



Early Steps IFSP Training

2007 Statewide Service Coordinator Meeting

Developing Functional Outcomes

Presented by:

Sandy Rosello, Southernmost Coast Early Steps

Susan Duwa, Early Steps State Office



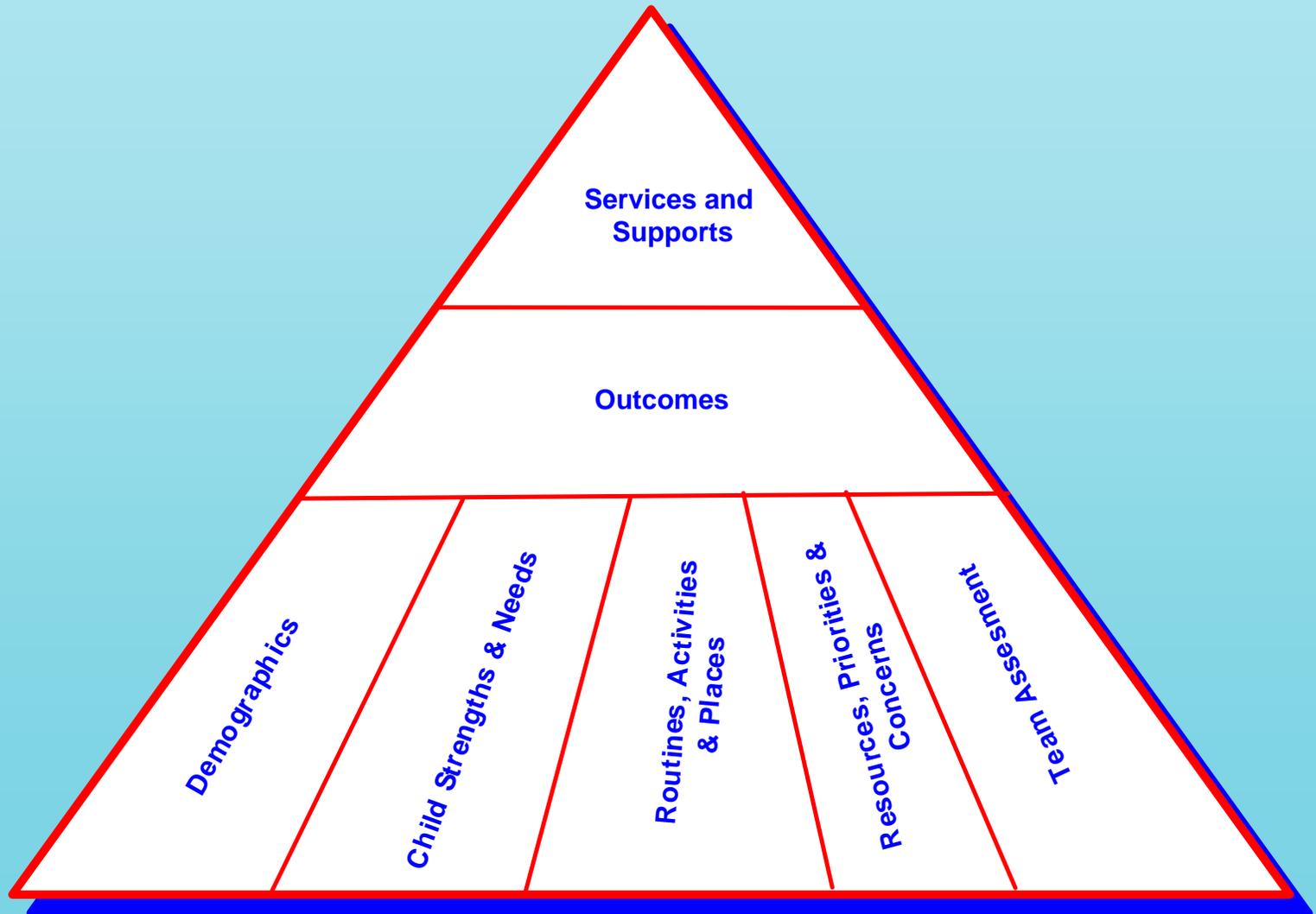
Welcome!

