



ENHANCE
Promoting quality child outcomes data

Provider Survey

Spring 2012

For more information about ENHANCE, see <http://enhance.sri.com>

SURVEY ON CHILD OUTCOMES SUMMARY PROCESS

Consent and Introduction

The purpose of this survey is to learn how the process of using the Child Outcomes Summary Form (COSF) is being implemented. This survey is part of a national study designed to improve the child outcomes summary process and the quality of COSF information.

The survey **takes about 15 minutes to complete**. Once you start, you will need to complete the entire survey in one session (you will not be able to save your work and return later to finish it).

Your answers are confidential. No information that identifies you or your individual answers will be shared publicly or with directors or other personnel in your program/district. Findings will be reported using overall responses from the whole group of survey participants. If at least 10 surveys are received from a program/district, those group-level responses to key questions will be shared with administrators for their program/district improvement.

There are no expected risks to participating and your participation is voluntary. You have the right to stop answering questions at any time and there will be no consequences.

As a thank you for taking time to complete the survey, participants will be **entered in a drawing** for a chance to win one of two \$100 gift cards. To be included in the drawing, participants must provide a valid email address when prompted.

This survey is being conducted by SRI International, a non-profit research institute working with numerous programs/districts around the country to improve the child outcomes summary process. If you have questions or concerns, you may contact Lauren Barton at 877-697-5765 or email her at enhance@sri.com.

I have read the consent information above and agree to participate in this survey now.

This survey uses the term **COSF or child outcomes summary form** to describe the form used to record a rating about the child's functioning on three child outcomes:

- Having positive social relationships,
- Acquiring and using knowledge and skills, and
- Taking appropriate action to meet needs.

The process used to complete the COSF asks people familiar with the child's functioning to combine information from direct assessments, clinical opinion, and family observations to decide on a rating of the child's functioning. Ratings may be labeled from 1-7 or with words such as "completely" to "not at all."

Your program/district may use a different term for the COSF including, but not limited to:

- The ECO form,
- The child outcome questions,
- The child indicator summary form,
- The yellow sheets, or,
- Questions 8, 9, and 10.

Questions in this survey are in multiple choice format. Space is available for additional explanations or comments about the COSF at the end of the survey.

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Section 1: About Your Training and Experience with the COSF

1. Currently, at your program/district, approximately how many COSFs have you participated in? (Count all COSFs where you had any involvement in identifying the rating.

Examples include: discussing the rating with others, facilitating discussions with others, and/or completing the form yourself.)

- Zero
- 1-10
- 11-30
- 31-50
- More than 50

2. Have you received information or training about the Child Outcomes Summary Form (COSF) process?

- Yes
- No

What training or information have you received? (Check all that apply.)

- In-person state level training event
- In-person local or regional training event
- Online or video training module
- Webinar or training conference call
- Review of COSF training materials
- One-on-one training
- Ongoing feedback from a supervisor or program director
- Website resources (e.g., ECO Center or state website)
- I provide training on the COSF to others
- Other

Please describe "Other":

3. How many total hours have you spent being trained or learning about the COSF process? (Give your best estimate.)

- None
- Less than 1 hour
- 1-2 hours
- 3-4 hours
- 5-8 hours
- 9-15 hours
- More than 15 hours

4. On average, how long does it take to identify a child's outcome ratings and provide documentation on the form?

In your estimate, please include:

- time to identify the rating.
- time discussing the child's functioning if it is directly related to the rating decision or exceeds discussions about child's functioning that would have occurred anyway.
- time to complete information on the form.

Do not include:

- time for data entry of the form, if this is done after completion.
- 1-15 minutes
 - 16-30 minutes
 - 31-45 minutes
 - 46-60 minutes
 - More than 60 minutes

5. Have you ever used the decision tree?

- Yes
- No
- Don't know what it is

6. How helpful is the decision tree in reaching a rating?

- Very helpful
- Helpful
- Not helpful
- Not at all helpful
- I can't judge, I have seen it, but never used it
- I can't judge, I have not seen it before or I don't know what it is

7. Please rate HOW TRUE the following statements are: (Check one in each row.)

	Very True	Mostly True	Somewhat True	A Little True	Not at all True
a. I understand the meaning of each of the three outcomes.	<input type="checkbox"/>				
b. I understand how to apply the criteria for each of the 7 rating points.	<input type="checkbox"/>				
c. I understand the difference between functional behaviors and discrete skills.	<input type="checkbox"/>				
d. I understand what is age-expected functioning in each of the three outcome areas.	<input type="checkbox"/>				
e. I understand why we are collecting child outcomes data.	<input type="checkbox"/>				
f. I understand what happens with the child outcomes data that we collect.	<input type="checkbox"/>				

