

FOCUS

On Young Children's Learning



Getting a
Jump Start on
Your Child's
Development!



New Mexico FOCUS: Essential Elements of Quality
for the **Family Infant Toddler Program**

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What is FOCUS on Young Children’s Learning?

FOCUS on Young Children’s Learning, New Mexico’s Tiered Quality Rating and Improvement System (TQRIS), is a nationally researched process for promoting high quality early learning programs through the establishment of:

- Quality standards (key elements of Quality);
- Criteria (measurements of quality) that must be met at each tier (level) of the system; and
- Training and consultation provided to assist early learning community providers to move up through the tiers

Research has shown that a focus of improving the quality of early childhood services leads to improved developmental outcomes and enhanced school readiness for young children.

Under FOCUS early learning programs in New Mexico have focused on aligning quality elements and standards across systems:

New Mexico’s Early Learning System of Systems					
Ages					
Prenatal	Birth to One	One	Two	Three	Four to Kindergarten Entry
Home Visiting					
	IDEA Part C Early Intervention – NM FIT PROGRAM			IDEA Part B EC Special Education	
	Child Care				
Early Head Start				Head Start	
					NM PreK

and these quality improvements focus on children’s growth, development, and learning—so that each child has an equitable opportunity to be successful when they enter school. This document contains the FOCUS Essential Elements of Quality that provides a framework for publicly funded preschool programs as they

strive to make quality improvements. The Essential Elements of Quality also serve as criteria used to determine a program’s level of quality—“quality”, “high quality”, or “exemplary”. Together, the *New Mexico Early Learning Guidelines: Birth through Kindergarten* and the *FOCUS: Essential Elements of Quality* provide:

- Common Early Learning Standards, standardized criteria for a common, authentic, observation documentation curriculum-planning process
- Common Early Learning Program Standards, a standardized process for continuous quality improvement and standardized criteria for a common quality rating and improvement system

The FOCUS framework is also closely aligned with the New Mexico Professional Development System—a standardized, early childhood workforce knowledge and competency framework, with a corresponding progression of credentials, the Common Early Childhood Professional Development Standards.

Just as the *NM Early Learning Guidelines* provide a framework of criteria regarding children’s growth, development, and learning that educators rely on to plan curriculum, the *FOCUS: Essential Elements of Quality* provides a framework of criteria that program personnel can use to plan quality improvements to their program.

Through FOCUS, the state’s Early Learning Standards, Early Learning Program Standards, and Early Childhood Professional Development Standards merge. Altogether, they are designed to ensure that many more children, from birth through age five, have access to dramatically improved early-learning programs, so that they enter school with the skills, knowledge, and dispositions they need to be successful. Through the use of a program improvement and quality rating system, early learning programs will increase their ability to focus on children's learning, improve their practice, and—as a result of that improvement in practice—improve each child's growth, development, and potential with kindergarten readiness in mind

Guiding Principles for the Full Participation of Young Children in New Mexico’s Early Learning System

The FOCUS Tiered Quality Rating and Improvement System (TQRIS) is built on the following **New Mexico’s Guiding Principles for the Full Participation of Young Children in New Mexico’s Early Learning System** that were developed at a two-day summit in March, 2010 with over 100 participants:

Every child in New Mexico has diverse strengths rooted in his or her family’s unique culture, heritage, language, beliefs, and circumstances. Early learning programs, that support the full participation of every child, build on these strengths. They do so by promoting a sense of belonging, by supporting positive social relationships, and by enabling families and professionals to gain advocacy skills that positively impact the life of every child.

We believe that . . .

- *Every child has unique gifts and abilities that are to be celebrated and nurtured*
- *The early years hold enormous promise for every child to reach his or her full potential*
- *Every child learns within the context of relationships and through playful interactions within their environment*
- *All children and their families deserve equitable access to appropriate services and to supports that acknowledge their uniqueness and enable them to reach their full potential*

Therefore, we are committed to . . .

- *Valuing and embracing all children and their families*
- *Involving families and communities as partners and decision makers*
- *Overcoming biases to build trust and establish collaborative partnerships that benefit children, their families, and the professionals who work with them*
- *Providing choice, flexibility, and continuity of services and supports for families within communities*
- *Making a variety of services and support available, so all children have access to—and can participate in—opportunities that are both respectful of and responsive to their family experiences, culture, beliefs, abilities, and circumstances*
- *Advancing advocacy efforts for inclusive practices that build upon unique child, family, and community strengths and are accountable to every child and his/her family*

We will . . .

- *Promote every New Mexico citizen’s understanding of the importance of high-quality, inclusive, early childhood programs and practices*
- *Support interactions and relationships that foster self-reflection*
- *Utilize information about the growth, development, and experiences of individual children and families for program and curriculum development and improvement*
- *Continuously improve services and supports by evaluating current practices and incorporating effective methods, models, and research in our work with children and families*
- *Promote the establishment of aligned services and supports that build on both the unique assets of each child and that acknowledge the strengths of children’s and families’ heritage, language, and culture*
- *Ensure that services and supports are provided by people who reflect the diversity of the community, are well educated, and are well compensated*
- *Establish an integrated, multi-disciplinary system of professional development, training, and technical assistance that supports the design, implementation, and evaluation of practices that are respectful of—and responsive to—each child and family.*

Overview of the FIT FOCUS document

The FIT FOCUS Essential Elements of Quality Document provides the practices, tools and process to be used to implement the Tiered Quality Rating and Improvement System (TQRIS) in order to promote the delivery of high quality early intervention services to infants and toddler with developmental delays and disabilities and disabilities.

The document includes:

- **Definition, rationale and NM FIT Key Principles** - for each of 10 Essential Elements of quality
- **Agency Quality Indicators (Level 2-5)** – The activities and processes that the provider agency will undertake in order to implement FOCUS in order to support staff to attain competency in their practices and use data as part of a Continuous Quality Improvement (CQI) process
- **Individual Quality Practices (Level 3)** – Specific evidence-based practices (based on the DEC Recommended Practices, December 2014)
- **FIT FOCUS Practice Assessment Tools** – used to measure the fidelity of a individuals implementation of a practice

Initial Implementation of FIT FOCUS:

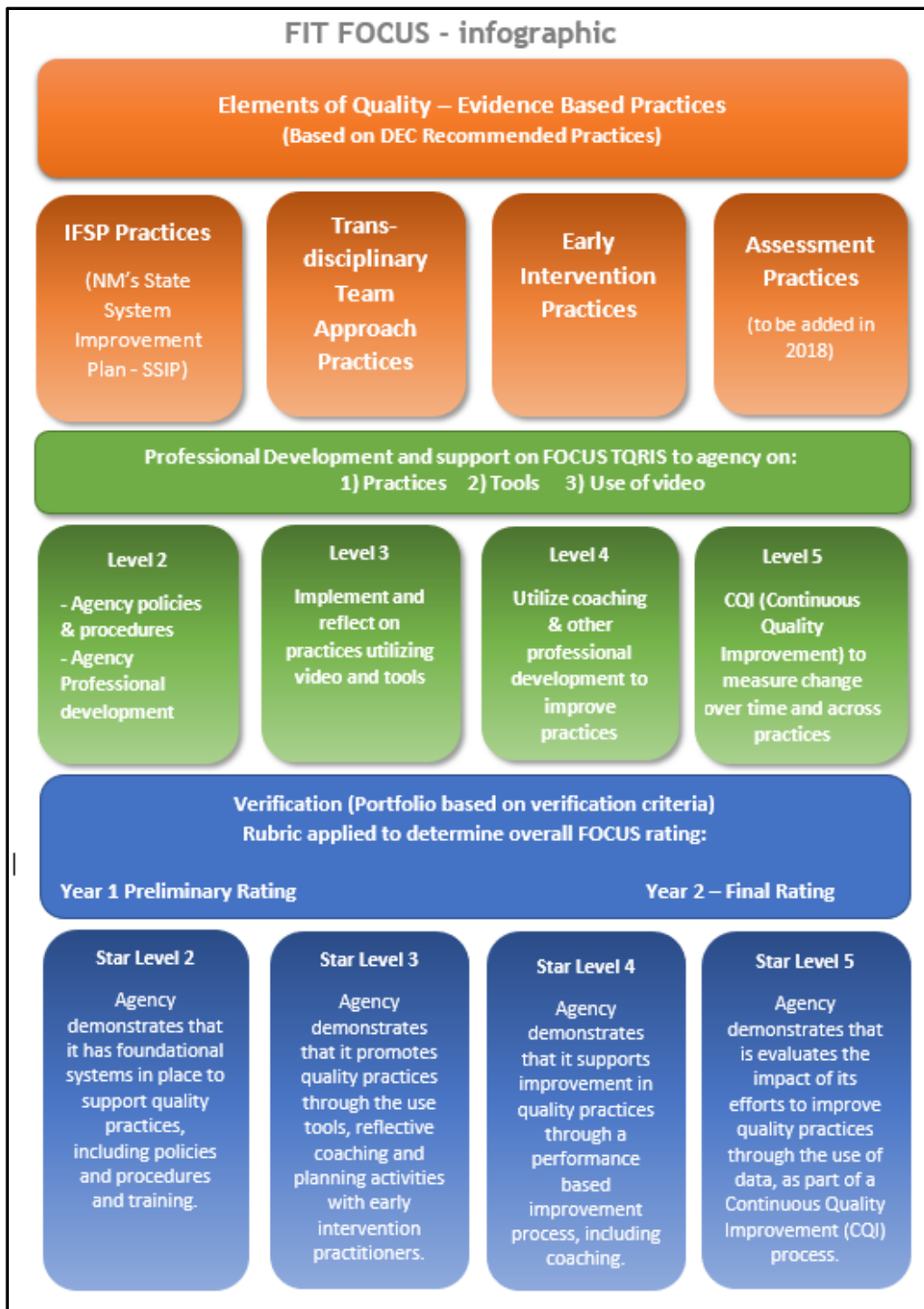
The infographic on the following page shows that the initial roll-out of FIT-FOCUS includes four of the essential elements of quality:

- Early Intervention Practices
- Transdisciplinary Team Approach Practices
- IFSP Practices
- Assessment Practices

Professional Development and consultation:

Provider agencies receive professional development and support consultation in:

- The practices (Early Intervention; Transdisciplinary Team Approach; IFSP and Assessment)
- Tools for measurement of the fidelity of implementation of the practices
- Use of Video – for reflection of home visit
- Practice-based coaching



Verification and Rating

- **Self-assessment – By Provider agency with support from UNM – Early Childhood Network and FIT staff**
- **Preliminary rating - verified after one year, provider agency presenting portfolio to state team**
- **Final rate will be verified at end of the second year**

FIT FOCUS Quality Elements, Levels, Practices, and Tools

1. Early Intervention

Definition: Early Interventional Practices support and strengthen child learning and development while a child is engaged in everyday home, community activities in addition to strengthening the confidence and capacity of family/caregiver members (and caregivers) in their ability to care for promote their child’s development. These practices are based on desired family/caregiver outcomes as stated in the Individualized Family Service Plan and embedded into the daily routines of where the child lives, learns and plays. These practices are designed and implemented with intentionality in partnership with parents to maximize learning and improve developmental and functional outcomes for young children, mentoring, modeling are key components to the manner in which practices are used in order to strengthen capacity and confidence.

Rationale: Intentional practices are the cornerstone of early intervention which optimizes learning and development. Systematic appropriate use of these practices results in improved child outcomes. Practitioners plan specific activities and opportunities to enhance child learning and parent engagement. Parents and practitioners work together to explore and discover what is most practical, beneficial and feasible for the child and family/caregiver to incorporate into daily routines thus honoring the concept that infants and toddlers learn best through everyday experiences and interactions with familiar people and familiar contexts. In order to maximize the experience for children and families/caregivers interventions with young children and family/caregiver members must be based on explicit principles, validated practices, best available research and relevant laws and regulations.

