yet been developed for a child who was referred to ESIT.  A “Yes” response is appropriate if all child-specific IFSP services are provided in the home or community settings where children without disabilities participate.  A “No” response is appropriate if all child-specific IFSP services are not provided in a natural environment (*with the exception of parent support activities such as parent groups, respite care, etc*.)  **NOTE: Do not include parent support activities such as parent training, parent groups, respite care, etc.** | | | | |
| ***Topic Area*** | ***Question/Item*** | ***Yes*** | ***No*** | ***N/A*** | ***Reviewer Comments*** |
| ***Natural Environment Justifications– State Selected Indicator #4*** | 12. Does the child’s IFSP indicate that all child-specific IFSP services are provided in natural environments?  (303.12(b), 303.18, 303.167(c) and 303.344(d)(1)(ii))  **If answer is Yes, Skip Question #13 entirely** |  |  |  |  |
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| ***Topic Area*** | **Guidance for Reviewers** | | | | |
|  | **Guidance – Question #13:**  If early intervention services cannot be achieved satisfactorily in a natural setting, a service may be provided in a setting other than a natural environment. The IFSP must include the natural environments in which services are provided, and if a service is not provided in a natural environment, a justification must be included. In other words, all services that are not provided in a natural environment (*with the exceptions of respite care, parent support groups, etc.)* must have an appropriate justification written in the IFSP (compliance requirement).  Evidence = The information used to confirm that appropriate justifications are included for child-specific services not provided in a natural environment might be: the IFSP services page (settings) and natural environment justification.  Criteria for Providing a Yes, No, or N/A Response  A “N/A” response is not applicable for this question.  A “Yes” response is applicable if the justification meets the following criteria:   * Is based on the individual needs of the child as determined by the IFSP team including the parent * Includes a plan to transition the child’s service into a natural setting within a short period of time * Is NOT based on administrative convenience, fiscal reasons, personnel limitations or parent/therapist preferences.   A “No” response is appropriate if :   * no justification is included for services not provided in a natural setting * the justification is not based on the needs of the child but appears to be for administrative convenience, fiscal reasons, personnel limitations or parent/therapist preferences. | | | | |
| ***Topic Area*** | ***Question/Item*** | ***Yes*** | ***No*** | ***N/A*** | ***Reviewer Comments*** |
| ***Natural Environment Justifications– State Selected Indicator #4*** | 13. If any child-specific service is not provided in a natural environment, is there an appropriate justification documented?  (303.344(d)(1)(ii)) |  |  |  |  |
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**Individual Child** **Record Review Summary Sheet**

**Directions:** Use this sheet to record ratings from the questions. A summary sheet should be completed for each child record reviewed. LLAs are required to keep the original Self-Assessment Tool and supporting documentation for each child’s record review for future on-site monitoring by ESIT.

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| Name of LLA |  | Person Completing Summary Form |  | Date Completed |  |

