ResultsMatter Nebraska

NEBRASKA DEPARTMENT OF EDUCATION

Implementing Evidence-Based Practices in Natural and Inclusive Environments for Children Birth to Age 3

Nebraska Team Self-Assessment

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Adapted from the original work of Dr. Robin McWilliam
(FINESSE, Families in Natural Environments Scale of Service Evaluation)

Early Development Network
Babies Can't Wait

Name: _____ Date: _____ Team: _____

Directions:

This team self-assessment tool focuses on typical and ideal practices when providing quality home and community-based services to children with disabilities Birth-3. The practice descriptions are written such that itinerant providers, services coordinators, and administrators can assess and compare the typical "way they do business" with their "ideal" practices (reflective of national evidence-based practices and Nebraska regulations). The scale is intended for Early Intervention teams including, at a minimum, an ECSE, SLP, OT, PT, Services Coordination, and a Supervisor/Administrator.

The scale itself consists of several items that address various program components. Each item is scored from 1 to 7. In rating each item, first read all of the descriptors and circle the number that best represents your team's most typical practice. Then, on the scale below the descriptors, circle the number that represents where you would like your team to be (ideal) on this dimension. Use the even numbers if your program falls between the descriptors specified under the odd-numbered headings.

1. Philosophy of EI/ECSE

Typical Practice:	1	2	3	4	5	6	7
	Child Instruction: Philosophy is to provide direct, hands-on therapy and instruction to the child in order to teach skills the child is missing. Instruction is provided in decontextualized activities (not within family routine).		**Parent Training**: Philosophy is to provide therapy and instruction to the child while the family watches and learns. In between visits, the family provides targeted 1:1 activities with their child based on modeling and suggestions from providers (not within family routines).		**Child-Focused Support**: Philosophy is to work with the adults in the child's life to increase the child's participation, social relationships and independence in everyday activities. The family's everyday activities lead to the desired skills and behaviors of the child.		**Whole-Family Support**: Philosophy is to build the confidence, competence and capability of the adults in the child's life to increase child participation, social relationships and independence in everyday routines as well as addressing the needs of the "whole" family.
Ideal Practice:	1	2	3	4	5	6	7

2. Choosing an Early Intervention Model

Typical Practice:	1	2	3	4	5	6	7
	Two or more providers providing regular visits **independent of one another**. No need to communicate. **No team meetings.**		Two or more providers providing regular visits; **occasionally together**. Use **infrequent team meetings** to communicate with each other.		Visits by a **primary provider**, **occasionally accompanied** by and receiving consultation from team members. Use **regular team meetings** to communicate with each other.		Visits by a **primary provider** accountable for all outcomes on behalf of the team. Team members go on visits as **a support to the primary provider.** Any team member assumes the role of a primary provider. Use **regular team meetings** to communicate.
Ideal practice:	1	2	3	4	5	6	7

*3. Teaming--Critical to the Success of EI Programs

	1	2	3	4	5	6	7
Typical Practice:	**No team meetings** are held. Communication between providers and services coordinators occurs **as needed**.		Team meetings occur for **scheduling purposes and providing child updates**. Team members **attend as they are able.**		Meetings are led by a **rotating facilitator. Scheduling and child updates predominate,** with some time left over for collaboration with team mates. **Most team members are present** most of the time.		Meetings are led by a **consistent facilitator.** The pre-published agenda **includes child AND family updates,** as well as regular opportunities for team members to collaborate and **use evidence-based teaming practices**. **All team members attend** all meetings.
Ideal Practice:	1	2	3	4	5	6	7

*4. Starting the EI Process--Intake

	1	2	3	4	5	6	7
Typical Practice:	Intake consists **entirely** of a description of services, especially therapy and instruction for the child.		Intake consists **primarily** of a description of services, especially therapy and instruction for the child.		Intake consists **primarily** of a description of supports and services to the child and includes **some** questions to find out what concerns the family has, or questions they would like answered.		Intake consists **primarily** of getting to know the family and finding out what questions the family would like answered. Includes a brief description of the supports and services available to the child and family.
Ideal Practice:	1	2	3	4	5	6	7

*5. Determining Child Eligibility--Evaluation

Typical Practice: 1	2	3	4	5	6	7
The Multi-Disciplinary Team (MDT) typically uses 3 or more standardized tools and more than 2 providers **for all children** to determine eligibility.		The MDT typically uses 3 or more standardized tools and more than 2 providers **except for children who have pre-existing conditions (e.g., Down's syndrome, cerebral palsy, etc.)** to determine eligibility.		The MDT uses a **combination** of standardized tools (2 or fewer) and more than 2 providers **in combination with some other sources** of **information (medical records, parent report, provider observation, etc.)** to determine eligibility.		The MDT uses the **least number of standardized tools (1)** and the **least number** of providers **(2) in combination with other sources of information (medical records, parent report, provider observation, etc.)** to determine eligibility.
Ideal Practice: 1	2	3	4	5	6	7

*6. Using Child Assessment to Determine Child Outcomes

Typical Practice: 1	2	3	4	5	6	7
Only **norm-referenced instruments** that focus on traditional developmental domains are used for determining IFSP child outcomes.		**Curriculum-based instruments** that focus on traditional developmental domains are used for determining IFSP child outcomes.		**Curriculum-based instruments in addition to routines or activity based assessment** that focus on **both** traditional developmental domains and child participation, social relationships, and independence are used for determining IFSP child outcomes.		**Routines or activity based assessments** that focus on child participation, social relationships and independence are used for determining child IFSP outcomes.
Ideal Practice: 1	2	3	4	5	6	7