Key Principle(s) #: 1, 7, 5

*The FIT FOCUS practices referenced in the rubric levels below are adopted from the Division for Early Childhood. (2014). DEC Recommended Practices in early intervention/early childhood special education 2014. Retrieved from <http://www.dec-sped.org/recommendedpractices>

Early Intervention					
		Level Two ★★	Level Three ★★★★	Level Four ★★★★★	Level Five ★★★★★★
1.1.	Early Intervention Program has policies and procedures in place to assure that Early Intervention Practitioners use the FIT FOCUS Early Intervention Practices.	◆			

1.2	Early Intervention Program assures that Early Intervention Practitioners receive training on the use of FIT FOCUS Early Intervention Practices.	◆			
1.3	Early Intervention Practitioners and Early Intervention programs use the “Performance Based Improvement Process” to conduct reflective assessments, observations, reflective conversations, and planning activities to improve early intervention practices.		◆		
1.4	Early Intervention Program provides ongoing support for Early Intervention Practitioners’ use of FIT FOCUS Early Intervention Practices and corresponding plans to improve practices by providing mechanisms such as training, reflective supervision, coaching, team/peer support.			◆	
1.5	Early Intervention Program monitors Early Intervention Practitioners’ use of FIT FOCUS Early Intervention Practices, “Performance Based Improvement Process” tools, and corresponding plans for improvement and provides feedback via ongoing performance review and/or appraisal mechanisms.			◆	
1.6	Early Intervention Program uses aggregate data from the “Performance Based Improvement Process” tools to support program-wide improvement of early intervention services, including activities such as setting and measuring progress goals for findings and providing targeted performance support activities (e.g., training, team planning, and supervision).				◆
1.7	Early Intervention Program’s Continuous Quality Improvement process demonstrates positive program-wide changes as evidenced by improved Early Intervention Quality ratings over time.				◆

Early Intervention Practices

Setting the Stage:

EIP1. Early Intervention Practitioners gathers updates on child and family- listens and encourages caregiver reflection

EIP2. Early Intervention Practitioners ask caregiver to update intervention implementation since last visit- listens, encourages caregiver reflection and sets up problem-solving as needed

EIP3. Early Intervention Practitioners share information related to development, current status, intervention, family interests- connects to IFSP or larger goals, priorities, builds consensus

EIP4. Early Intervention Practitioners review session priorities and jointly plans targets, teaching strategies, routines- facilitates caregiver participation and decision making

Observation and Opportunity to Practice

EIP5. Early Intervention Practitioners observe caregiver-child interaction in family-identified routines – provides feedback and builds on dyad strengths

EIP6. Early Intervention Practitioners use coaching strategies, matched to caregiver and child behaviors as caregiver embeds intervention in routine- scaffolds and repeats to build competence and confidence

EIP7. Early Intervention Practitioners provide specific and general feedback on caregiver and child behaviors and interactions- teaches and encourages caregiver

Problem Solving and Planning

EIP8. Early Intervention Practitioners problem-solve with the caregiver about what does and doesn't work to embed intervention- brainstorm, discusses different strategies, routines, new targets or more child participation

EIP9. Early Intervention Practitioners support caregiver to identify opportunities for practice in additional contexts/routines - plans when, where, how to do it

Reflection and Review

EIP10. Early Intervention Practitioners ask questions, comments to promote caregiver reflection and review of targets, strategies, routines and “what worked” in a specific routine or the session as a whole

EIP11. Early Intervention Practitioners encourage the caregiver to describe what it will look like when “it is working”- encourages naming specific or measurable targets, strategies and routines

EIP12. Early Intervention Practitioners engage caregiver to lead development of a “best plan of action” for embedding intervention throughout the day - facilitate caregiver leadership and decision making

**For Early Intervention Performance Based Improvement Process tools please see Appendix A.*

Adapted from: *Family Guided Routines Based Intervention: Key Indicators Manual.*



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Self-Assessment of SS-OO-PP-RR Early Intervention Practices

For each practice:

- Using the scale below, indicate the extent you currently implement the practice:

Not observed

Partially

Yes

*For more information on the above scoring categories, please refer to the rubric contained in the *Family Guided Routines Based Intervention: Key Indicators Manual*.

- In the “Examples” section jot down one or more examples that demonstrate why you chose that level.
- In the “Ideas for Improvement” section jot down some initial thoughts about what you might do to improve your practice and what supports would be useful.

Practitioner: _____

Date: _____

Setting the Stage		Not observed	Partially	Yes	Example(s)	Ideas for improvement
EIP1	Gathers updates on child and family- listens and encourages caregiver reflection					
EIP2	Asks caregiver to update intervention implementation since last visit- listens, encourages caregiver reflection and sets up problem-solving as needed					
EIP3	Shares information related to development, current status, intervention, family interests- connects to IFSP or larger goals, priorities, builds consensus					
EIP4	Reviews session priorities and jointly plans targets, teaching strategies, routines- facilitates caregiver participation and decision making					
Observation and Opportunity to Practice		Not Observed	Partially	Yes	Example(s)	Ideas for Improvement

EIP5	Observes caregiver-child interaction in family-identified routines – provides feedback and builds on dyad strengths					
EIP6	Uses coaching strategies, matched to caregiver and child behaviors as caregiver embeds intervention in routine- scaffolds and repeats to build competence and confidence <i>(This indicator is repeated multiple times in 2 or more routines)</i>					
EIP7	Provides specific and general feedback on caregiver and child behaviors and interactions- teaches and encourages caregiver <i>(This indicator is repeated multiple times throughout session)</i>					
Problem Solving and Planning		Not Observed	Partially	Yes	Examples	Ideas for Improvement
EIP8	Problem-solves with the caregiver about what does and doesn't work to embed intervention- brainstorms, discusses different strategies, routines, new targets or more child participation					
EIP9	Supports caregiver to identify opportunities for practice in additional contexts/routines- plans when, where, how to do it					
Reflection and Review		Not Observed	Partially	Yes	Examples	Ideas for Improvement
EIP10	Asks questions, comments to promote caregiver reflection and review of targets, strategies, routines and “what worked” in a specific routine or the session as a whole					
EIP11	Encourages the caregiver to describe what it will look like when “it is working”- encourages naming specific or measurable targets, strategies and routines					
EIP12	Engages caregiver to lead development of a “best plan of action” for embedding intervention throughout the day- facilitates caregiver leadership and decision making					

Adapted from: *Family Guided Routines Based Intervention: Key Indicators Manual.*



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- What are your priorities to discuss in this peer coaching session?
- Which Early Intervention Practices are you primarily interested in looking at in this session?
- Are there any other components or practices from the visit that you want to be sure that we talk about?

Observer’s Rating Tool of SS-OO-PP-RR Early Intervention Practices

Instructions:

1. Use the three-point scale to indicate the extent that you observed each practice.

Not observed
Partially
Yes

*For more information on the above scoring categories, please refer to the rubric contained in the *Family Guided Routines Based Intervention: Key Indicators Manual*.

2. For each practice, in the “Observations/Evidence” section describe the key observations or evidence that led to your rating.

Observer: _____

Practitioner: _____

Date(s) of Observations: _____

Setting the Stage		Not observed	Partially	Yes	Observations/ Evidence
EIP1	Gathers updates on child and family- listens and encourages caregiver reflection				
EIP2	Asks caregiver to update intervention implementation since last visit- listens, encourages caregiver reflection and sets up problem-solving as needed				
EIP3	Shares information related to development, current status, intervention, family interests- connects to IFSP or larger goals, priorities, builds consensus				
EIP4	Reviews session priorities and jointly plans targets, teaching strategies, routines- facilitates caregiver participation and decision making				
Observation and Opportunity to Practice		Not observed	Partially	Yes	Observations /Evidence
EIP5	Observes caregiver-child interaction in family-identified routines – provides feedback and builds on dyad strengths				
EIP6	Uses coaching strategies, matched to caregiver and child behaviors as caregiver embeds intervention in routine- scaffolds and repeats to build competence and confidence				

	<i>(This indicator is repeated multiple times in 2 or more routines)</i>				
EIP7	Provides specific and general feedback on caregiver and child behaviors and interactions- teaches and encourages caregiver <i>(This indicator is repeated multiple times throughout session)</i>				
Problem Solving and Planning		Not observed	Partially	Yes	Observations /Evidence
EIP8	Problem-solves with the caregiver about what does and doesn't work to embed intervention- brainstorms, discusses different strategies, routines, new targets or more child participation				
EIP9	Supports caregiver to identify opportunities for practice in additional contexts/routines- plans when, where, how to do it				
Reflection and Review		Not Observed	Partially	Yes	Observations /Evidence
EIP10	Asks questions, comments to promote caregiver reflection and review of targets, strategies, routines and "what worked" in a specific routine or the session as a whole				
EIP11	Encourages the caregiver to describe what it will look like when "it is working"- encourages naming specific or measurable targets, strategies and routines				
EIP12	Engages caregiver to lead development of a "best plan of action" for embedding intervention throughout the day- facilitates caregiver leadership and decision making				

Adapted from: *Family Guided Routines Based Intervention: Key Indicators Manual*.



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Interim Rating and Quality Improvement Planning Worksheet for SS-OO-PP-RR Early Intervention Practices

The supervisor and the practitioner should have a reflective conversation and considering the self-assessment ratings, the observational rating tool, and additional observations and documentation: 1) arrive at an interim rating; and 2) develop a Quality Improvement Plan.

Supervisor: _____

Practitioner: _____ Date of Reflective Conversation: _____

SS-OO-PP-RR Early Intervention Practices		Self-Assessment Rating			Observation Assessment Rating			Interim Rating			Supporting Evidence and Examples
		Not Observed	Partially	Yes	Not Observed	Partially	Yes	Not Observed (1)	Partially (3)	Yes (5)	
Setting the Stage											
EIP1	Gathers updates on child and family- listens and encourages caregiver reflection										
EIP2	Asks caregiver to update intervention implementation since last visit- listens, encourages caregiver reflection and sets up problem-solving as needed										
EIP3	Shares information related to development, current status, intervention, family interests- connects to IFSP or larger goals, priorities, builds consensus										
EIP4	Reviews session priorities and jointly plans targets, teaching strategies, routines- facilitates caregiver participation and decision making										

Observation and Opportunity to Practice											
EIP5	Observes caregiver-child interaction in family-identified routines – provides feedback and builds on dyad strengths										
EIP6	Uses coaching strategies, matched to caregiver and child behaviors as caregiver embeds intervention in routine- scaffolds and repeats to build competence and confidence <i>(This indicator is repeated multiple times in 2 or more routines)</i>										
EIP7	Provides specific and general feedback on caregiver and child behaviors and interactions- teaches and encourages caregiver <i>(This indicator is repeated multiple times throughout session)</i>										
Problem Solving and Planning											
EIP8	Problem-solves with the caregiver about what does and doesn't work to embed intervention- brainstorms, discusses different strategies, routines, new targets or more child participation										
EIP9	Supports caregiver to identify opportunities for practice in additional contexts/routines- plans when, where, how to do it										
Reflection and Review											
EIP10	Asks questions, comments to promote caregiver reflection and review of										

	targets, strategies, routines and “what worked” in a specific routine or the session as a whole										
EIP11	Encourages the caregiver to describe what it will look like when “it is working”- encourages naming specific or measurable targets, strategies and routines										
EIP12	Engages caregiver to lead development of a “best plan of action” for embedding intervention throughout the day- facilitates caregiver leadership and decision making										

Adapted from: *Family Guided Routines Based Intervention: Key Indicators Manual.*



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2. Quality IFSP

Definition: Functional IFSP outcomes are developed from the routines-based needs identified by families in the Routines Based Interview (RBI). Functional outcomes are developmentally appropriate for the child and reflect the family’s priorities for their child and family. Key Concepts include: Functional outcomes improve participation in meaningful activities; functional outcomes build on natural motivations to learn and do; fit what’s important to families/caregivers; strengthen naturally occurring routines; enhance natural learning opportunities.

Rationale: When functional outcomes are used, the family/caregiver understands that the strategies are worth working on because they lead to practical improvements in child & family/caregiver life; functional outcomes keep the team focused on what’s meaningful to the family/caregiver in their day to day activities (ECTA 2014). If the IFSP is written with functional outcomes and strategies that are routines based and embedded into everyday learning opportunities they are likely to lead the team to implement practices that include the modeling and coaching families need to support them in incorporating strategies into their daily lives. A strong IFSP helps the family/caregiver and their team have a clear focus on the agreed upon outcomes and the strategies needed to meet those outcomes. The IFSP guides the transdisciplinary process by including strategies that illustrate how team members will work together and across disciplines to support the functional outcomes for the child and family/caregiver.

Family Infant Toddler (FIT) provider agencies will use the IFSP Quality Rating Scale to review their program’s IFSPs on a systematic basis to ensure that IFSPs reflect family priorities, address functional routines-based needs, and provide supports and services to help families implement strategies during daily routines and activities.

Key Principle(s) #3,4,5,7

*The FIT FOCUS practices referenced in the rubric levels below are adopted from IFSP Quality Rating Scale.

Quality IFSP					
		Level Two ★★	Level Three ★★★	Level Four ★★★★	Level Five ★★★★★
2.1	Early Intervention Program has policies and procedures in place to assure that Early Intervention Practitioners use the IFSP Quality Rating Scale and scoring rubric.	◆			
2.2	Early Intervention Program assures that Early Intervention Practitioners receive training on the use of the IFSP Quality Rating Scale and scoring rubric.	◆			
2.3	Early Intervention Practitioners use IFSP Quality Rating Scale to assess their own IFSPs and based on the results of that assessment develop a plan to improve practices that incorporates relevant elements from “How to Improve” sections of the tool.		◆		
2.4	Early Intervention Program provides ongoing support for Early Intervention Practitioners’ use of the IFSP Quality Rating Scale and corresponding plans to improve			◆	

	practices by providing mechanisms such as training, reflective supervision, coaching, team/peer support.				
2.5	Early Intervention Program monitors early Intervention Practitioners' use of the IFSP Quality Rating Scale and corresponding plans for improvement and provides feedback via ongoing performance review and/or appraisal mechanisms.			◆	
2.6	Early Intervention Program uses aggregate data from the IFSP Quality Rating Scale to support program-wide improvement of IFSP development, including activities such as setting and measuring progress goals for findings on the IFSP Quality Rating Scale and providing targeted performance support activities (e.g., training, team planning, and supervision).				◆
2.7	Early Intervention Program's Continuous Quality Improvement process demonstrates positive program-wide changes as evidenced by improved IFSP Quality Rating Scale findings over time.				◆

Quality IFSP Practices

QFP1. Early Intervention Practitioners work with the family to gather adequate and clear information on the family's concerns and resources and links them to the child's ability to participate in the family's everyday routines.

QFP2. Early Intervention Practitioners and with the family work with other appropriate community partners to gather information and to describe the child's overall health including vision and hearing status.