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| **Question** | | | **Response (Check Yes, No, or N/A)** | | | | **Reviewer Comments** |
| 1. **Procedural Safeguards** | | |  | **Yes** | **No** | **N/A** |  |
|  | **At Intake** |  |  |  |  |  |
|  | **Prior to Screening** |  |  |  |  |  |
|  | **With Screening Results** |  |  |  |  |  |
|  | **If evaluation is determined not appropriate** |  |  |  |  |  |
|  | **Prior to initial evaluation** |  |  |  |  |  |
|  | **With eligibility determination** |  |  |  |  |  |
|  | **Prior to initial IFSP** |  |  |  |  |  |
|  | **Prior to Services** |  |  |  |  |  |
|  | **Prior to IFSP Review** |  |  |  |  |  |
|  | **Prior to Subsequent Evaluation** |  |  |  |  |  |
|  | **Prior to Annual IFSP** |  |  |  |  |  |
|  | **Prior to Transition Conference** |  |  |  |  |  |
|  | **Prior to Exit** |  |  |  |  |  |
|  | **TOTALS** |  |  |  |  |  |
|  | |  |  | | | |
| **Question** | | | **Response (Check Yes, No, or N/A)** | | | | **Reviewer Comments** |
| 1. **Prior Written Notice** | | |  | **Yes** | **No** | **N/A** |  |
|  | **With screening results** |  |  |  |  |  |
|  | **If evaluation is determined not appropriate** |  |  |  |  |  |
|  | **Prior to initial evaluation** |  |  |  |  |  |
|  | **With eligibility determination** |  |  |  |  |  |
|  | **Prior to initial IFSP** |  |  |  |  |  |
|  | **Prior to initiating services** |  |  |  |  |  |
|  | **Prior to IFSP Review** |  |  |  |  |  |
|  | **Prior to subsequent evaluation** |  |  |  |  |  |
|  | **Prior to Annual IFSP** |  |  |  |  |  |
|  | **Prior to Transition Conference** |  |  |  |  |  |
|  | **Prior to Exit** |  |  |  |  |  |
|  | **TOTALS** |  |  |  |  |  |
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| **Question** | | | | **Response (Check Yes, No, or N/A)** | | | | **Reviewer Comments** |
| 1. **Family Directed Assessment** | | | |  | **Yes** | **No** | **N/A** |  |
|  | | | |  |  |  |  |  |
| 1. **Decline of Family Directed Assessment** | | | |  | **Yes** | **No** | **N/A** |  |
|  | | | |  |  |  |  |  |
| 1. **Evaluation and Assessment** | | | |  | **Yes** | **No** | **N/A** |  |
|  | **Cognitive** | |  |  |  |  |  |  |
|  | **Physical** | |  |  |  |  |  |  |
|  | **Communication** | |  |  |  |  |  |  |
|  | **Social and Emotional** | |  |  |  |  |  |  |
|  | **Adaptive** | |  |  |  |  |  |  |
|  | **TOTALS** | |  |  |  |  |  |  |
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| 1. **Present Levels of Development** | | | |  | **Yes** | **No** | **N/A** |  |
|  | | | |  |  |  |  |  |
| 1. **Child Outcome Summary (COS) Rating** | | | |  | **Yes** | **No** | **N/A** |  |
|  | | | |  |  |  |  |  |
| 1. **Evidence of Informed Clinical Opinion** | | | |  | **Yes** | **No** | **N/A** |  |
|  | | | |  |  |  |  |  |
| 1. **IFSP Outcomes** | | | |  | **Yes** | **No** | **N/A** |  |
|  | **Achievable** |  | |  |  |  |  |  |
|  | **Measurable** |  | |  |  |  |  |  |
|  | **Reflective of Family Priorities, Concerns, Resources** |  | |  |  |  |  |  |
|  | **Functional in Routines** |  | |  |  |  |  |  |
|  | **TOTALS** |  | |  |  |  |  |  |
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| 1. **IFSP Services Enhance Family Capacity** | | | |  | **Yes** | **No** | **N/A** |  |
|  | | | |  |  |  |  |  |
| 1. **IFSP Services Appropriate to Meet Needs** | | | |  | **Yes** | **No** | **N/A** |  |
|  | | | |  |  |  |  |  |
| 1. **Natural Environments** | | | |  | **Yes** | **No** | **N/A** |  |
|  | | | |  |  |  |  |  |
| 1. **Appropriate Natural Environments Justifications** | | | |  | **Yes** | **No** | **N/A** |  |
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**Record Review Summary**

**Directions:** Use this sheet to summarize ratings from ALL child records reviewed. This page will be submitted to [ESIT.Reports@del.wa.gov](mailto:ESIT.Reports@del.wa.gov).

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| Name of LLA |  | Person Completing Summary Form |  | Date Completed |  |