Session Objectives

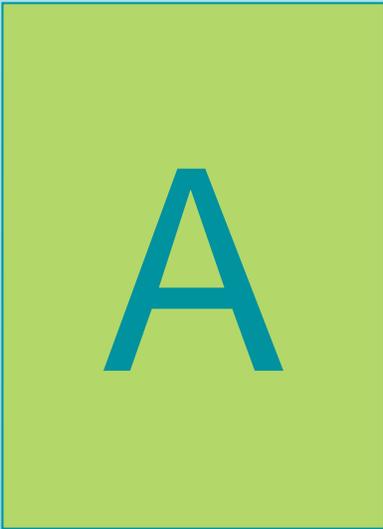
In this workshop you will learn how to:

- ✈ Write functional outcomes
- ✈ Develop short-term goals
- ✈ Identify strategies to address outcomes
- ✈ Determine appropriate services and supports
- ✈ Document the process on the IFSP, Forms F and G

IFSP Development Pyramid

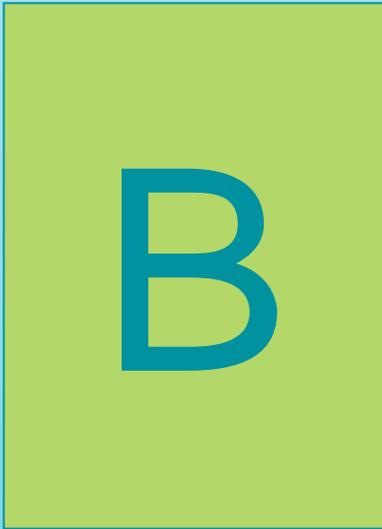


What is a Functional Outcome? Pop Quiz



A

or



B

Which is the functional outcome?

- A. Lucy's behavior will improve.
- B. Lucy will sit quietly and look at a book during bedtime story time so that she is calm before bed.



Which is the functional outcome?

- A. Jenni will enjoy washing her hands and face with a soft wash cloth during bath time each night.
- B. Jenni will decrease her sensitivity to touch.

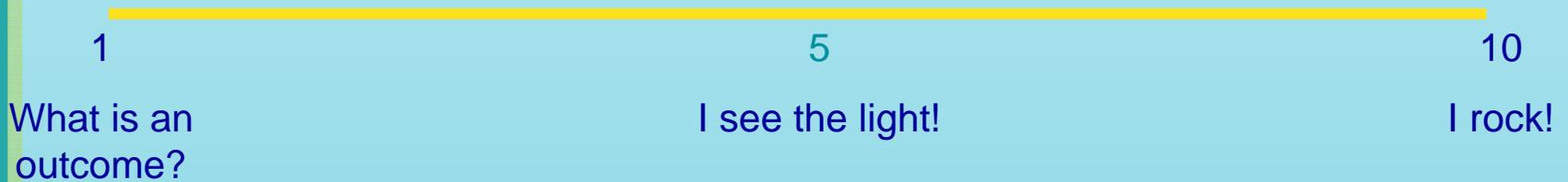


Which is the functional outcome?

- A. Jamal will hold his head up 90° and maintain his position for awhile.
- B. Jamal will hang out with his sister and watch videos by holding his head up.



How would you rate your ability to develop functional outcomes?



- A. Between 1 and 5
- B. Between 5 and 10



Functional Outcomes

What Does “Functional” Mean?