QFP3. Early Intervention Practitioners work with the family to describe the child's status including strengths and needs in the context of everyday routines and activities for each required functional area: (1) Developing positive social emotional skills, (2) acquiring and using knowledge and skills, and, (3) using appropriate action to meet needs.

QFP4. Early Intervention Practitioners work with the family to describe and record the child's present levels of development for each of the five domains: (1) gross and fine motor, (2) cognitive, (3) Communication, (4) social and emotional, and (5) self-help (adaptive).

QFP5. Early Intervention Practitioners work with the family to ensure that family outcomes correlate with the family's priorities and concerns relative to the child's development and that child outcomes are functional, measurable (including criteria, procedures, and timelines), and related to participation in everyday routines and activities.


QFP6. Early Intervention Practitioners work with the family to ensure that early intervention strategies and activities will build family capacity, are written in family-friendly language, are individualized to the family, address the child and family's specific needs and concerns, build on child and family strengths, and are linked to the child's functional skills and everyday routines, and, are connected to the identified outcomes.

QFP7. Early Intervention Practitioners work with the family to ensure that the frequency, intensity, and method of specific early intervention services relate to the child and family outcomes, and, the family's/caregiver's capacity and need for support and problem solving of challenges.

QFP8. Early Intervention Practitioners work with the family to identify settings for services that are part of natural environments and are necessary to achieve stated outcomes. When, because of the need of the child, a setting is identified that is not part of the child's natural environment, Early intervention Practitioners work with the family to articulate a justification for the service setting and develop a plan for transitioning the services to a natural environment when appropriate.

QFP9. Early Intervention Practitioners work with the family to track and document progress towards achieving child and family outcomes and ensure that necessary changes to strategies and activities are reflected on the IFSP.

**For Quality IFSP Performance Based Improvement Process tools please see Appendix A.*

 IFSP Quality Review	Service Coordinator:		Child's Name:	
	Date of IFSP:		Reviewer:	

Section A: Your Family

- With family concurrence, there is adequate and clear information on family concerns and resources and these are linked to the child's participation in family routines.

This is a "Must Pass" Section.

Check here if the family declined to share information for this area:

Review area	Needs Improvement	Acceptable	Exemplary
<p>Item A1 With family concurrence, information about family routines is:</p> <p>Information about family routines should include:</p> <ul style="list-style-type: none"> Who participates in the routines? What the child does during the routine? What is enjoyable or challenging about the routine? 	<p><input type="checkbox"/> not described or is missing information related to the following most common routines:</p> <ul style="list-style-type: none"> waking up, diapering/dressing, feeding/meals, playtime or playful interactions, bath time, bedtime <p style="text-align: center;">1 point</p>	<p><input type="checkbox"/> described with limited information related to the following most common routines:</p> <ul style="list-style-type: none"> waking up, diapering/dressing, feeding/meals, playtime or playful interactions, bath time, bedtime <p style="text-align: center;">3 points</p>	<p><input type="checkbox"/> described with detailed information related to the following most common routines:</p> <ul style="list-style-type: none"> waking up, diapering/dressing, feeding/meals, playtime or playful interactions, bath time, bedtime <p>AND includes how family concerns/priorities impact specific routines</p> <p style="text-align: center;">5 points</p>
<p>Item A2 With family concurrence, information about family prioritized concerns is:</p>	<p><input type="checkbox"/> not adequately described</p> <p style="text-align: center;">1 point</p>	<p><input type="checkbox"/> described but not connected to the challenges in the family's everyday routines and activities</p> <p style="text-align: center;">3 points</p>	<p><input type="checkbox"/> described and connected to the family's challenges in everyday routines and activities. <i>(How do the family's concerns about their child's development impact the child's ability to participate in the routine?)</i></p> <p style="text-align: center;">5 points</p>
<p>Item A3 With family concurrence, information about family resources:</p>	<p><input type="checkbox"/> lists resources, though does not describe how the family's resources provide them with support.</p> <p style="text-align: center;">1 point</p>	<p><input type="checkbox"/> lists resources, and specifies how the family's resources provide them with support.</p> <p style="text-align: center;">3 points</p>	<p><input type="checkbox"/> lists resources and specifies how the family's resources provide them with support AND connects them to challenges in the everyday routines.</p> <p style="text-align: center;">5 points</p>
Comments:			

Section B: Summary of Relevant Health Information

- Child’s overall health (including vision and hearing) is described.

This is a “Must Pass” Section.

Review area	Needs Improvement	Acceptable	Exemplary
<p><u>Item B1.1</u> Vision results:</p>	<p><input type="checkbox"/> were not determined or were not documented in the IFSP</p> <p style="text-align: center;">1 point</p>	<p><input type="checkbox"/> were determined and results were documented in the IFSP</p> <p style="text-align: center;">3 points</p>	<p><input type="checkbox"/> were determined and results were documented in the IFSP, AND include the instruments used</p> <p style="text-align: center;">5 points</p>
<p><u>Item B1branch1</u> Vision rescreening or referral required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>(this would not be a scored item, just a branch point – if no skip to hearing results)</p>		
<p><u>Item B1.2</u> If child required rescreening or referral for vision:</p>	<p><input type="checkbox"/> no follow up is noted (<i>there is no strategy for follow up or no notes on PASN page regarding follow up</i>)</p> <p style="text-align: center;">1 point</p>	<p><input type="checkbox"/> rescreening is scheduled and/or referrals were made (<i>e.g., referrals to NMSBVI or ophthalmologist are documented in the IFSP</i>)</p> <p style="text-align: center;">3 points</p>	<p><input type="checkbox"/> rescreening is scheduled and/or referrals were made (<i>e.g., referrals to NMSBVI or ophthalmologist are documented</i>) AND an IFSP strategy is developed to address how to obtain vision status within a specified time frame (indicates the agency will follow up)</p> <p style="text-align: center;">5 points</p>
<p><u>Item B2.1</u> Hearing results:</p>	<p><input type="checkbox"/> were not determined or were not documented in the IFSP</p> <p style="text-align: center;">1 point</p>	<p><input type="checkbox"/> were determined and results were documented in the IFSP</p> <p style="text-align: center;">3 points</p>	<p><input type="checkbox"/> were determined and results were documented in the IFSP, AND include the instruments used</p> <p style="text-align: center;">5 points</p>
<p><u>Item B2branch2</u> Hearing rescreening or referral required? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A - child under 6 months and had passed Newborn Hearing Screen</p>	<p>(this is not a scored item, just a branch point – if ‘no’ skip to next section)</p>		
<p><u>Item B2.2</u> If child required rescreening or referral for hearing:</p>	<p><input type="checkbox"/> no follow up is noted (<i>there is no strategy for follow up or no notes on PASN page regarding follow up</i>)</p> <p style="text-align: center;">1 point</p>	<p><input type="checkbox"/> rescreening is scheduled and/or referrals were made (<i>e.g., referrals to NMSD, audiologist or ENT are documented in the IFSP</i>)</p> <p style="text-align: center;">3 points</p>	<p><input type="checkbox"/> rescreening is scheduled and/or referrals were made (<i>e.g., referrals to NMSD, audiologist or ENT are documented</i>) AND an IFSP strategy is developed to address how to obtain hearing status within a specified time frame (indicates the agency followed up)</p> <p style="text-align: center;">5 points</p>
Comments			

Section C: Present Abilities, Strengths, and Needs

- Child’s status (including strengths and needs) is described in the context of everyday routines and activities for each required functional area: (1) Developing positive social emotional skills, (2) acquiring and using knowledge and skills, (3) using appropriate action to meet needs.
- Additionally, the child’s present levels of development are recorded for each of the five domains: (1) motor (2) cognitive (3) communication (4) social or emotional, and (5) adaptive.

Review area	Needs Improvement	Acceptable	Exemplary
Item C1 The developmental age range:	<input type="checkbox"/> is not recorded for one or more domains or is incorrectly recorded (such is in standard deviations) 1 point	(none)	<input type="checkbox"/> is recorded for each domain AND includes test/tool used 5 points
Item C2 The summarized description of child’s current functioning in each functional area:	<input type="checkbox"/> is not recorded for one or more functional area; OR lists activities/results (raking pellets, inserting forms into form board, etc.) instead of functional skills; OR is focused on child deficits and is vague about child strengths 1 point	<input type="checkbox"/> is recorded for all functional areas AND includes clear functional descriptions, including strengths and needs, using family friendly language 3 points	<input type="checkbox"/> is recorded for all functional areas AND includes clear functional descriptions, including strengths and needs, using family friendly language, AND includes relevance to challenges and what is working well in everyday routines and activities. 5 points
Comments			

Section D: Child/Family Outcomes

- Child and family outcomes correlate with family priorities and concerns relative to the child’s development.
- Child outcomes are functional, measurable (including criteria, procedures, and timelines), and related to participation in everyday routines.

This is a “Must Pass” Section.

Review area	Needs Improvement	Acceptable	Exemplary
<p><u>Item D1.1</u> The development of Child and Family outcomes:</p>	<p><input type="checkbox"/> seem to be based on provider priorities (e.g., there is not a clear connection with the concerns and priorities expressed by the family).</p> <p style="text-align: center;">1 point</p>	<p><input type="checkbox"/> are clearly based on family concerns and priorities (e.g. there are clear connections between information on IFSP Section, <i>Your Family</i>).</p> <p style="text-align: center;">3 points</p>	<p><input type="checkbox"/> are clearly based on family concerns and priorities (e.g. there are clear connections between information on IFSP Section, <i>Your Family</i>) AND relate to areas of concern from the child’s latest assessment.</p> <p style="text-align: center;">5 points</p>
<p><u>Item D1.2</u> The development of Child and Family outcomes:</p>	<p><input type="checkbox"/> do not relate to the child and family’s everyday routines and activities.</p> <p style="text-align: center;">1 point</p>	<p><input type="checkbox"/> support child’s ability to participate in daily routines and activities.</p> <p style="text-align: center;">3 points</p>	<p><input type="checkbox"/> support child’s ability to participate in daily routines and activities AND are written in words that reflect the family’s perspective or in family friendly language.</p> <p style="text-align: center;">5 points</p>
<p><u>Item D2</u> Child and Family outcomes are written:</p>	<p><input type="checkbox"/> in vague terms OR as services to be provided OR in discipline-specific therapeutic language rather than written as functional and measurable.</p> <p style="text-align: center;">1 point</p>	<p><input type="checkbox"/> in functional terms and measurable terms, including criteria, procedures, and timelines.</p> <p style="text-align: center;">3 points</p>	<p><input type="checkbox"/> in functional terms and measurable terms, including criteria, procedures, and timelines AND in relationship to participation in everyday routines and activities, AND in relation to timelines which are significant to the family.</p> <p style="text-align: center;">5 points</p>
Comments			

Section E: Child/Family Outcomes – Strategies

- Early intervention strategies and activities **build family capacity** (confidence and abilities).
- Early intervention strategies and activities are written in family-friendly language, are individualized to the family, address the child and family’s specific needs and concerns, and build on child and family strengths.
- Early intervention strategies and activities are linked to the child’s functional skills and everyday routines and are connected to the identified outcomes.

This is a “Must Pass” Section.

Review area	Needs Improvement	Acceptable	Exemplary
Item E1.1 Strategies and activities reflect:	<input type="checkbox"/> only what the family will do with no professional role defined OR only what the FIT Program providers will do with the child , OR only include specialized places and equipment	<input type="checkbox"/> that FIT Program providers are supporting the family/caregiver(s) to implement intervention strategies during daily routines and activities	<input type="checkbox"/> that FIT Program providers are supporting the family and/or caregiver(s) to implement intervention strategies in the context of everyday routines and activities of interest AND family resources (people and places) are considered and incorporated into IFSP strategies.
	1 point	3 points	5 points
Item E1.2 Strategies and activities are:	<input type="checkbox"/> not likely to strengthen the family’s capacity to support their child’s development as they do not include modeling and coaching.	<input type="checkbox"/> based on sharing of information, modeling and reflection to support/increase family/caregiver ability to incorporate strategies into routines and activities.	<input type="checkbox"/> comprised of coaching specific strategies to support family/caregiver learning, problem-solving, ability to use strategies effectively, and generalize strategies to new routines and activities.
	1 point	3 points	5 points
Item E2 Strategies and activities are written:	<input type="checkbox"/> in professional jargon, AND without building on what is already working well in the family’s everyday routines and activities	<input type="checkbox"/> in language meaningful to the family, to address the individualized specific needs and concerns of the child and family	<input type="checkbox"/> in language meaningful to the family, to address the individualized specific needs and concerns of the child and family, AND to build on child and family strengths
	1 point	3 points	5 points
Item E3.1 In relation to the child’s functional skills and everyday routines, strategies and activities are:	<input type="checkbox"/> not connected to the outcomes (e.g., they could be implemented in isolation without achieving the outcome), OR not linked with the child’s functional skills/behaviors, OR not connected to everyday routines	<input type="checkbox"/> linked to the outcome, reflective of the child’s functional skills/behaviors, and linked to everyday routines	<input type="checkbox"/> linked to the outcome, reflective of the child’s functional skills/behaviors , AND related to specific everyday routines (utilizing strengths and challenges the family identified in the routines based interview)
	1 point	3 points	5 points
Item E3.2 In relation to the child’s functional skills and everyday routines, strategies and activities are:	<input type="checkbox"/> not supportive of the child’s development in all environments and routines	<input type="checkbox"/> supportive of the child’s development in MOST environments and routines	<input type="checkbox"/> supportive of the child’s development in ALL environments and routines
	1 point	3 points	5 points
Item E3.3 In relation to the child’s functional skills and everyday routines, strategies and activities are:	<input type="checkbox"/> not specific as to how family will incorporate into their daily routines and activities	<input type="checkbox"/> specific (includes at least one example) as to how family will incorporate into their daily routines and activities	<input type="checkbox"/> very specific (includes more than one example) as to how family will incorporate into their daily routines and activities
	1 point	3 points	5 points
Comments			

Section F: Supports and Services Needed to Achieve Outcomes

- All columns and sections of the supports and services page are completed appropriately.
- Frequency, intensity, and method of specific early intervention services relate to child and family outcomes and the family's / caregiver's capacity and need for support and problem solving of challenges.