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| **Question** | | | **Response (Check Yes, No, or N/A)** | | | | **Reviewer Comments** |
| 1. **Procedural Safeguards** | | |  | **Yes** | **No** | **N/A** |  |
|  | **At Intake** |  |  |  |  |  |
|  | **Prior to Screening** |  |  |  |  |  |
|  | **With Screening Results** |  |  |  |  |  |
|  | **If evaluation is determined not appropriate** |  |  |  |  |  |
|  | **Prior to initial evaluation** |  |  |  |  |  |
|  | **With eligibility determination** |  |  |  |  |  |
|  | **Prior to initial IFSP** |  |  |  |  |  |
|  | **Prior to Services** |  |  |  |  |  |
|  | **Prior to IFSP Review** |  |  |  |  |  |
|  | **Prior to Subsequent Evaluation** |  |  |  |  |  |
|  | **Prior to Annual IFSP** |  |  |  |  |  |
|  | **Prior to Transition Conference** |  |  |  |  |  |
|  | **Prior to Exit** |  |  |  |  |  |
|  | **TOTALS** |  |  |  |  |  |
|  | |  |  | | | |
| **Question** | | | **Response (Check Yes, No, or N/A)** | | | | **Reviewer Comments** |
| 1. **Prior Written Notice** | | |  | **Yes** | **No** | **N/A** |  |
|  | **With screening results** |  |  |  |  |  |
|  | **If evaluation is determined not appropriate** |  |  |  |  |  |
|  | **Prior to initial evaluation** |  |  |  |  |  |
|  | **With eligibility determination** |  |  |  |  |  |
|  | **Prior to initial IFSP** |  |  |  |  |  |
|  | **Prior to initiating services** |  |  |  |  |  |
|  | **Prior to IFSP Review** |  |  |  |  |  |
|  | **Prior to subsequent evaluation** |  |  |  |  |  |
|  | **Prior to Annual IFSP** |  |  |  |  |  |
|  | **Prior to Transition Conference** |  |  |  |  |  |
|  | **Prior to Exit** |  |  |  |  |  |
|  | **TOTALS** |  |  |  |  |  |
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| **Question** | | | | **Response (Check Yes, No, or N/A)** | | | | | | | **Reviewer Comments** |
| 1. **Family Directed Assessment** | | | |  | | **Yes** | | **No** | | **N/A** |  |
|  | | | |  | |  | |  | |  |  |
| 1. **Decline of Family Directed Assessment** | | | |  | | **Yes** | | **No** | | **N/A** |  |
|  | | | |  | |  | |  | |  |  |
| 1. **Evaluation and Assessment** | | | |  | | **Yes** | | **No** | | **N/A** |  |
|  | **Cognitive** | |  |  | |  | |  | |  |  |
|  | **Physical** | |  |  | |  | |  | |  |
|  | **Communication** | |  |  | |  | |  | |  |
|  | **Social and Emotional** | |  |  | |  | |  | |  |
|  | **Adaptive** | |  |  | |  | |  | |  |
|  | **TOTALS** | |  |  | |  | |  | |  |
|  | | | |  | | | | | | |
| 1. **Present Levels of Development** | | | |  | | **Yes** | | **No** | | **N/A** |  |
|  | | | |  | |  | |  | |  |  |
| 1. **Child Outcome Summary (COS) Rating** | | | |  | | **Yes** | | **No** | | **N/A** |  |
|  | | | |  | |  | |  | |  |  |
| 1. **Evidence of Informed Clinical Opinion** | | | |  | | **Yes** | | **No** | | **N/A** |  |
|  | | | |  | |  | |  | |  |  |
| 1. **IFSP Outcomes** | | | |  | | **Yes** | | **No** | | **N/A** |  |
|  | **Achievable** |  | |  | |  | |  | |  |  |
|  | **Measurable** |  | |  | |  | |  | |  |
|  | **Reflective of Family Priorities, Concerns, Resources** |  | |  | |  | |  | |  |
|  | **Functional in Routines** |  | |  | |  | |  | |  |
|  | **TOTALS** |  | |  | |  | |  | |  |
|  | |  | |  | | | | | | |
| 1. **IFSP Services Enhance Family Capacity** | | | |  | **Yes** | | **No** | | **N/A** | |  |
|  | | | |  |  | |  | |  | |  |
| 1. **IFSP Services Appropriate to Meet Needs** | | | |  | **Yes** | | **No** | | **N/A** | |  |
|  | | | |  |  | |  | |  | |  |
| 1. **Natural Environments** | | | |  | **Yes** | | **No** | | **N/A** | |  |
|  | | | |  |  | |  | |  | |  |
| 1. **Appropriate Natural Environments Justifications** | | | |  | **Yes** | | **No** | | **N/A** | |  |
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**Local System Improvement Plan**

**Directions:** After analyzing data from ALL child records reviewed, and LCOMS-SA, use this sheet with your ESIT Program Consultant to identify an area(s) of system improvement that the LLA will address during the remainder of the current contract year and next contract year The system improvement activity should target a specific component of the local early intervention system, and include at least one activity to improve results for children and families. Please add pages if more than 2 areas of improvement are identified. This page will be submitted to [ESIT.Reports@del.wa.gov](mailto:ESIT.Reports@del.wa.gov).

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| Name of LLA |  | Person Completing Summary Form |  | Date Completed |  |

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| |  |  |  | | --- | --- | --- | | **Area of Improvement** | **Description of Activity:-please include resources and supports needed from ESIT** | **Evaluation Plan-when and how will we know we have improved?** | | **1.** |  |  | | **2.** |  |  | |