- ✿ Activities identified by the family that support the child’s physical, social, and psychological well-being.
- ✿ What the family wants the child to be able to do or what the family needs help with.
- ✿ Examples include the ability to:
 - ✿ Feed oneself
 - ✿ Play with toys and people
 - ✿ Communicate with others



Functional Outcomes

- ✿ Desires and goals that a family has for themselves and/or their family member.
- ✿ Created WITH the family after assessing what activities are meaningful to the individual family members.
- ✿ Includes not only activities of daily living, but also the family's ability to participate in cultural and social experiences they hold valuable.



Questions to Ask to Develop Functional Outcomes

🦋 What are the activities that your family would like to do that are difficult?

🦋 Have you given up doing any chores or family outings?

🦋 Is there anything that you would like to do or feel that you could do more easily if you had help or more information?

🦋 What kinds of things would you like _____ to do that would make life easier for you or more fun for him?"

🦋 Which of your concerns do you feel is the most important at this time?

Questions to Ask to Develop Functional Outcomes

- 🦋 It sounds like _____ brings you a lot of joy. Tell me about that. Tell me what you and your family have done to help your child gain those skills.
- 🦋 Give me an example of a challenging day/situation with _____.
- 🦋 What do you hope we can do to help you?
- 🦋 Describe a scene in which your child is (eating, bathing, playing, etc). What do you want to change about that scene?

Questions to Ask to Develop Functional Outcomes

- 🦋 What are you most proud of about how you and your family has handled _____ needs?
- 🦋 You say you want _____ to (walk, talk, write, have friends). What would be a step in that direction?
- 🦋 What do you think would help?
- 🦋 What activities would be easier if you could understand what _____ is trying to say?

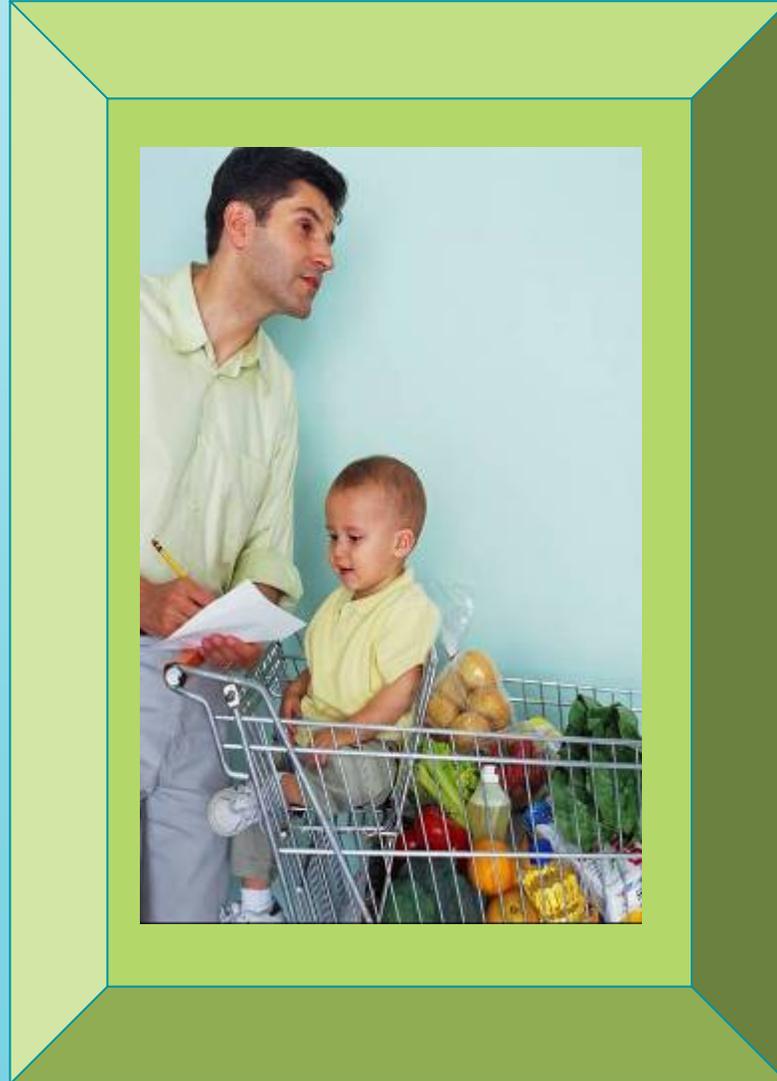
Needs to Make Sense!