Review area	Needs Improvement	Acceptable	Exemplary
<p>Item F1 Completion of all columns and sections of the supports and services page indicate:</p>	<p><input type="checkbox"/> information is missing or inaccurate.</p> <p style="text-align: center;">1 point</p>	<p><input type="checkbox"/> information on supports and services page is complete and accurate.</p> <p style="text-align: center;">3 points</p>	<p><input type="checkbox"/> information on supports and services page is complete and accurate and specific to child/family outcomes and strategies.</p> <p style="text-align: center;">5 points</p>
<p>Item F2.1 The service <u>locations</u> listed:</p>	<p><input type="checkbox"/> are not provided in settings where child typically spends the day/week.</p> <p style="text-align: center;">1 point</p>	<p><input type="checkbox"/> are only provided in settings where child spends portions of the day/week.</p> <p style="text-align: center;">3 points</p>	<p><input type="checkbox"/> are provided in a mixture of settings where child typically spends his/her day/week.</p> <p style="text-align: center;">5 points</p>
<p>Item F2.2 The services listed:</p>	<p><input type="checkbox"/> do specify the frequency, intensity, and method for each service or provider but appear inappropriate or unrelated to achievement of the outcomes.</p> <p style="text-align: center;">1 point</p>	<p><input type="checkbox"/> specify the frequency, intensity, and method for each service or provider to support achievement of the outcome(s).</p> <p style="text-align: center;">3 points</p>	<p><input type="checkbox"/> specify the frequency, intensity, and method for each service or provider to support achievement of the outcome(s) AND support the building of family capacity (documented in the strategies) through consulting across disciplines and modeling/coaching with the family.</p> <p style="text-align: center;">5 points</p>
Comments			

Section G: Natural Environments Justification

- Adequate information and evidence is provided to support the rationale that a child’s needs and outcomes cannot be achieved in natural settings.

Review area	Needs Improvement	Acceptable	Exemplary
<p>Item G1 Service delivery location indicates:</p>	<p><input type="checkbox"/> one or more services are not in a natural environment for the child and family AND there is no justification OR the justification is not based on the needs of the child, but appears to be for any of the following reasons: for administrative convenience, fiscal reasons, personnel limitations, or parent/therapist preferences.</p> <p style="text-align: center;">1 point</p>	<p><input type="checkbox"/> the child is receiving most services in natural environments, and when a service is provided in a setting that is not a natural environment, a justification is included in the IFSP that is based on the needs of the child, justifying that the setting is necessary to achieve the outcome.</p> <p style="text-align: center;">3 points</p>	<p><input type="checkbox"/> the child is receiving services in natural environments, and when a service is provided in a setting that is not a natural environment, a justification is included in the IFSP that is based on the needs of the child, justifying that the setting is necessary to achieve the outcome, AND for each service justified there is a plan to transition interventions into natural settings.</p> <p style="text-align: center;">5 points</p>
Comments			

Section H: Periodic Review of IFSP

- Child/family response to strategies and progress toward achieving child and family outcomes is documented and necessary changes are made in the IFSP.

Is this a periodic review of the IFSP? Yes No (Stop here if this is NOT a periodic review)

Review area	Needs Improvement	Acceptable	Exemplary
<p><u>Item H1.1</u> Documentation of the periodic review related to strategies demonstrates:</p>	<p><input type="checkbox"/> there is inadequate information on how well strategies are working for child/family and if child and family outcomes are being achieved.</p>	<p><input type="checkbox"/> information describes how well strategies are working toward achieving all outcomes.</p>	<p><input type="checkbox"/> detailed information describes how well strategies are working toward achieving all outcomes AND provides examples of child's functional skills (from observations or video, assessment results, etc.) related to progress or lack of progress toward achieving each outcome</p>
	1 point	3 points	5 points
<p><u>Item H1.2</u> Documentation of the periodic review related to family accommodations demonstrates:</p>	<p><input type="checkbox"/> change/continuing without change is NOT accommodating to family/caregivers.</p>	<p><input type="checkbox"/> change/continuing without change is accommodating to family/caregivers.</p>	<p><input type="checkbox"/> change/continuing without change is accommodating to family/caregivers AND there is detailed information on progress toward meeting outcomes described in terms of child's behavior and skills related to functioning in family's everyday routines and activities</p>
	1 point	3 points	5 points
<p><u>Item H1.3</u> Documentation of the periodic review related to developmental progress demonstrates:</p>	<p><input type="checkbox"/> change/continuing without change is NOT justified by progress, lack of progress, or changes in the child's health or developmental status.</p>	<p><input type="checkbox"/> change/continuing without change is justified by progress, lack of progress, or changes in the child's health or developmental status</p>	<p><input type="checkbox"/> change/continuing without change is justified by progress, lack of progress, or changes in the child's health or developmental status; AND information is detailed enough for reviewers to determine whether modifications and revisions are appropriate AND consistent with progress toward meeting outcomes described in terms of child's behavior and skills</p>
	1 point	3 points	5 points
Comments			

3. Transdisciplinary Team Approach

Definition: Transdisciplinary team membership in early intervention includes multiple disciplines, family/caregiver service coordinators, developmental specialists and family/caregiver members. Team collaboration is comprised of behaviors and practices that promote and sustain partnerships among these adults, cooperative relationships and on-going interactions. These behaviors and practices ensure that services are integrated and coordinated in order to achieve the desired child and family/caregiver outcomes.

Rationale: Early intervention services involve multiple disciplines and often times, multiple community/state agencies. The intent of these services is collaborative by nature, design and law. Services always involve more than one adult, and most importantly the family/caregiver is an essential member of the team. Hence, the team includes the family/caregiver and practitioners from multiple disciplines and community partners when appropriate. Effective teams ensure cooperation, collaboration, communication, and respect. A transdisciplinary approach is used to foster teaming and collaborative practices across disciplines. This approach incorporates strategies for co-visiting, consulting, meeting, and learning through the sharing of knowledge and expertise. Teaming behaviors are respectful, supportive and culturally sensitive and professional. The practices are designed to support the effectiveness of practitioners and the family/caregiver in achieving the infant/toddler and family/caregiver outcomes. The quality of these relationships and interactions affects the success of these outcomes and the teaming process.

Key Principle(s) #: 3; 6

*The FIT FOCUS practices referenced in the rubric levels below are adopted from the Division for Early Childhood. (2014). DEC Recommended Practices in early intervention/early childhood special education 2014. Retrieved from <http://www.dec-sped.org/recommendedpractices>.

Transdisciplinary Team Approach

		Level Two ★★	Level Three ★★★	Level Four ★★★★	Level Five ★★★★★
3.1	Early Intervention Program has policies and procedures in place to assure that Early Intervention Practitioners use the FIT FOCUS Transdisciplinary Team Approach Practices.	◆			
3.2	Early Intervention Program assures that Early Intervention Practitioners receive training on the use of FIT FOCUS Transdisciplinary Team Approach Practices.	◆			
3.3	Early Intervention Practitioners and Early Intervention Programs use the “Performance Based Improvement Process” to conduct reflective assessments, observations, reflective conversations, and planning activities to improve Transdisciplinary Team Approach Practices.		◆		

3.4	Early Intervention Program provides ongoing support for Early Intervention Practitioners' use of FIT FOCUS Transdisciplinary Team Approach Practices and corresponding plans to improve practices by providing mechanisms such as training, reflective supervision, coaching, team/peer support.			◆	
3.5	Early Intervention Program monitors Early Intervention Practitioners' use of FIT FOCUS "Performance Based Improvement Process" tools, and corresponding plans for improvement and provides feedback via ongoing performance review and/or appraisal mechanisms.			◆	
3.6	Early Intervention Program uses aggregate data from the "Performance Based Improvement Process" tools to support program-wide improvement of early intervention services, including activities such as setting and measuring progress goals for findings and providing targeted performance support activities (e.g., training, team planning, and supervision).				◆
3.7	Early Intervention Program's Continuous Quality Improvement process demonstrates positive program-wide changes as evidenced by improved Transdisciplinary Team Approach Quality ratings over time.				◆

Transdisciplinary Team Approach Practices

TTAP1 All families are assigned a Lead Practitioner

TTAP2 The Early Intervention Team solicits input from the family on which team member will serve as their Lead Practitioner over time.

TTAP3 The Early Intervention team meets at least monthly to discuss each child

TTAP 4 The Early Intervention Team members share expertise and knowledge with one another.

TTAP5 The Early Intervention Team members support the Lead Practitioner to use an EI approach based on providing family/caregiver coaching.

TTAP6: The Early Intervention Team members support the Lead Practitioner to deliver services within the context of the family's everyday routines, activities, places, and relationships.

TTAP7 When multiple Early Intervention providers are conducting visits with the same family (e.g., co-visiting), they work together to assure such things as coordinated, planned, and aligned services

TTAP8 Families have opportunities for meaningful participation in EI Team meetings (e.g., attending in person, video conferencing, using video of a family's typical routines as a foundation for consultation)

TTAP9 Early Intervention Team members consistently use communication strategies that help enhance effective team meetings and functioning.

Self-Assessment of Transdisciplinary Team Approach Practices

For each practice:

- Using the scale below, indicate the extent you currently implement the practice:
Not yet = I do not do this yet
Sometimes = I do this sometimes, but not consistently
Yes = I do this consistently
- In the “Examples” section jot down one or more examples that demonstrate why you chose that level.
- In the “Ideas for Improvement” section jot down some initial thoughts about what you might do to improve your practice and what supports would be useful.

Practitioner: _____

Date: _____

Transdisciplinary Team Approach Practices		Not Yet	Some-times	Yes	Example(s)	Ideas for improvement
TTAP1	I work closely with other members of the Early Intervention Team and the family to identify a Lead Practitioner who serves as the primary liaison between the family and the team.					
	I ensure families understand the transdisciplinary approach and have an opportunity to ask questions and give input.					
	If I am identified as the Lead Practitioner, I have the skills required to serve as the primary liaison between the family and the team, including facilitating team functioning inside and outside of team meetings.					
TTAP2	I solicit input from the family on which team member will serve as their Lead Practitioner <i>over time</i> .					
TTAP3	I meet with the Early Intervention at least monthly to discuss each child.					
TTAP4	I share my expertise and knowledge with one team members.					

Transdisciplinary Team Approach Practices		Not Yet	Some-times	Yes	Example(s)	Ideas for improvement
TTAP5	I support the Lead Practitioner to use an EI approach based on providing family/caregiver coaching					
TTAP6	I support the Lead Practitioner to deliver services within the context of the family's everyday routines, activities, places, and relationships.					
TTAP7	When multiple Early Intervention providers are conducting visits with the same family (e.g., co-visiting), I work together to assure such things as coordinated, planned, and aligned services					
TTAP8	I ensure that families have opportunities for meaningful participation in EI Team meetings (e.g., attending in person, video conferencing, using video of a family's typical routines as a foundation for consultation)					
	I come prepared for team meetings to share information with the full Early Intervention team, including bringing in video or pictures of home visits and other relevant print material or web-based resources.					
TTP9	I consistently use communication strategies that enhance team functioning, interpersonal relationships, and build team capacity (e.g., active listening, offering effective feedback, working through conflict)					
	I play a key role in making sure we have effective, structured team meetings (e.g, developing meeting ground rules and agenda, taking minutes, ensuring equal opportunity to participate, evaluating meetings).					

Team Assessment of Transdisciplinary Team Approach Practices

For each practice:

- Using the scale below, indicate the extent the Team currently implements the practice:
Not yet = I do not do this yet
Sometimes = I do this sometimes, but not consistently
Yes = I do this consistently
- In the “Examples” section jot down one or more examples that demonstrate why you chose that level.
- In the “Ideas for Improvement” section jot down some initial thoughts about what you might do to improve your practice and what supports would be useful in helping you do so.

Practitioner: _____

Date: _____

Transdisciplinary Team Approach Practices		Not Yet	Some-times	Yes	Example(s)	Ideas for improvement
TTAP1	TTAP1 All families are assigned a Lead Practitioner					
TTAP2	TTAP2 The Early Intervention Team solicits input from the family on which team member will serve as their Lead Practitioner over time.					
TTAP3	TTAP3 The Early Intervention team meets at least monthly to discuss each child					
TTAP4	TTAP 4 The Early Intervention Team members share expertise and knowledge with one another.					

