Missouri First Steps IFSP Quality Indicator Rating Scale

The *Missouri First Steps IFSP Quality Indicators Rating Scale* is designed to be used by the Part C program in Missouri for accountability and monitoring purposes, specifically for measuring performance standard 2.5.5(a)(5) "Standards of Practice in Early Intervention for IFSPs" in the July 1, 2004 contract issued to three SPOE regions. Trained reviewers will rate randomly selected IFSPs from Single Point of Entry (SPOE) regions on a scale of "1" to "5" where "3" indicates compliance and "5" indicates best practice. In some cases, the stakeholders determined that compliance and best practice exist simultaneously, and that to exhibit compliance is the same as exhibiting best practice. In these cases, the descriptor is addressed across both the acceptable and best practice boxes. The quality review results will identify areas of strengths and concerns in IFSPs reviewed and aggregate data for the overall quality of IFSPs developed in each SPOE area. The state will award incentive dollars to a SPOE region that demonstrates 'high quality' IFSPs as determined by the ratings on the scale and meet or exceed the performance standards identified in the contract.

The Part C program state staff intends to evaluate the effectiveness of the *IFSP Quality Indicators Rating Scale* and the review process during FY 2005. Based on experience and feedback, the instrument and/or review process may be revised. Subsequently, the Missouri Part C program intends to incorporate the use of the *Missouri First Steps IFSP Quality Indicators Rating Scale* into the statewide monitoring and accountability system for use statewide in FY 2006.

The *Missouri First Steps IFSP Quality Indicators Rating Scale* was developed through a collaborative process involving stakeholders from across the state as well as national experts. In June 2004, the National Early Childhood Technical Assistance Center (NECTAC) facilitated a meeting of Missouri stakeholders, including SPOE administrators, state representatives, family members of children with disabilities, SICC staff, service providers, and service coordinators, where participants reviewed current literature on recommended practices in the area of IFSP development and, based on the current literature, drafted quality IFSP indicators. NECTAC compiled and refined the draft indicators and created a draft of the rating scale. The draft was reviewed by the Missouri stakeholders, NECTAC staff, and a national consultant, and suggestions were incorporated into the final draft. The *Missouri First Steps IFSP Quality Indicators Rating Scale* was finalized by the Missouri Part C state staff on August 31, 2004.

Thank you to the many contributors to this document

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Category Title: #1 Child Present Abilities and Strengths			
Review area	**1** **(unacceptable)**	**3** **(acceptable)**	**5** **(best practice)**
A. Child's status (including strengths and needs) is described for each required developmental area (physical development including vision, hearing and health status, cognitive development, communication development, social or emotional development, and adaptive development) in the context of everyday routines and activities.	The child's current status is summarized in terms of **one or more of the following:** • test scores • child's deficits • vague child strengths without describing developmental status as it relates to everyday routines and activities; or • all developmental areas are not included	The child's current status in each required developmental area is described functionally, including strengths and needs.	The child's current status in each required developmental area is described functionally, including strengths and needs relevant to challenges and what is working well in everyday routines and activities.
B. Child's interests, motivators, fears, and dislikes are related to participation in everyday routines.	The status of current abilities **does not** include information about people, places and things that are motivators, interests, fears, and dislikes.	The status of current abilities includes a description of • people, places, and things that *motivate, engage, and bring enjoyment to the child*, **and** • child's fears and dislikes.	The status of current abilities includes sufficient information on people, places, and things that interest and motivate the child to participate in everyday routines and activities. **AND** There is information on how the child's fears or dislikes impact successful participation.

Category Title: #2 Summary of Family Concerns, Priorities and Resources			
Review area	**1** **(unacceptable)**	**3** **(acceptable)**	**5** **(best practice)**
A. With the concurrence of the family, information is included on the people who are important to the child and family and the family's concerns and resources. This information is connected to the family's everyday routines and activities.	The IFSP contains ***no*** information on family concerns, priorities, or resources, **AND** there is **no** documentation that the family **declined** to provide information on concerns, priorities, and resources. **OR** The IFSP contains information about family routines and activities but *no specific* information on **all of the following:** • important people • concerns • resources	With family concurrence, information is described on **all of the following:** family concerns important people for the family other resources **BUT** this information is **not** connected to what is working well and the challenges in the family's everyday routines and activities. **OR** The family declined to provide information and documentation is present.	With family concurrence, information is described on **all of the following:** family concerns important people for the family other resources **AND** the information **is connected** to what is working well and the challenges in the family's everyday routines and activities.
B. With family concurrence, there is clear information on family priorities and how they link to family concerns, strengths, and interests.	There is **no** information provided about family priorities. **AND** There is no documentation that the **family declined** to share this information.	With family concurrence, family priorities are described. **OR** The family declined to provide information and documentation was present.	With family concurrence, information on family priorities is present along with how the priorities are linked to the family concerns, strengths, and interests.