🦋 Ask yourself if a potato can do it.

🦋 Ask yourself if the child doesn't learn to do this will someone else have to do it for them.

Long-term Measurable Outcomes



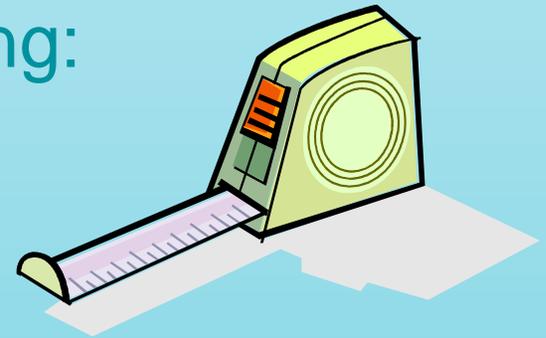
Outcomes Should.....

- ✿ Enhance the family's ability to care for or to engage in activity with their child.
- ✿ Enhance the child's ability to participate in functional activities (feeding, dressing, moving, communicating, playing, etc).
- ✿ Should expand on activity settings in which the child already participates successfully.

Functional Outcome Components

🦋 Functional, measurable, long-term outcomes include the following:

- Performance
 - 🦋 Who
 - 🦋 Will do what
- Criteria
- Conditions
- Time frame for goal achievement (target dates on the IFSP)



Performance

- 🦋 “**Who**” is always the child or the family.
- 🦋 “**What**” is the activity that the child or family will be able to do.
- 🦋 It should be **observable** and **repeatable** having a definite **beginning** and **ending**.

Joey will eat dinner



Criteria

 **How well** or **how often** must the child be able to do it?

Joey will eat dinner each evening



Conditions

- ✿ Anything that **must be present** for the outcome to be achieved.
- ✿ In this case the family and the rest of the team have determined that a “sassy seat” is necessary for Joey to be successful in eating dinner.

Joey will eat dinner each evening in his sassy seat.



Rationale

🦋 Joey will eat dinner each evening in his sassy seat in order that we can all enjoy dinner together as a family.





Short-term Goals

Short-term Goals

- ✿ The same process takes place for developing short-term goals.
- ✿ To determine short-term goals ask the family to identify what the long-term outcome would look like in their daily routine.
- ✿ In Joey's case, the parents identify several specific things that need to occur at dinner for them to feel that the long-term outcome has been met.





What Needs to Happen?

- 🦋 Joey must sit at the table for more than a few minutes and increase his attention span.
- 🦋 Mom and Dad will understand what Joey wants during dinner so that he has less frequent meltdowns.
- 🦋 Mom will know what foods Joey should be able to eat. He often gags and she is afraid he will choke.
- 🦋 Joey will eat what the rest of the family has for dinner.
- 🦋 In addition, the therapist, noted that the chair Joey sits in is too large for him and does not offer adequate support for chewing and swallowing or using utensils. He needs an appropriate seat.

Short-term Goals

 Joey will:

- Remain seated in his sassy seat at the dinner table for 20 minutes without fussing and crying
- Use pictures to let mom and dad know what he wants at least 2 times during dinner
- Swallow soft table foods without gagging at all meals
- Eat two of three choices offered to the rest of the family at dinnertime

Joey's Outcomes and Short-term Goals

The outcomes and short-term goals meet the following requirements:

- ✈ They enhance Joey's ability to participate in functional activities.
- ✈ They are measurable.
- ✈ They are functional.



Remember This!