Transdisciplinary Team Approach Practices		Not Yet	Some-times	Yes	Example(s)	Ideas for improvement
TTAP5	Early Intervention Team members consistently use communication strategies that enhance team functioning, interpersonal relationships, and build team capacity.					
TTAP6	TTAP6: The Early Intervention Team members support the Lead Practitioner to deliver services within the context of the family's everyday routines, activities, places, and relationships.					
TTAP7	TTAP7 When multiple Early Intervention providers are conducting visits with the same family (e.g., co-visiting), they work together to assure such things as coordinated, planned, and aligned services.					
TTAP8	TTAP8 Families have opportunities for meaningful participation in EI Team meetings (e.g., attending in person, video conferencing, using video of a family's typical routines as a foundation for consultation)					
TTAP9	TTAP9 Early Intervention Team members consistently use communication strategies that help enhance effective team meetings and functioning.					

Observer’s Rating Tool of Transdisciplinary Team Approach Practices

Instructions:

3. Use the three-point scale to indicate the extent that you observed each practice.

Not yet = I do not do this yet

Sometimes = I do this sometimes, but not consistently

Yes = I do this consistently

4. For each practice, in the “Observations/Evidence” section describe the key observations or evidence that led to your rating.

Observer: _____

Practitioner: _____

Date(s) of Observations: _____

Transdisciplinary Team Approach Practices		Not observed	Partially	Yes	Observations/ Evidence
TTAP1	TTAP1 All families are assigned a Lead Practitioner				
TTAP2	TTAP2 The Early Intervention Team solicits input from the family on which team member will serve as their Lead Practitioner over time.				
TTAP3	TTAP3 The Early Intervention team meets at least monthly to discuss each child				
TTAP4	TTAP 4 The Early Intervention Team members share expertise and knowledge with one another.				
TTAP5	Early Intervention Team members consistently use communication strategies that enhance team functioning, interpersonal relationships, and build team capacity.				

Transdisciplinary Team Approach Practices		Not observed	Partially	Yes	Observations/ Evidence
TTAP6	TTAP6: The Early Intervention Team members support the Lead Practitioner to deliver services within the context of the family’s everyday routines, activities, places, and relationships.				
TTAP7	TTAP7 When multiple Early Intervention providers are conducting visits with the same family (e.g., co-visiting), they work together to assure such things as coordinated, planned, and aligned services.				
TTAP8	TTAP8 Families have opportunities for meaningful participation in EI Team meetings (e.g., attending in person, video conferencing, using video of a family’s typical routines as a foundation for consultation)				
TTAP9	TTAP9 Early Intervention Team members consistently use communication strategies that help enhance effective team meetings and functioning.				

Interim Rating and Quality Improvement Planning Worksheet

The supervisor and the practitioner should have a reflective conversation and considering the self-assessment ratings, the observational rating tool, and additional observations and documentation: 1) arrive at an interim rating; and 2) develop a Quality Improvement Plan.

Supervisor: _____

Practitioner: _____ Date of Reflective Conversation: _____

		Team Self-Assessment Rating			Observation Assessment Rating			Interim Rating (Focused Conversation)			Supporting Evidence and Examples
		Not Yet	Some-times	Yes	Not Observed	Partially	Yes	Not Yet (1)	Partially (3)	Yes (5)	
TTAP1	TTAP1 All families are assigned a Lead Practitioner										
TTAP2	TTAP2 The Early Intervention Team solicits input from the family on which team member will serve as their Lead Practitioner over time.										
TTAP3	TTAP3 The Early Intervention team meets at least monthly to discuss each child										
TTAP4	TTAP 4 The Early Intervention Team members share expertise and knowledge with one another.										
TTAP5	Early Intervention Team members consistently use communication strategies that enhance team functioning,										

	interpersonal relationships, and build team capacity.										
TTAP6	TTAP6: The Early Intervention Team members support the Lead Practitioner to deliver services within the context of the family’s everyday routines, activities, places, and relationships.										
TTAP7	TTAP7 When multiple Early Intervention providers are conducting visits with the same family (e.g., co-visiting), they work together to assure such things as coordinated, planned, and aligned services.										
TTAP8	TTAP8 Families have opportunities for meaningful participation in EI Team meetings (e.g., attending in person, video conferencing, using video of a family’s typical routines as a foundation for consultation)										
TTAP9	TTAP9 Early Intervention Team members consistently use communication strategies that help enhance effective team meetings and functioning.										

TTA Practices Scoring Rubric

Transdisciplinary Team Approach Practices		1	3	5
		Not Yet	Partially	Yes
TTAP1	All families are assigned a Lead Practitioner	<p>Score Not Yet if evidence does not support either of the indicators below:</p> <p>A Lead is specified on the IFSP within 90 days of the initial IFSP (CHECK STANDARDS OR REVIEW STANDARDS)</p> <p>or</p> <p>There is evidence that the criteria used to select the Lead included but was not limited to discussions on:</p> <ul style="list-style-type: none"> ➤ Skill sets needed to achieve child and family outcomes ➤ Characteristics of a family, including primary language spoken at home ➤ Rapport/compatibility with family 	<p>Score Partially if evidence supports only 1 of the 2 indicators below:</p> <p>A Lead is specified on the IFSP within 90 days of the initial IFSP (CHECK STANDARDS OR REVIEW STANDARDS)</p> <p>or</p> <p>There is evidence that the criteria used to select the Lead included but was not limited to discussions on:</p> <ul style="list-style-type: none"> ➤ Skill sets needed to achieve child and family outcomes ➤ Characteristics of a family, including primary language spoken at home ➤ Rapport/compatibility with family 	<p>Score Yes if evidence supports all of the indicators below:</p> <p>A Lead is specified on the IFSP within 90 days of the initial IFSP (CHECK STANDARDS OR REVIEW STANDARDS)</p> <p>And</p> <p>There is evidence that the criteria used to select the Lead included but was not limited to discussions on:</p> <ul style="list-style-type: none"> ➤ Skill sets needed to achieve child and family outcomes ➤ Characteristics of a family, including primary language spoken at home ➤ Rapport/compatibility with family
TTAP2	TTAP2 The Early Intervention Team solicits input from the family on which team member will serve as their Lead Practitioner over time.	<p>Score Not Yet if evidence does not support either the 2nd or 3rd indicator</p> <p>The family has been informed of the role of the Lead.</p> <p>And</p> <p>The family has had an opportunity to ask questions and give input to the identification of the Lead when the IFSP is first developed.</p>	<p>Score Partially if evidence supports the first indicator and 1 of the other 2 indicators below</p> <p>The family has been informed of the role of the Lead.</p> <p>And</p> <p>The family has had an opportunity to ask questions and give input to the identification of the Lead when the IFSP is first developed.</p>	<p>Score Yes if evidence supports all the indicators below:</p> <p>The family has been informed of the role of the Lead.</p> <p>And</p> <p>The family has had an opportunity to ask questions and give input to the identification of the Lead when the IFSP is first developed.</p>

		<p>Or</p> <p>The family has had an opportunity to ask questions and give input to the identification of the Lead practitioner over the course of being served by the program.</p>	<p>Or</p> <p>The family has had an opportunity to ask questions and give input to the identification of the Lead practitioner over the course of being served by the program.</p>	<p>Or</p> <p>The family has had an opportunity to ask questions and give input to the identification of the Lead practitioner over the course of being served by the program.</p>
<i>TTAP3</i>	The Early Intervention team meets at least monthly to discuss each child	<p>Score Not Yet if evidence does not support the indicator below:</p> <p>The child is discussed at least monthly</p>	<p>Partially</p> <p>N/A</p>	<p>Score Yes if evidence supports the indicator below:</p> <p>The child is discussed at least monthly</p>
<i>TTAP4</i>	The Early Intervention Team members share expertise and knowledge with one another.	<p>Score Not Yet if neither of the indicators below is supported by evidence:</p> <ul style="list-style-type: none"> • Team Members assist each other to know about and access relevant informal and formal services and resources. <p>Or</p> <ul style="list-style-type: none"> • Team Members share expertise with one another, including but not limited to disciplinary expertise, child development, family systems, and service models 	<p>Score Partially if evidence supports only 1 or 2 indicators below:</p> <ul style="list-style-type: none"> • Team Members assist each other to know about and access relevant informal and formal services and resources. <p>Or</p> <ul style="list-style-type: none"> • Team Members share expertise with one another, including but not limited to disciplinary expertise, child development, family systems, and service models 	<p>Score Yes if evidence supports both of the indicators below:</p> <ul style="list-style-type: none"> • Team Members assist each other to know about and access relevant informal and formal services and resources. <p>And</p> <ul style="list-style-type: none"> • Team Members share expertise with one another, including but not limited to disciplinary expertise, child development, family systems, and service models

TTAP5	The Early Intervention Team members support the Lead Practitioner to use an EI approach based on providing caregiver coaching.	<p>Score Not Yet if neither of the indicators below is supported by evidence:</p> <ul style="list-style-type: none"> • The Lead Practitioner provides background information, challenges and questions for assistance for the team (e.g., video, photograph, anecdotal account) regarding effective way to provide services that focus on enhancing caregiver confidence and competence <p>Or</p> <ul style="list-style-type: none"> • Team members provide suggestions regarding effective ways to provide services that focus on enhancing caregiver confidence and competence 	<p>Score Partially if evidence supports only 1 indicator below:</p> <ul style="list-style-type: none"> • The Lead Practitioner provides background information, challenges and questions for assistance for the team (e.g., video, photograph, anecdotal account) regarding effective way to provide services that focus on enhancing caregiver confidence and competence <p>Or</p> <ul style="list-style-type: none"> • Team members provide suggestions regarding effective ways to provide services that focus on enhancing caregiver confidence and competence 	<p>Score Yes if evidence supports both of the indicators below:</p> <ul style="list-style-type: none"> • The Lead Practitioner provides background information, challenges and questions for assistance for the team (e.g., video, photograph, anecdotal account) regarding effective way to provide services that focus on enhancing caregiver confidence and competence <p>And</p> <ul style="list-style-type: none"> • Team members provide suggestions regarding effective ways to provide services that focus on enhancing caregiver confidence and competence
TTAP6	The Early Intervention Team members support the Lead Practitioner to deliver services within the context of the family’s everyday routines, activities, places, (ERAP) and relationships	<p>Score Not Yet if neither of the indicators below is supported by evidence:</p> <ul style="list-style-type: none"> • The Lead Practitioner provides background information, challenges and questions for assistance for the team (e.g., video, photograph, anecdotal account) on providing services that focus on embedding learning 	<p>Score Partially if evidence supports only 1 indicator below:</p> <ul style="list-style-type: none"> • The Lead Practitioner provides background information, challenges and questions for assistance for the team (e.g., video, photograph, anecdotal account) on providing services that focus on embedding 	<p>Score Yes if evidence supports both of the indicators below:</p> <ul style="list-style-type: none"> • The Lead Practitioner provides background information, challenges and questions for assistance for the team (e.g., video, photograph, anecdotal account) on providing services that focus on embedding learning opportunities

		<p>opportunities throughout the family's ERAP.</p> <p>Or</p> <ul style="list-style-type: none"> Team members provide suggestions regarding effective ways to provide services that focus on embedding learning opportunities throughout the family's ERAP. 	<p>learning opportunities throughout the family's ERAP.</p> <p>Or</p> <ul style="list-style-type: none"> Team members provide suggestions regarding effective ways to provide services that focus on embedding learning opportunities throughout the family's ERAP. 	<p>throughout the family's ERAP.</p> <p>And</p> <ul style="list-style-type: none"> Team members provide suggestions regarding effective ways to provide services that focus on embedding learning opportunities throughout the family's ERAP.
TTAP7	<p>When multiple Early Intervention providers are conducting visits with the same family (e.g., co-visiting), they work together to assure such things as coordinated, planned, and aligned services.</p>	<p>Score Not Yet if none of the indicators below are supported by evidence:</p> <ul style="list-style-type: none"> Early Intervention services are aligned in a way that supports the family in furthering their child's development <p>Or</p> <ul style="list-style-type: none"> Services are coordinated to avoid duplication or gaps in service , and scheduling issues. <p>Or</p> <ul style="list-style-type: none"> As appropriate, co-visiting and/or consultation are listed as strategies on the IFSP 	<p>Score Partially if 1 or 2 of the indicators below are supported by evidence:</p> <ul style="list-style-type: none"> Early Intervention services are aligned in a way that supports the family in furthering their child's development <p>Or</p> <ul style="list-style-type: none"> Services are coordinated to avoid duplication or gaps in service , and scheduling issues. <p>Or</p> <ul style="list-style-type: none"> As appropriate, co-visiting and/or consultation are listed as strategies on the IFSP 	<p>Score Yes if all of the indicators below are supported by evidence:</p> <ul style="list-style-type: none"> Early Intervention services are aligned in a way that supports the family in furthering their child's development <p>And</p> <ul style="list-style-type: none"> Services are coordinated to avoid duplication or gaps in service , and scheduling issues. <p>And</p> <ul style="list-style-type: none"> As appropriate, co-visiting and/or consultation are listed as strategies on the IFSP