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Section 2: About Knowledge and Skills Related to the Child Outcomes Summary Process

8. Please rate HOW TRUE the following statements are: (Check one in each row.)

	Very True	Mostly True	Somewhat True	A Little True	Not at all True
a. I know how to explain the need for the child outcomes ratings to families.	<input type="checkbox"/>				
b. I know how to discuss the child's functioning in the three outcome areas with others who know the child.	<input type="checkbox"/>				
c. I know how to identify how the child uses his/her skills to perform meaningful, everyday tasks.	<input type="checkbox"/>				
d. I know how to collect information about the child's functioning across settings and situations.	<input type="checkbox"/>				
e. I know how to compare the child's functioning to age-expected functioning.	<input type="checkbox"/>				
f. I know how to talk with families about age-expected functioning.	<input type="checkbox"/>				
g. I know how to identify whether or not the child made any progress in the outcome areas (needed at exit or for follow up discussions).	<input type="checkbox"/>				

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Section 3: About Your Experience with the COSF

9. In HOW MANY of your COSFs have you experienced the following in your current program/district? (Check one in each row.)

	All of the children's COSFs (100%)	Most of the children's COSFs (76-99%)	Many of the children's COSFs (51-75%)	Some of the children's COSFs (26-50%)	A few of the children's COSFs (1-25%)	None of the children's COSFs (0%)
a. The family provided input about the child's functioning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The rating was decided by a team that included at least one other professional and me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Information about the child's functioning from multiple settings and situations was used in deciding the ratings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I was not involved in deciding the ratings, but I provided input on the child's functioning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The family was present during the decision of the child outcomes ratings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. At least one other professional in addition to me provided input about the child's functioning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Information from one or more assessment tools was used in deciding the ratings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. All involved considered information carefully in order to identify an accurate rating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. There was enough information about the child's functioning in each outcome to decide on a rating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. There was enough time to review the child's functioning in each of the three outcome areas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. I was confident that the ratings given were accurate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. The process used for deciding ratings matched my understanding of how it is supposed to be done.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. The ratings were selected to make the program look good.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For the following questions, consider all professionals involved in the rating decisions since you have been at your *current* program/district. Include both program/district staff and any contracted providers who participate in the COSF process.

9b. How many other professionals involved in COSF ratings understand...

(Check one in each row.)

	All	Almost All	Many	Some	A Few	None
a. The meaning of each of the three outcomes.	<input type="checkbox"/>					
b. How to apply the criteria for each of the 7 rating points.	<input type="checkbox"/>					
c. The difference between functional behaviors and discrete skills.	<input type="checkbox"/>					
d. What is age-expected functioning in each of the three outcome areas.	<input type="checkbox"/>					

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Section 4: About Experiences with the Child Outcomes Summary Process

10. Please rate HOW TRUE the following statements are: *(Check one in each row.)*

	Very True	Mostly True	Somewhat True	A Little True	Not at all True
a. Information from assessment tools we use is very helpful in determining ratings for the three outcomes.	<input type="checkbox"/>				
b. I receive feedback from someone such as a supervisor on the child outcomes summary ratings or the form.	<input type="checkbox"/>				
c. Ratings tend to be low at entry relative to the child's actual level of functioning.	<input type="checkbox"/>				
d. There's too much additional paperwork associated with the child outcomes summary process.	<input type="checkbox"/>				
e. The child outcomes summary process is a good way to collect data on child outcomes.	<input type="checkbox"/>				
f. The ratings given are higher than the child's actual level of functioning.	<input type="checkbox"/>				
g. Child outcomes summary ratings are too subjective.	<input type="checkbox"/>				
	Very True	Mostly True	Somewhat True	A Little True	Not at all True
h. Ongoing support related to the child outcomes summary process is adequate.	<input type="checkbox"/>				
i. The child outcomes summary process is a useless activity.	<input type="checkbox"/>				
j. The ratings given are lower than the child's actual level of functioning.	<input type="checkbox"/>				
k. Ratings are more accurate when parents are present for the rating decision.	<input type="checkbox"/>				
l. It is difficult for individuals involved in identifying child outcomes ratings to reach consensus on one or more of the three outcomes.	<input type="checkbox"/>				
m. Ratings tend to be high at exit relative to the child's actual level of functioning.	<input type="checkbox"/>				
n. I receive helpful feedback about the child outcomes summary form.	<input type="checkbox"/>				
o. Ratings are less accurate when parents are present for the rating decision.	<input type="checkbox"/>				
p. I like the three outcomes.	<input type="checkbox"/>				
q. The child outcomes summary process emphasizes age-expected functioning too much.	<input type="checkbox"/>				