🦋 Functional, measurable, long-term outcomes and short-term goals include the following:

- Performance
 - 🦋 Who
 - 🦋 Will do what
- Criteria
- Conditions
- Time frame for goal achievement (target dates on the IFSP)



Examples

Throughout the day, Alex will tell his family or people in the community what he wants and needs using signs or words instead of crying and becoming frustrated.

🦋 Alex will make at least 10 different sounds that relate to his toys (E, “moo” for a cow or “beep” for a horn) when he plays with his mom, dad, or other children in the community.

🦋 Alex will know 25 different signs that he can use to make at least 5 choices at home or in the community during the day.

Examples continued

🦋 Alex will use two signs together to tell his family what he wants or needs at least 4 times each day.

🦋 Alex will use 10 short, simple words to ask his mom and dad for help, for specific activities (i.e., eat, go) or for objects (i.e., toys, food).

🦋 Alex will use words such as “hi”, “bye” to greet his parents, grandparents or other children when he is in the community (park, mall).

Examples continued

Jonathon will feed himself meals and snacks daily, without gagging.

🦋 Jonathon will eat mashed table foods without gagging.

🦋 Jonathon will finger feed himself $\frac{1}{4}$ of a meal or snack.

🦋 Jonathon will drink 2 oz of milk from a cup when it is held for him.

🦋 Jonathon will feed himself $\frac{1}{2}$ a meal using a spoon.

Examples continued

Mark will attend his day care setting without tantrumming (screaming, biting, hitting) 4 out of 5 mornings each week over a 2 week period.

 Mark will transition between day care activities without biting, screaming, or hitting over a 2 week period.

 Mark will play or participate in a small, adult led day care activity (i.e., taking turns, sharing toys, no biting or hitting) 1 x each day.

 Mark will attend day care, participating in individual and group activities without screaming, hitting, or biting other adults and children daily.

What would make these outcomes more functional and measurable?

- A. Inez will learn how to play with her toys in order to independently entertain herself.
- B. Aaron will communicate when she wants something to reduce her frustration.
- C. Jared will get around better to play with his friends in the play group.





Let's Practice

Scenarios

- 🦋 In your group, read your assigned scenario.
- 🦋 As a group, write 1 outcome for this child and family, including short-term goals and strategies.
- 🦋 Record your work on the flipchart paper.
- 🦋 Your group has 15 minutes to complete the activity.
- 🦋 Each group will report back to the large group.

Scenario #1: Billy and his Family

- 🦋 Billy is 22 months old and spends his day at home with his mother and 4 year old sister. He likes to play with toy trains and anything that his older sister is doing (much to her annoyance). Billy wears a hearing aide and has global delays due to his prematurity. His family really would like him to say what he wants rather than grunting and pointing.

Scenario # 2: Raquel and her Family

 Raquel is 19 months old and is just starting to cruise around holding on to furniture and loves going outside in her stroller for walks. She is not very interested in playing with small toys or feeding herself but she does like to eat when someone feeds her. Raquel goes to family child care each day while her parents work. Her parents would like her to feed herself.

Scenario #3: Mario and his Family

 Mario is 12 months old and wants to be carried everywhere, even though he can stand up by holding on to someone or the furniture. Mario's family lives by the Oyster Bay and his dad owns his own shrimp boat. Manny has two older sisters who are devoted to helping take care of him. His family looks forward to the time he can stand up and walk by himself.

Scenario #4: Latoya and her Family

- ✿ Latoya is 2 /12 years old and has been attending a child care center sponsored by her parent's employer. She enjoys the activities at the child care center, especially the outside play area and the water table. Her parents have been informed that unless Latoya can interact with other children appropriately, they will have to make other child care arrangements. She has a seizure disorder which is fairly well controlled by her medication. When tired or frustrated, Latoya resorts to kicking, hitting and biting to get what she wants.

Resource: Consider Luke's Outcomes

- 🦋 In your packet is a sample IFSP for Luke Lanier and his family.