<p><i>TTAP8</i></p>	<p>Families have opportunities for meaningful participation in EI Team meetings (e.g., attending in person, video conferencing, using video of a family's typical routines as a foundation for consultation)</p>	<p>Score Not Yet if neither of the indicators below is supported by evidence:</p> <ul style="list-style-type: none"> • EI team members and families meet to discuss child's current abilities and progress <p>Or</p> <ul style="list-style-type: none"> • Team member share information during the team meetings, including bringing in video and other relevant print material to assist in planning and/or implementing strategies. 	<p>Score Partially if evidence supports only 1 indicator below:</p> <ul style="list-style-type: none"> • EI team members and families meet to discuss child's current abilities and progress <p>Or</p> <ul style="list-style-type: none"> • Team member share information during the team meetings, including bringing in video and other relevant print material to assist in planning and/or implementing strategies. 	<p>Score Yes if evidence supports both indicators below:</p> <ul style="list-style-type: none"> • EI team members and families meet to discuss child's current abilities and progress <p>And</p> <ul style="list-style-type: none"> • Team member share information during the team meetings, including bringing in video and other relevant print material to assist in planning and/or implementing strategies.
<p><i>TTAP9</i></p>	<p>Early Intervention Team members consistently use communication strategies that enhance team functioning, interpersonal relationships, and build team capacity.</p>	<p>Score Not Yet if none of the indicators below are observed or supported by evidence:</p> <ul style="list-style-type: none"> • Communication strategies that enhance team functioning (e.g., active listening, reflection, offering effective feedback, working through conflict) are used. <p>Or</p> <ul style="list-style-type: none"> • Effective, structured team meetings occur (e.g, developing meeting ground rules and agenda, taking minutes, ensuring equal 	<p>Score Partially if evidence supports only 1 or 2 indicators below:</p> <ul style="list-style-type: none"> • Communication strategies that enhance team functioning (e.g., active listening, reflection, offering effective feedback, working through conflict) are used. <p>Or</p> <ul style="list-style-type: none"> • Effective, structured team meetings occur (e.g, developing meeting ground rules and agenda, taking minutes, ensuring equal 	<p>Score Yes if evidence supports all the indicators</p> <ul style="list-style-type: none"> • Communication strategies that enhance team functioning (e.g., active listening, reflection, offering effective feedback, working through conflict) are used. <p>And</p> <ul style="list-style-type: none"> • Effective, structured team meetings occur (e.g, developing meeting ground rules and agenda, taking minutes, ensuring equal opportunity to participate, evaluating meetings).

		<p>opportunity to participate, evaluating meetings).</p> <p>Or</p> <ul style="list-style-type: none"> As appropriate, there is evidence that roles are shared across meetings (i.e., facilitator, recorder, time keeper) in an effort to build team capacity 	<p>opportunity to participate, evaluating meetings).</p> <p>Or</p> <ul style="list-style-type: none"> As appropriate, there is evidence that roles are shared across meetings (i.e., facilitator, recorder, time keeper) in an effort to build team capacity 	<p>And</p> <ul style="list-style-type: none"> As appropriate, there is evidence that roles are shared across meetings (i.e., facilitator, recorder, time keeper) in an effort to build team capacity
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4. Assessment

Definition: Assessment is the process of gathering information to make decisions. Assessment informs intervention and, as a result, is a critical component of services for young children who have or are at risk for developmental delays/disabilities and their families/caregivers. In early intervention, assessment is conducted for the purposes of screening, determining eligibility for services, individualized planning, monitoring child progress, and measuring child outcomes. (DEC). Assessment is not merely a quantification of a child’s neurodevelopmental performance, nor is it strictly a sorting mechanism that ranks and compares children, or way of making a decision about diagnosis... rather it is a means of answering questions about children’s knowledge, achievement, or personality that relies on an analysis of children’s performance in a variety of settings. (Meisels 1996). The term “Assessment” in this document is used to mean both evaluations to determine eligibility and ongoing assessments of a child’s progress.

Rationale: Assessment provides information that can be used to develop and/or modify intervention strategies and track infant/toddler progress and developmental levels. Assessment helps Early Intervention Practitioners gain a thorough understanding of the infant and toddler’s functioning, especially in interaction with parents, caregivers and others in the context of their daily routines.

Key Principle(s) #3,4,5,7

*The FIT FOCUS practices referenced in the rubric levels below are adopted from the Division for Early Childhood. (2014). DEC Recommended Practices in early intervention/early childhood special education 2014. Retrieved from <http://www.dec-sped.org/recommendedpractices>

Assessment					
		Level Two ★★	Level Three ★★★	Level Four ★★★★	Level Five ★★★★★
4.1	Early Intervention Program has policies and procedures in place to assure that Early Intervention Practitioners use the FIT FOCUS Assessment Practices.	◆			
4.2	Early Intervention Program assures that Early Intervention Practitioners receive training on the use of FIT FOCUS Assessment Practices.	◆			
4.3	Early Intervention Practitioners and Early Intervention Programs use the “Performance Based Improvement Process” to conduct reflective assessments, observations, reflective conversations, and planning activities to improve Assessment Practices.		◆		
4.4	Early Intervention Program provides ongoing support for Early Intervention Practitioners’ use of FIT FOCUS Assessment Practices and corresponding plans to improve practices by providing mechanisms such as training, reflective supervision, coaching, team/peer support.			◆	

4.5	Early Intervention Program monitors Early Intervention Practitioners' use of FIT FOCUS "Performance Based Improvement Process" tools, and corresponding plans for improvement and provides feedback via ongoing performance review and/or appraisal mechanisms.			◆	
4.6	Early Intervention Program uses aggregate data from the "Performance Based Improvement Process" tools to support program-wide improvement of early intervention services, including activities such as setting and measuring progress goals for findings and providing targeted performance support activities (e.g., training, team planning, and supervision).				◆
4.7	Early Intervention Program's Continuous Quality Improvement process demonstrates positive program-wide changes as evidenced by improved Assessment Quality ratings over time.				◆

Assessment Practices

- AP1. Early Intervention Practitioners work as a team with the family and other professionals to gather assessment information.
- AP2. Early Intervention Practitioners use assessment materials and strategies that are appropriate for the child's age and level of development and accommodate the child's sensory, physical, communication, cultural, linguistic, social, and emotional characteristics.
- AP3. Early Intervention Practitioners conduct assessments that include all areas of development and behavior to learn about the child's strengths, needs, preferences, and interests.
- AP4. Early Intervention Practitioners conduct assessments in the child's dominant language and in additional languages if the child is learning more than one language.
- AP5. Early Intervention Practitioners use a variety of methods, including observation and interviews, to gather assessment information from multiple sources, including the child's family and other significant individuals in the child's life.
- AP6. Early Intervention Practitioners obtain information about the child's skills in daily activities, routines, and environments such as home, center, and community.
- AP7. Early Intervention Practitioners implement systematic ongoing assessment to identify learning targets, plan activities, and monitor the child's progress to revise instruction as needed.
- AP8. Early Intervention Practitioners report assessment results so that they are understandable and useful to families.

**For Assessment Performance Based Improvement Process tools please see Appendix A.*

EI Practitioner Self-Assessment of Assessment Practices

For each practice:

1. Indicate the extent that you currently the practice using this scale:

Level 1 = I do not do this yet

Level 2 = I do this sometimes, but not consistently

Level 3 = I do this consistently

2. In the “Examples” section jot down one or more examples that demonstrate why you chose that level.

3. In the “Ideas for Improvement” section jot down some initial thoughts about what you might do to improve your practice and what supports would be useful in helping you do so.

Practitioner: _____

Date: _____

Assessment Practices		1	2	3	Example(s)	Ideas for improvement
		Not Yet	Some-times	Yes		
AP1	I work as a team with the family and other professionals to gather assessment information. (DEC RP A2)					
AP2	I use assessment materials and strategies that are appropriate for the child’s age and level of development and accommodate the child’s sensory, physical, communication, cultural, linguistic, social, and emotional characteristics. (DEC RP A3)					
AP3	I conduct assessments that include all areas of development and behavior to learn about the child’s strengths, needs, preferences, and interests. (DEC RP A4)					
AP4	I conduct assessments in the child’s dominant language and in additional languages if the child is learning more than one language. (DEC RP A5)					
AP5	I use a variety of methods, including observation and interviews, to gather assessment information from multiple sources, including the child’s family and other significant individuals in the child’s life. (DEC RP A6)					

Assessment Practices		1	2	3	Example(s)	Ideas for improvement
		Not Yet	Some-times	Yes		
AP6	I obtain information about the child’s skills in daily activities, routines, and environments such as home, center, and community. (DEC RP A7)					
AP7	I implement systematic ongoing assessment to identify learning targets, plan activities, and monitor the child’s progress to revise instruction as needed. (DEC RP A9)					
AP8	I report assessment results so that they are understandable and useful to families. (DEC RP A11)					

Observer’s Rating Tool of Assessment Practices

Instructions:

- Use the three-point scale to indicate the extent that you observed each practice.
 - Level 1** = Not observed
 - Level 2** = Used partially, but not fully
 - Level 3** = Observed
- For each practice, in the “Observations/Evidence” section describe the key observations or evidence that led to your rating.

Observer: _____

Practitioner: _____

Date(s) of Observations: _____

Assessment Practices		1	2	3	Observations/ Evidence
		Not observed	Partially	Yes	
AP1	Practitioner works as a team with the family and other professionals to gather assessment information. (DEC RP A2)				
AP2	Practitioner uses assessment materials and strategies that are appropriate for the child’s age and level of development and accommodate the child’s sensory, physical, communication, cultural, linguistic, social, and emotional characteristics. (DEC RP A3)				
AP3	Practitioner conducts assessments that include all areas of development and behavior to learn about the child’s strengths, needs, preferences, and interests. (DEC RP A4)				
AP4	Practitioner conducts assessments in the child’s dominant language and in additional languages if the child is learning more than one language.(DEC RP A5)				
AP5	Practitioner uses a variety of methods, including observation and interviews, to gather assessment information from multiple sources, including the child’s family and other significant individuals in the child’s life. (DEC RP A6)				
AP6	Practitioner obtains information about the child’s skills in daily activities, routines, and environments such as home, center, and community. (DEC RP A7)				

Assessment Practices		1	2	3	Observations/ Evidence
		Not observed	Partially	Yes	
AP7	Practitioner implements systematic ongoing assessment to identify learning targets, plans activities, and monitors the child’s progress to revise instruction as needed. (DEC RP A9)				
AP8	Practitioner reports assessment results so that they are understandable and useful to families. (DEC RP A11)				

Interim Rating and Quality Improvement Planning Worksheet

The supervisor and the practitioner should have a reflective conversation and considering the self-assessment ratings, the observational rating tool, and additional observations and documentation: 1) arrive at an interim rating; and 2) develop a Quality Improvement Plan.

Supervisor: _____

Practitioner: _____ Date of Reflective Conversation: _____

Assessment Practices		Self-Assessment Rating			Observation Assessment Rating			Interim Rating			Quality Improvement Plan
		Not Yet (1)	Sometimes (2)	Yes (3)	Not Observed (1)	Partially (2)	Yes (3)	Not Yet (1)	Partially (2)	Yes (3)	
AP1	I work as a team with the family and other professionals to gather assessment information. (DEC RP A2)										
AP2	I use assessment materials and strategies that are appropriate for the child's age and level of development and accommodate the child's sensory, physical, communication, cultural, linguistic, social, and emotional characteristics. (DEC RP A3)										
AP3	I conduct assessments that include all areas of development and behavior to learn about the child's strengths, needs, preferences, and interests. (DEC RP A4)										
AP4	I conduct assessments in the child's dominant language and in additional languages if the child is learning more than one language. (DEC RP A5)										
AP5	I use a variety of methods, including observation and interviews, to gather assessment information from multiple sources, including the child's family and other significant individuals in the child's life. (DEC RP A6)										

Assessment Practices		Self-Assessment Rating			Observation Assessment Rating			Interim Rating			Quality Improvement Plan
		Not Yet (1)	Sometimes (2)	Yes (3)	Not Observed (1)	Partially (2)	Yes (3)	Not Yet (1)	Partially (2)	Yes (3)	
AP6	I obtain information about the child's skills in daily activities, routines, and environments such as home, center, and community. (DEC RP A7)										
AP7	I implement systematic ongoing assessment to identify learning targets, plan activities, and monitor the child's progress to revise instruction as needed. (DEC RP A9)										
AP8	I report assessment results so that they are understandable and useful to families. (DEC RP A11)										

5. Inclusion

Definition: Early childhood inclusion embodies the values, policies, and practices that support the right of every infant and toddler and his or her family/caregiver, regardless of ability, to participate in a broad range of activities and contexts as full members of family/caregiver, communities, and society. The desired results of inclusive experiences for children with and without disabilities and their families/caregivers include a sense of belonging and membership, positive social relationships and friendships, and development and learning to reach their full potential. The defining features of inclusion that can be used to identify high-quality early childhood programs and services are access, participation, and supports ((DEC/NAEYC, 2009, p.2)

Rationale: There is evidence that children with disabilities and children who are typically developing benefit from participation in inclusive settings (NPDCI, 2007)

Key Principle(s) #1,2,3,7

*The FIT FOCUS practices referenced in the rubric levels below are adopted from the Division for Early Childhood. (2014). DEC Recommended Practices in early intervention/early childhood special education 2014. Retrieved from <http://www.dec-sp.ed.org/recommendedpractices>

Inclusion

		Level Two ★★	Level Three ★★★	Level Four ★★★★	Level Five ★★★★★
5.1	Early Intervention Program has policies and procedures in place to assure that Early Intervention Practitioners use the FIT FOCUS Inclusion Practices.	◆			
5.2	Early Intervention Program assures that Early Intervention Practitioners receive training on the use of FIT FOCUS Inclusion Practices.	◆			
5.3	Early Intervention Practitioners and Early Intervention Programs use the “Performance Based Improvement Process” to conduct reflective assessments, observations, reflective conversations, and planning activities to improve Inclusion Practices.		◆		
5.4	Early Intervention Program provides ongoing support for Early Intervention Practitioners’ use of FIT FOCUS Inclusion Practices and corresponding plans to improve practices by providing mechanisms such as training, reflective supervision, coaching, team/peer support.			◆	

5.5	Early Intervention Program monitors Early Intervention Practitioners' use of FIT FOCUS "Performance Based Improvement Process" tools, and corresponding plans for improvement and provides feedback via ongoing performance review and/or appraisal mechanisms.			◆	
5.6	Early Intervention Program uses aggregate data from the "Performance Based Improvement Process" tools to support program-wide improvement of early intervention services, including activities such as setting and measuring progress goals for findings and providing targeted performance support activities (e.g., training, team planning, and supervision).				◆
5.7	Early Intervention Program's Continuous Quality Improvement process demonstrates positive program-wide changes as evidenced by improved Inclusion Quality ratings over time.				◆

Inclusion Practices

IP1. Early Intervention Practitioners use a variety of planned and timely strategies before, during, and after transitions to support successful adjustments to inclusive environments for both the child and family.