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Section 5: About program/district activities

11. Someone in our current program/district.... *(Check one in each row.)*

	Yes	No	Don't Know
a. checks child outcome summary forms after they are completed to ensure the ratings are accurate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. provides feedback to those who are involved in the COSF process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. is available to provide me with ongoing support if I ask for it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. trains professionals new to the child outcomes summary process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Section 6: Impact of the Child Outcomes Summary Process on Practice/Services

12. The child outcomes summary process... *(Check one in each row.)*

	Very True	Mostly True	Somewhat True	A Little True	Not at all True
a. makes me more aware of children's functioning relative to expectations for their age.	<input type="checkbox"/>				
b. negatively impacts the assessment process.	<input type="checkbox"/>				
c. leads to better IFSP or IEP outcomes.	<input type="checkbox"/>				
d. improves the way we work as a team.	<input type="checkbox"/>				
e. has negative impacts on my relationships with families.	<input type="checkbox"/>				
f. helps me think about children's functioning across settings and with different people.	<input type="checkbox"/>				
g. helps me focus on functional use of skills to perform meaningful tasks instead of discrete skills.	<input type="checkbox"/>				
h. leads to poorer quality IFSP or IEP outcomes.	<input type="checkbox"/>				
i. helps me think about children's progress over time.	<input type="checkbox"/>				
j. improves the quality of my conversations with families about their child.	<input type="checkbox"/>				
k. takes time away from other important activities.	<input type="checkbox"/>				
l. improves the assessment process.	<input type="checkbox"/>				
m. helps focus discussion on the "whole child."	<input type="checkbox"/>				

13. Have there been any other POSITIVE impacts on your practice that are not included in the questions above?

- Yes
 No

Please describe:

14. Have there been any other NEGATIVE impacts on your practice that are not included in the questions above?

- Yes
 No

Please describe:

15. Overall, what has been the impact of the child outcomes summary process on your work with children and families?

- Very Positive
 Positive
 Neutral
 Negative
 Very Negative

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Section 7: About You

16. Which of the following describe your professional role in your program?

(Check all that apply.)

- Early Interventionist / Child Development Specialist / Infant Specialist / Developmental Therapist
- Special Education teacher
- General Education Teacher
- Service Coordinator / Case Manager
- Family Resource Coordinator
- Speech-Language Pathologist
- Speech-Language Pathologist Assistant
- Occupational Therapist
- Occupational Therapy Assistant
- Physical Therapist
- Physical Therapy Assistant
- Psychologist
- Educational Diagnostician / Evaluator / Examiner
- Social worker / Counselor
- Nutritionist
- Director / Administrator
- COSF trainer
- Data Entry Clerk
- Other

Please describe "Other":

17. Of the children you work with in a typical month, what percent are in the following age groups? (Please count work with families based on the age of child in the family.)

Enter "0" if none.)

- Birth to 3 years (%) _____
- 3 through 5 years (%) _____
- Other ages (%) _____
- Total (must equal 100%) _____

18. How long have you been providing services to young children with disabilities? (Working with children with disabilities under 6 years of age.)

- Less than 1 year
- 1-2 years
- 3-5 years
- 6-10 years
- 11 years or more

19. Have you worked (in any capacity) with young children birth to five without disabilities? (e.g., child care, teaching, assessment)

- Yes
- No

For how long?

- Less than 1 year
- 1-2 years
- 3-5 years
- 6 years or more

20. How old are you?

- Under 30
- 30-39
- 40-49
- 50-59
- 60-69
- 70 or above

21. What is your gender?

- Male
- Female

22. Which of these describes you? (Check all that apply.)

- African-American/Black
- Asian-American
- Hispanic/Latino
- Caucasian/White
- American Indian
- Pacific Islander
- Do not wish to disclose
- Other

Please describe "Other":

In which state are you located?

What is your program name?

Do you work with: (Check all that apply.)

- Early Intervention (EI)
- Early Childhood Special Education (ECSE)

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Section 8: About Your Ideas to Improve the COSF Process and Other Comments

23. Is there anything else you want to tell us about the child outcomes summary process or this survey?

Please provide the following information about yourself.

Name: _____

Email address: _____

(This information will be confidential. All survey respondents providing email addresses will be entered in a drawing for a chance to win one of two \$100 gift cards. Your email address also will help us avoid any duplications in survey data and avoid us sending you unnecessary reminders to complete the survey. If you do not wish to provide an email address, simply type in abc@abc.com.)

Thank you for your time!

If you have any questions, please contact or call 877-697-5765.

We will enter your name/email address in the incentive drawing and let you know if you win a \$100 gift card.

This concludes the survey.