*7. Using Family Assessment to Determine Family Priorities and Outcomes

	1	2	3	4	5	6	7
Typical Practice:	Only **child assessment data** is evident and only **child** outcomes are included in the IFSP.		In **addition to child assessment data, some traditional/general family needs information** is included in the IFSP. In the outcomes section, **child outcomes and generic family-outcomes** are represented. For example, "Family will access resources and supports in their community."		In addition to **assessment of the child and family within their natural routines, there are child outcomes and also family outcomes** that describe something the family will do that relates to supporting their child. For example, "Family will learn 5 new signs that correspond with their child's interests."		In addition to an **assessment of the child and family within their natural routines and child outcomes, there are family outcomes independent** of the child. For example: "Sarah will get information about jobs for herself by June 15."
Ideal Practice:	1	2	3	4	5	6	7

*8. Writing Functional Child Outcomes

	1	2	3	4	5	6	7
Typical Practice:	Purpose of each child outcome is **not clear**. For example: "Joey will use initial /m/ sounds.		Purpose for each child outcome is overall improvement in a **general** developmental or skill area. For example: "Gracie's receptive and expressive language skills will improve during the next six months".		Purpose of the child outcome is stated **implicitly** (i.e., we can guess why we're working on it). For example: "After a cup with handles is placed in her hands, Katie will grasp it for a drink when given physical support".		Purpose of each child outcome is stated **explicitly** (i.e., we know exactly why we're working on it) and **usually involves participation in a routine**. For example: "Kari will participate in meal time by saying words. We will know she can do this when she says one identifiable word, not in imitation, during three consecutive meals".
Ideal Practice:	1	2	3	4	5	6	7

9. IFSP Meetings—Developing Support Plans that Work for Families

Typical Practice: 1	2	3	4	5	6	7
During IFSP meetings, providers **primarily** discuss test scores, child assessment results, and services that will offered. Parents listen.		During IFSP meetings, providers **occasionally** discuss test scores; meeting focuses on assessment results, areas of need (deficits) and services. Parents mostly listen.		During IFSP meetings, **providers discuss child/family needs and intervention strategies** (not routines based). Parents are actively engaged in the discussion.		During IFSP meetings, **providers and parents discuss child/family needs, priorities, and strategies in the context of the family's routines. The meeting is best described as a "joint effort" between parents and providers.**
Ideal Practice: 1	2	3	4	5	6	7

*10. Determining Child/Family Supports & Services on the IFSP

Typical Practice: 1	2	3	4	5	6	7
Services are determined based on **standardized test results** (i.e., child qualifies for a service based on a low score; services are matched to test scores).		Services are determined based on **discipline/domain-specific IFSP outcomes** (e.g., child has a language goal so he or she gets speech/language services, or child has a fine motor goal so he or she gets occupational therapy).		Services are provided by a PSP and determined by the **most significant needs of the child**; all other services are determined by the child's needs as well (e.g. child is the most delayed in walking so the PT is the PSP. If child has other delays, other services are assigned accordingly).		Services are provided by a PSP and **jointly** determined based upon the **competence and confidence (skill set) of the PSP in providing supports for each outcome** (e.g., in a joint conversation, PSP requests help with outcomes #1 and #3 and the person on the team who has the skill set to provide best support for these outcomes, then OT is listed on the services page.)
Ideal Practice: 1	2	3	4	5	6	7

*11. Home Visits are ALL about Natural Learning Opportunities

	1	2	3	4	5	6	7
Typical Practice:	Strategies and practice activities proposed by providers require **specific places or specialized equipment** not typically found in natural environments (family home or community settings).		Strategies and practice activities proposed by providers require caregivers/teachers to **set aside specific times in the day** i.e. they do not occur naturally in family routines.		Agreed upon strategies and practice/learning opportunities involve **significant modification of existing family routines.**		Agreed upon strategies and practice/learning opportunities involve **minor modifications of naturally occurring, existing family routines.**
Ideal Practice:	1	2	3	4	5	6	7

12. "Function" Counts when using Specialized Equipment, Strategies, or Devices

	1	2	3	4	5	6	7
Typical Practice:	Use of specialized equipment, strategies, or devices is **not directly related to successful functioning in everyday activities.** For example: "Child will be brushed every 2 hours" or "Standing frame is to be used twice daily for 1 hour each time."		Use of specialized equipment, strategies, or devices **routinely requires decontextualized practice with an adult before being incorporated** into everyday activities. For example: "Child will practice exchanging pictures for preferred items with an adult during 1:1 time."		**Some** specialized equipment, strategies, or devices designed to **facilitate** future development or prevent future problems outside of everyday routines are used. For example: "Walker is used to practice walking from one side of the room to the other."		Specialized equipment, strategies, or devices are used **only** when **necessary** for **successful functioning in everyday routines**. For example: "Child uses pictures to indicate needs at meal time, or Big Mac is used with siblings when playing a game."
Ideal Practice:	1	2	3	4	5	6	7

13. Working with Child Care Teachers in Centers

	1	2	3	4	5	6	7
Typical Practice:	Providers **pull the child out** of the group setting for intervention.		Providers work with the child **in the group setting**, doing their **own interventions**, regardless of ongoing group activity.		Providers **join the child** in whatever the child is engaged in and **weave their intervention** into ongoing activities within classroom routines.		Providers **coach the child care teacher**, with modeling and feedback as appropriate, to **support the child in ongoing activities within classroom routines.**
Ideal Practice:	1	2	3	4	5	6	7