IP2. Early Intervention Practitioners exchange information with personnel from receiving programs before, during, and after transitions about practices most likely to support the child's successful adjustment to the receiving program.

IP3. Early Intervention Practitioners invite center-based staff to be an active partner in the development and implementation of the IFSP.

IP4. EARLY INTERVENTION PRACTITIONERS collaborate with center-based staff to assure that adequate instructional strategies, supports, and adaptations are in place to facilitate full participation throughout daily classroom activities and routines.

IP5. Early Intervention Practitioners embed support to children with IFSPs in the context of typical daily classroom activities and routines for all children.

IP6. Early Intervention Practitioners provide coaching to personnel in center-based settings to support the inclusion of children with IFSPs.

**For Inclusion Performance Based Improvement Process tools please see Appendix A.*

6. Family Centered

Definition: According to the DEC Recommended Practices (2014), family/caregiver practices refer to ongoing activities that (1) promote the active participation of families/caregivers in decision-making related to their child (e.g., assessment, planning, intervention); (2) lead to the development of a service plan (e.g., a set of goals for the family/caregiver and child and the services and supports to achieve those goals); or (3) support families/caregivers in achieving the goals they hold for their child and the other family/caregiver members.

Family/caregiver practices encompass three themes:

1. **Family/caregiver-centered practices:** Practices that treat families/caregivers with dignity and respect; are individualized, flexible, and responsive to each family/caregiver’s unique circumstances; provide family/caregiver members complete and unbiased information to make informed decisions; and involve family/caregiver members in acting on choices to strengthen child, parent, and family/caregiver functioning.
2. **Family/caregiver capacity-building practices:** Practices that include the participatory parenting opportunities and experiences afforded to families/caregivers to strengthen existing parenting knowledge and skills and promote the development of new parenting abilities that enhance parenting self-efficacy beliefs and practices.
3. **Family/caregiver and professional collaboration:** Practices that build relationships between families/caregivers and professionals who work together to achieve mutually agreed upon outcomes and goals that promote family/caregiver competencies and support the development of the child (DEC, RP, 2014)

Rationale: The likelihood that parents and other primary caregivers will provide children with the kinds of experiences and opportunities that influence their development is maximized when adults recognize and understand the important role they play in influencing their children’s growth and development (Dunst, 2007). Young children experience their world as an environment of relationships, and these relationships affect virtually all aspects of their development. Healthy development depends on the quality and reliability of a young child’s relationships with the important people in his or her life, both within and outside the family/caregiver. Even the development of the child’s brain architecture depends on the establishment of these relationships. Parent sensitivity and responsiveness to their infant or toddler’s behavior during parent-child interactions is a potent determinant of child development. Encouraging and supporting parent’s use of a responsive interactional style with children with disabilities has been recognized as an important early intervention practice for more than 25 years. (DEC RP, 2014)

Key Principles: All Apply

*The FIT FOCUS practices referenced in the rubric levels below are adopted from the Division for Early Childhood. (2014). DEC Recommended Practices in early intervention/early childhood special education 2014. Retrieved from <http://www.dec-sped.org/recommendedpractices>

Family Centered					
		Level Two ★★	Level Three ★★★	Level Four ★★★★	Level Five ★★★★★
6.1	Early Intervention Program has policies and procedures in place to assure that Early Intervention Practitioners use the FIT FOCUS Family Centered Practices.	◆			

6.2	Early Intervention Program assures that Early Intervention Practitioners receive training on the use of FIT FOCUS Family Centered Practices.	◆			
6.3	Early Intervention Practitioners and Early Intervention Programs use the “Performance Based Improvement Process” to conduct reflective assessments, observations, reflective conversations, and planning activities to improve Family Centered Practices.		◆		
6.4	Early Intervention Program provides ongoing support for Early Intervention Practitioners’ use of FIT FOCUS Family Centered Practices and corresponding plans to improve practices by providing mechanisms such as training, reflective supervision, coaching, team/peer support.			◆	
6.5	Early Intervention Program monitors Early Intervention Practitioners’ use of FIT FOCUS “Performance Based Improvement Process” tools, and corresponding plans for improvement and provides feedback via ongoing performance review and/or appraisal mechanisms.			◆	
6.6	Early Intervention Program uses aggregate data from the “Performance Based Improvement Process” tools to support program-wide improvement of early intervention services, including activities such as setting and measuring progress goals for findings and providing targeted performance support activities (e.g., training, team planning, and supervision).				◆
6.7	Early Intervention Program’s Continuous Quality Improvement process demonstrates positive program-wide changes as evidenced by improved Family Centered Quality ratings over time.				◆

Family Centered Practices

FCP1. Early Intervention Practitioners build trusting and respectful partnerships with the family through interactions that are sensitive and responsive to cultural, linguistic, and socioeconomic diversity.

FCP2. Early Intervention Practitioners provide the family with up-to-date, comprehensive and unbiased information in a way that the family can understand and use to make informed choices and decisions.

FCP3. Early Intervention Practitioners are responsive to the family's concerns, priorities, and changing life circumstances.

FCP4. Early Intervention Practitioners support family functioning, promote family confidence and competence, and strengthen family-child relationships by acting in ways that recognize and build on family strengths and capacities.

FCP5. Early Intervention Practitioners engage the family in opportunities that support and strengthen parenting knowledge and skills and parenting competence and confidence in ways that are flexible, individualized, and tailored to the family's preferences.

FCP6. Early Intervention Practitioners help families know and understand their rights.

FCP7. Early Intervention Practitioners inform families about leadership and advocacy skill-building opportunities and encourage those who are interested to participate.

**For Family Centered Performance Based Improvement Process tools please see Appendix A.*

7. Social Emotional

Definition: The term social emotional development refers to the developing capacity of the child from birth through five years of age to form close and secure adult and peer relationships; experience, regulate, and express emotions in socially and culturally appropriate ways; and explore the environment and learn—all in the context of family/caregiver, community, and culture. (CSEFEL). Social skills define the range of appropriate behaviors for interacting and connecting with others (Gonzales-Mena, 2012)

Rationale: All of early development--cognitive, motor, language and communication growth occurs within social and emotional development and within early responsive caregiving relationships. Infants and toddlers rely on caregivers to help them with emotions. What caregivers share with and give infants and toddlers today, they will carry inside themselves forever. A child’s development potential is optimized when relational functioning and attachments within the caregiving system are optimal. Research shows that children who have healthy social and emotional skills tend to learn better, are more likely to stay in school, and will be better able to make and keep lifelong friends.

Key Principle(s) #1,2

*The FIT FOCUS practices referenced in the rubric levels below are adopted from the Division for Early Childhood. (2014). DEC Recommended Practices in early intervention/early childhood special education 2014. Retrieved from <http://www.dec-sped.org/recommendedpractices>

Social Emotional					
		Level Two ★★	Level Three ★★★★	Level Four ★★★★★	Level Five ★★★★★★
7.1	Early Intervention Program has policies and procedures in place to assure that Early Intervention Practitioners use the FIT FOCUS Social Emotional Practices.	◆			
7.2	Early Intervention Program assures that Early Intervention Practitioners receive training on the use of FIT FOCUS Social Emotional Practices.	◆			
7.3	Early Intervention Practitioners and Early Intervention Programs use the “Performance Based Improvement Process” to conduct reflective assessments, observations, reflective conversations, and planning activities to improve Social Emotional Practices.		◆		

7.4	Early Intervention Program provides ongoing support for Early Intervention Practitioners' use of FIT FOCUS Social Emotional Practices and corresponding plans to improve practices by providing mechanisms such as training, reflective supervision, coaching, team/peer support.			◆	
7.5	Early Intervention Program monitors Early Intervention Practitioners' use of FIT FOCUS "Performance Based Improvement Process" tools, and corresponding plans for improvement and provides feedback via ongoing performance review and/or appraisal mechanisms.			◆	
7.6	Early Intervention Program uses aggregate data from the "Performance Based Improvement Process" tools to support program-wide improvement of early intervention services, including activities such as setting and measuring progress goals for findings and providing targeted performance support activities (e.g., training, team planning, and supervision).				◆
7.7	Early Intervention Program's Continuous Quality Improvement process demonstrates positive program-wide changes as evidenced by improved Social Emotional Quality ratings over time.				◆

Social Emotional Practices

SEP1. Early Intervention Practitioners provide coaching strategies to families and other caregivers to increase their confidence and competence in responding contingently to the range of the child's emotional expressions.

SEP2. Early Intervention Practitioners provide coaching strategies to families and other caregivers to increase their confidence and competence in encouraging the child to initiate or sustain positive interactions with other children and adults during routines and activities.

SEP3. Early Intervention Practitioners provide coaching strategies to families and other caregivers to increase their confidence and competence in promoting the child's problem-solving skills.

SEP4. Early Intervention Practitioners use functional assessment to develop plans to address challenging behavior.

SEP5. Early Intervention Practitioners support families and other caregivers to use intervention strategies to prevent and address challenging behavior.

**For Social Emotional Performance Based Improvement Process tools please see Appendix A.*

8. Culture and Language

Definition: Culture competency is “practitioners’ ability to respond respectfully, reciprocally and responsively to children and families/caregivers in ways that acknowledge the richness and limitations of families/caregivers’ and practitioners sociocultural contexts”. (Berrera and Corso, 2003). Cultural competence is not limited to working effectively across racial and ethnic groups, but incorporates values, behaviors, and attitudes that occur across all groups. It is the ability to think feel and act in ways that acknowledge, respect and build on ethnic, socio-cultural and linguistic diversity (Lynch 2011). Cultural competence is a process of self-awareness, knowledge of information specific to each culture, and skills that enable the individual to engage in successful interactions. Language refers to meeting the native language needs of families/caregivers served and the needs of young children who are dual language learners i.e. children learning two (or more) languages at the same time.

Rationale: Early intervention will be more effective if we understand the culture and beliefs of the families/caregivers we are serving and how those influence their understanding of their child’s needs, their parents’ practices and the involvement of partners and other family/caregiver and community members. Meeting the language needs of the family/caregiver and the infant and toddler is also crucial to promote development.

Key Principle #:2,3,4

*The FIT FOCUS practices referenced in the rubric levels below are adopted from the Division for Early Childhood. (2014). DEC Recommended Practices in early intervention/early childhood special education 2014. Retrieved from <http://www.dec-sped.org/recommendedpractices>

Culture and Language					
		Level Two ★★	Level Three ★★★	Level Four ★★★★	Level Five ★★★★★
8.1	Early Intervention Program has policies and procedures in place to assure that Early Intervention Practitioners use the FIT FOCUS Culture and Language Practices.	◆			
8.2	Early Intervention Program assures that Early Intervention Practitioners receive training on the use of FIT FOCUS Culture and Language Practices.	◆			
8.3	Early Intervention Practitioners and Early Intervention Programs use the “Performance Based Improvement Process” to conduct reflective assessments, observations, reflective conversations, and planning activities to improve Culture and Language Practices.		◆		

8.4	Early Intervention Program provides ongoing support for Early Intervention Practitioners' use of FIT FOCUS Culture and Language Practices and corresponding plans to improve practices by providing mechanisms such as training, reflective supervision, coaching, team/peer support.			◆	
8.5	Early Intervention Program monitors Early Intervention Practitioners' use of FIT FOCUS "Performance Based Improvement Process" tools, and corresponding plans for improvement and provides feedback via ongoing performance review and/or appraisal mechanisms.			◆	
8.6	Early Intervention Program uses aggregate data from the "Performance Based Improvement Process" tools to support program-wide improvement of early intervention services, including activities such as setting and measuring progress goals for findings and providing targeted performance support activities (e.g., training, team planning, and supervision).				◆
8.7	Early Intervention Program's Continuous Quality Improvement process demonstrates positive program-wide changes as evidenced by improved Cultural and Language Quality ratings over time.				◆

Culture and Language Practices

CLP1. Early Intervention Practitioners provide support to families whose children who are dual language learners to assist their children in learning English and in continuing to develop skills through the use of their home language.