 **The decision regarding what specific supports/services will be provided and by whom, must occur only after the development of outcomes.**

Name: _____ IFSP Date: _____
 ID#: _____ Service Coordinator: _____

Form G: Your Family's Supports and Services Page ____ of Form G

Date	Service	Duration	Level	Frequency, Intensity, Group (G) or Individual (I)	Provider Information (Name/Agency) *Indicates the Primary Service Provider (PSP)	Location Code	Natural Environment Y/N	Start Date	End Date	Page of Service

Location Codes: 1=Home 2=Hospital 4=School 5=Childcare Center 6=Other 7=Clinic 8=Residential Facility 9=Early Intervention Classroom A=Community Agency
 F=Family Daycare Home P=Public Place Service Codes (optional): See IFSP Guidance Document

Natural Environment Justification: Supports and services must be provided to your child in settings that are natural or typical for children of the same age (natural environments). If, as a team, we decide that we cannot provide a service in a natural environment, we need to explain how we made that decision:

Modifications to Services
 I have received prior notice of the proposed new, changed, or terminated services noted above and understand the reason(s) for taking the action(s).
 I have received a copy and explanation of my procedural safeguards.
 _____ (Parent/Guardian Signature) Date: _____
 _____ (Parent/Guardian)

Modifications to Services
 I have received prior notice of the proposed new, changed, or terminated services noted above.
 I have received a copy and explanation of my procedural safeguards.
 _____ (Parent/Guardian)
 _____ (Parent/Guardian)

OTHER SERVICES: In addition to the Early Steps services listed above, you have identified with receiving the following services that are not a part of the Early Steps system.

Outcome/Service	Activities/Steps Needed	Timeline

Natural Environment Justification

- ✿ If the IFSP team decides that a service cannot be provided in the natural environment, an explanation of how that decision was made needs to be entered here. There must be an explanation for each service listed in the supports and services chart that is indicated as not being provided in natural environments with an “N”. Any justification for not providing services in the natural environment must be directly related to the child’s outcome and not existing administrative barriers, proposed benefits of a location, or the inability of members of the IFSP team to provide the service. (IFSP Instructions Page 61)

Natural Environment Justification

Probe II.3.3.(c)

The Natural Environment Justification includes an appropriate child-based justification for services that will not be provided in a natural environment. Note: This probe will be verified by the Early Steps State Office. If there is an appropriate child-based justification, make a copy and send to ESSO with results of self assessment. Note: Insurance limitations and provider availability are not child-based justifications. SCORING: $\frac{\text{the \# of services not being provided in the NE and for which there is a child-based justification}}{\text{the \# of services not being provided in the NE and for which there is a justification}}$. Use the Sample 1 Record Review Worksheet to capture this information.

Other Services

If a service is in response to achieving an outcome and it is agreed upon by the IFSP team, then it will be listed in the Summary of Supports and Services.

Form G: Your Family's Supports and Services Page ____ of Form G

Date	Service	Outcome #	Units	Frequency, Intensity, Group (G) or Individual (I)	Provider Information (Name/Agency) *Indicates the Primary Service Provider (PSP)	Location Code	Nature/Environment Y/N	Start Date Authorization Period	End Date	Payer of Service

Location Codes: 1=Home 2=Hospital 4=School 5=Childcare Center 6=Other 7=Clinic 8=Residential Facility 9=Early Intervention Classroom A=Community Agency
 P=Family Daycare Home F=Public Place Service Codes (optional): See IFSP Guidance Document

If it is a service that the child/family receives independent of Early Steps (e.g., SSI, specialized medical services, other therapies, etc.) then it is an "other" service.

In addition to the Early Steps services listed above, you have identified that your child and family receive, or would like assistance with receiving, the following services that are not a part of the Early Steps system.

Outcome/Service	Activities/Steps Needed	Timeline	Provider Name/Agency Responsibility	Funding Source

Thank - you for your participation!



*Please write any questions you may have
on the cards provided and remember to
complete the evaluation form for this
session.*