CLP2. Early Intervention Practitioners build trusting and respectful partnerships with the family through interactions that are sensitive and responsive to cultural and linguistic diversity.

CLP3. Early Intervention Practitioners use materials and strategies that are appropriate for, and accommodate, the child and family's cultural and linguistic characteristics.

**For Culture and Language Performance Based Improvement Process tools please see Appendix A.*

9. Reflection

Definition: Reflection encourages pausing and stepping back from the immediate experience of hands on work and taking the time to wonder and explore what the experience really means. What does it tell us about the family/caregiver? About ourselves, based on our reactions? Through reflection, we can examine our thoughts and feelings about the experience and begin to explore the types of interventions that might meet the family/caregiver's goals of self-sufficiency, growth and development.

"Reflective supervision is a relationship-based approach that supports various models of relationship-based service delivery. The approach includes regular meetings, a collaborative relational approach, and an emphasis on reflection....the supervisor creates a safe and welcoming space for staff members to reflect on and learn from their own work with a trusted mentor/supervisor at their side."(Heffron & Murch 2010, p. 5) It is the process of examining, with someone else, the thoughts, feelings, actions, and reactions evoked in the course of working closely with infants, young children and their families/caregivers (Eggbeer, Mann, & Seibel, 2007, p. 5).

"Reflective Practice refers to a way of working that spans disciplines and encourages staff members to (a) consider the possible implications of their interventions while in the midst of their work; (b) slow-down, filter their thoughts, and more wisely choose actions and works; (c) deepen their understanding of the contextual forces that affect their work; and (d) take time afterward to consider their work and the related experiences in a way that influences their next steps." (Heffron & Murch, 2010, p.6).

Rationale: Early Intervention Practitioners (Early Intervention Practitioners) take the time to pause and explore their reactions, feelings and effectiveness regarding their work with children and families. Reflection occurs at individual, family, team, supervisory, programmatic, and interagency levels.

Reflective supervision provides the support needed by Early Intervention Practitioners to focus on their experiences related to the work with families/caregivers, taking another's perspective, and exploring their reactions, leading to increased self-awareness and improved practice. An ongoing professional development process, reflective supervision provides a way for Early Intervention Practitioners to reach greater understanding of individuals and families/caregivers without reacting to their own judgments, so that a family/caregiver's capacity for change and growth can be supported.

Reflective supervision not only helps interventionists to "problem solve" the challenges they encounter but also acknowledge and address the strong emotions generated during their work with families/caregivers (Heffron, 2005).

Reflective practice promotes a parallel process whereby Early Intervention Practitioners reflect on their relationships and interactions with parents/caregivers who in turn reflect on their relationship and interactions with their child. As the reflective supervisor may hold the feelings of the provider, the provider in turn holds the feelings of the family/caregiver.

Reflective practice within an EI Program promotes program development and leadership practices that create a relationship-based service system with chains of thoughtful and reflective dialogue that run throughout the organization.

Key Principle(s) #8, #4

*The FIT FOCUS practices referenced in the rubric levels below are adopted from the Division for Early Childhood. (2014). DEC Recommended Practices in early intervention/early childhood special education 2014. Retrieved from <http://www.dec-sped.org/recommendedpractices>

Reflection					
		Level Two ★★	Level Three ★★★	Level Four ★★★★	Level Five ★★★★★
9.1	Early Intervention Program has policies and procedures in place to assure that Early Intervention Practitioners use the FIT FOCUS Reflection Practices.	◆			
9.2	Early Intervention Program assures that Early Intervention Practitioners receive training on the use of FIT FOCUS Reflection Practices.	◆			
9.3	Early Intervention Practitioners and Early Intervention Programs use the “Performance Based Improvement Process” to conduct reflective assessments, observations, reflective conversations, and planning activities to improve Reflection Practices.		◆		
9.4	Early Intervention Program provides ongoing support for Early Intervention Practitioners’ use of FIT FOCUS Reflection Practices and corresponding plans to improve practices by providing mechanisms such as training, reflective supervision, coaching, team/peer support.			◆	
9.5	Early Intervention Program monitors Early Intervention Practitioners’ use of FIT FOCUS “Performance Based Improvement Process” tools, and corresponding plans for improvement and provides feedback via ongoing performance review and/or appraisal mechanisms.			◆	
9.6	Early Intervention Program uses aggregate data from the “Performance Based Improvement Process” tools to support program-wide improvement of early intervention services, including activities such as setting and measuring progress goals for findings and providing targeted performance support activities (e.g., training, team planning, and supervision).				◆
9.7	Early Intervention Program’s Continuous Quality Improvement process demonstrates positive program-wide changes as evidenced by improved Reflection Quality ratings over time.				◆

9.2 Reflection Practices

To be finalized

10. Leadership

Definition: The ability of persons in authority to establish and maintain conditions that are essential for the successful delivery of early intervention services which meet the intent of the law and the organization’s policies and procedures. Leadership is the act of creating conditions that support practitioners in implementing professional practices, ensuring that practitioners have the knowledge and skills needed. Person(s) in leadership positions foster a sense of purpose and create a sense of belonging which promotes allegiance to the organization’s mission and goals. Leadership is responsible to maintain the structures, systems and controls that relate to effective and efficient operations and fiscal solvency.

Rationale: The ability of practitioners to effectively deliver early intervention services which meet or exceed the intended child/family/caregiver outcomes is highly influenced by the work environment. Practitioners work within the context of the climate and culture created by leadership. The ability to improve quality outcomes at all levels is dependent on the participation of everyone and grounded in a culture that is proactive, supportive of continuous learning and improvement and whose leadership promotes and inspires excellence.

Key Principle(s) #:7,8

*The FIT FOCUS practices referenced in the rubric levels below are adopted from the Division for Early Childhood. (2014). DEC Recommended Practices in early intervention/early childhood special education 2014. Retrieved from <http://www.dec-sped.org/recommendedpractices>

Leadership					
		Level Two ★★	Level Three ★★★	Level Four ★★★★	Level Five ★★★★★
10.1	Early Intervention Program has policies and procedures in place to assure that Early Intervention Practitioners use the FIT FOCUS Leadership Practices.	◆			
10.2	Early Intervention Program assures that Early Intervention Practitioners receive training on the use of FIT FOCUS Leadership Practices.	◆			
10.3	Early Intervention Practitioners and Early Intervention Programs use the “Performance Based Improvement Process” to conduct reflective assessments, observations, reflective conversations, and planning activities to improve Leadership Practices.		◆		
10.4	Early Intervention Program provides ongoing support for Early Intervention Practitioners’ use of FIT FOCUS Leadership Practices and corresponding plans to improve practices by providing mechanisms such as training, reflective supervision, coaching, team/peer support.			◆	

10.5	Early Intervention Program monitors Early Intervention Practitioners' use of FIT FOCUS "Performance Based Improvement Process" tools, and corresponding plans for improvement and provides feedback via ongoing performance review and/or appraisal mechanisms.			◆	
10.6	Early Intervention Program uses aggregate data from the "Performance Based Improvement Process" tools to support program-wide improvement of early intervention services, including activities such as setting and measuring progress goals for findings and providing targeted performance support activities (e.g., training, team planning, and supervision).				◆
10.7	Early Intervention Program's Continuous Quality Improvement process demonstrates positive program-wide changes as evidenced by improved Leadership Quality ratings over time.				◆

Leadership Practices

- LP1. The EI Program Director ensures that the program's policies and procedures create the conditions necessary for Early Intervention Practitioners to implement the practices articulated in the Essential Elements.
- LP2. The EI Program Director secures the fiscal and human resources necessary for Early Intervention Practitioners to successfully implement the practices articulated in the Essential Elements.
- LP3. The EI Program Director ensures that Early Intervention Practitioners follow professional standards and all applicable laws and regulations governing service provision.
- LP4. The EI Program Director ensures the implementation of policies, structures, and practices that promote shared decision making with Early Intervention Practitioners and families.
- LP5. The EI Program Director attends and participates in professional development activities alongside Early Intervention Practitioners to enhance the Director's capacity to support Early Intervention Practitioners' successful implementation of the practices articulated in the Essential Elements.
- LP6. The EI Program Director ensures that the program's policies and procedures create the conditions necessary for the transdisciplinary team and each family to work together to plan and implement supports and services to meet the unique needs of each child and family.
- LP7. The EI Program Director creates a culture and climate in which Early Intervention Practitioners feel a sense of belonging and want to support the program's mission and goals.
- LP8. The EI Program Director establishes partnerships across levels (state to local) and with their counterparts in other systems and agencies to create coordinated and inclusive systems of services and supports.
- LP9. The EI Program Director collaborates with stakeholders to collect and use data for program management and continuous program improvement and to examine the effectiveness of services and supports in improving child and family outcomes.

**For Leadership Performance Based Improvement Process tools please see Appendix A.*

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Appendix A: FIT Key Principles

Key Principles for Providing Early Intervention Services

In 2007, an Office of Special Education Programs (OSEP) Community of Practice developed seven “Key Principles.” New Mexico FIT added an additional eighth principle on reflection.

Below are the eight key principles along with descriptions of the key concepts behind each of them.

Workgroup on Principles and Practices in Natural Environments (November, 2007). OSEP TA Community of Practice-Part C Settings.
<http://www.nectac.org/topic/families/families.asp>.

1. Infants and toddlers learn best through every day experiences and interactions with familiar people in familiar contexts.

Key Concepts:

- Learning activities and opportunities must be functional, based on child and family/caregiver interest and enjoyment
- Learning is relationship-based
- Learning should provide opportunities to practice and build upon previously mastered skills
- Learning occurs through participation in a variety of enjoyable activities

2. All families, with the necessary supports and resources, can enhance their child's learning and development.

Key Concepts:

- All means ALL (income levels, racial and cultural backgrounds, educational levels, skill levels, living with varied levels of stress and resources)
- The consistent adults in a child's life have the greatest influence on learning and development-not EI providers
- All families/caregivers have strengths and capabilities that can be used to help their child
- All families/caregivers are resourceful, but all families do not have equal access to resources
- Supports (informal and formal) need to build on strengths and reduce stressors so families are able to engage with their children in mutually enjoyable interactions and activities

3. The primary role of the service provider in early intervention is to work with and support the family members and caregivers in a child's life.

Key Concepts:

- EI providers engage with the adults to enhance confidence and competence in their inherent role as the people who teach and foster the child's development
- Families are equal partners in the relationship with service providers
- Mutual trust, respect, honesty, and open communication characterize the family/caregiver-provider relationship

4. The early intervention process, from initial contacts through transition, must be dynamic and individualized to reflect family/caregiver's learning styles and cultural beliefs and practices.

Key Concepts:

- Families/caregivers are active participants in all aspects of services
- Families/caregivers are the ultimate decision-makers in the amount, type of assistance, and the support they receive
- Child and family/caregiver needs, interests, and skills change; the IFSP must be fluid and revised accordingly
- The adults in a child's life each have their own preferred learning styles; interactions must be sensitive and responsive to individuals
- Each family/caregiver's culture, spiritual beliefs and activities, values, and traditions will be different from the service provider's (even if from a seemingly similar culture); service providers should seek to understand, not judge
- Family/caregiver "ways" are more important than provider comfort and beliefs (short of abuse/neglect)

5. IFSP Outcomes must be functional and based on children's and families' needs and priorities.

Key Concepts:

- Functional outcomes improve participation in meaningful activities
- Functional outcomes build on natural motivations to learn and do; fit what's important to families; strengthen naturally occurring routines; enhance natural learning opportunities
- The family/caregiver understands that strategies are worth working on because they lead to practical improvements in child & family/caregiver life
- Functional outcomes keep the team focused on what's meaningful to the family/caregiver in their day to day activities

6. The family/caregiver's priorities, needs, and interests are addressed most appropriately by a primary provider who represents and receives team and community support.

Key Concepts:

- The team can include friends, relatives, and community support people, as well as specialized service providers
- Good teaming practices are used
- One consistent person needs to understand and keep abreast of the changing circumstances, needs, interests, strengths, and demands in a family/caregiver's life
- The primary provider brings in other services and supports as needed, assuring outcomes, activities, and advice are compatible with family/caregiver life and won't overwhelm or confuse family/caregiver members

7. Interventions with young children and family members/caregivers must be based on explicit principles, validated practices, best available research, and relevant laws and regulations.

Key Concepts:

- Practices must be based on, and consistent with, explicit principles
- Providers should be able to provide a rationale for practice decisions
- Research is on-going and informs evolving practices
- Practice decisions must be data-based and ongoing evaluation is essential
- Practices must fit with relevant laws and regulations
- As research and practice evolve, laws and regulations must be amended accordingly

8. Support for families/caregivers in developing strategies to understand, interpret and nurture their child's development is best achieved through the use of reflective practices.

Key Concepts:

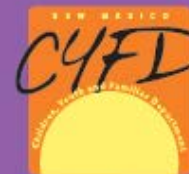
- Early intervention providers take the time to pause and explore their reactions and feelings regarding their work with children and families/caregivers.
- Reflection occurs at individual, family/caregiver, team, supervisory, programmatic and interagency levels.
- Reflective supervision supports individuals to focus on their experience, taking another's perspective, and exploring their reactions to the work leading to increased self-awareness and improved practice.
- Reflective practices promote a parallel process whereby early intervention providers reflect on their relationships and interactions with parents/caregivers who in turn reflect on their relationship and interactions with the child.



FOCUS

On Young Children's Learning

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