Category Title: #3 Family and Child Centered Outcomes			
Review area	**1** **(unacceptable)**	**3** **(acceptable)**	**5** **(best practice)**
A. Child and family outcomes correlate with family priorities and concerns relative to the child's development.	Child and family outcomes seem to be based on provider priorities (e.g., there is not a clear connection with the concerns and priorities expressed by the family). **AND/OR** No family outcomes are included related to specific family needs and concerns as expressed in MO IFSP (see Section 5: Summary of Family Concerns, Priorities, and Resources to Enhance the Development of Their Child).	Child and family (when identified by team) outcomes are clearly based on family concerns and priorities (e.g. there are clear connections between information on MO IFSP Section 5: Summary of Family Concerns, Priorities, and Resources to Enhance the Development of Their Child and Section 6: Family and Child Centered Outcomes).	
B. Child outcomes are functional, measurable (including criteria, procedures, and timelines), and related to participation in everyday routines.	Child outcomes are written: • as services to be provided, **and/or** • in discipline-specific therapeutic language, **and/or** • in vague terms, rather than written as functional and measurable.	Child outcomes are: • functional, **and** • measurable (including criteria, procedures, and timelines).	Child outcomes are **<u>all of the following:</u>** • functional • measurable (including criteria, procedures, and timelines) • <u>related to participation in everyday routines and activities.</u>
C. Child outcomes are developmentally appropriate and can realistically be achieved in the given review period.	Child outcomes: • have little or no relationship to the information on the child's current functioning, **and/or** • are not likely to be achieved given the review period.	Child outcomes: • are consistent and relevant with information on child's current functioning, **and** • can realistically be achieved in the agreed upon review period.	

Category Title: #4 Family and Child Centered Outcomes: Intervention Strategies and Activities			
Review area	**1** **(unacceptable)**	**3** **(acceptable)**	**5** **(best practice)**
A. Early intervention strategies and activities support the child's and family's everyday routines and activities and build family capacity (confidence and abilities).	Strategies and activities reflect only what the professional will do with the child, and only include specialized places and equipment.	Strategies and activities reflect that the First Steps personnel are supporting the family/caregivers to implement intervention strategies, which take place in the home and community settings.	Strategies and activities reflect that the family and/or caregiver(s) implement strategies <u>in the context of everyday routines and activities of interest with professionals providing direct services and/or consultation and coaching for family/caregiver learning and problem-solving</u>.
B. 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.	Strategies and activities: • are written in professional jargon, **and/or** • seem so general that they could appear on any IFSP.	Strategies and activities are: • written in commonly understood language, **and** • individualized to address the child and family's specific needs and concerns.	Strategies and activities are **<u>all of the following:</u>** • written in easy to understand language • individualized to specific needs and concerns of the child and family • <u>build on child and family strengths</u>.
C. Early intervention strategies and activities are linked to the child's functional skills and are connected to the identified outcomes.	Strategies and activities are disjointed and not connected to the outcomes (e.g., they could be implemented in isolation without achieving the outcome). **AND/OR** Strategies and activities do not link with the child's functional skills.	Strategies and activities are connected to the outcome and reflect the child's functional skills.	

Category Title: #5 Early Intervention Resources, Supports, and Services			
Review area	**1** **(unacceptable)**	**3** **(acceptable)**	**5** **(best practice)**
A. 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.	Specific child and family services are not listed. **OR** Frequency, intensity, and method are not included for each specific service; **OR** Frequency, intensity, and method for each specific services documented, but information and/or number of service providers involved indicate that: • a clinical model of direct therapy will be implemented, **and/or** • family capacity will most likely not be enhanced, **and/or** • families are likely to feel overwhelmed or burdened.	Specific child and family services are listed and seem reasonable given: • the developmental status of the child • the family's concerns, priorities, and resources • the IFSP outcomes; **AND** Frequency, intensity, and method are specified for each service and seem reasonable and fit into the family's daily routines and priorities given **all of the following:** • the developmental status of the child • the family's concerns, priorities, and resources • the IFSP outcomes.	Specific child and family services are listed and seem reasonable given **all of the following:** • the developmental status of the child, • the family's concerns, priorities, and resources, • the IFSP outcomes; **AND** Frequency, intensity, and method are specified for each service and seem reasonable and fit into the family's daily routines and priorities **given all of the following:** • the developmental status of the child • the family's concerns, priorities, and resources • the IFSP outcomes **AND** There is evidence in the strategies of building family capacity through consulting across disciplines (or environments where concerns are being addressed by a single provider) and coaching with the family.

Category Title: #6 Assistive Technology			
Review area	**1** **(unacceptable)**	**3** **(acceptable)**	**5** **(best practice)**

A. Assistive technology services and supports are provided when needed to achieve identified outcomes and support the child's participation in family routines and community settings.
 	
RATE THIS AREA ONLY IF THE IFSP INCLUDES ASSISTIVE TECHNOLOGY
	Assistive technology is not clearly related to the identified outcome.	Assistive technology is clearly necessary to achieve IFSP outcomes based on **all of the following** information:
		• the child's developmental status
		• IFSP outcomes
		• strategies and activities
			Assistive technology:
			• is clearly necessary to achieve IFSP outcomes, **and**
			• enable the child to **participate** in everyday routines and activities based on **all of the following** information:
			  • the child's developmental status
			  • IFSP outcomes
			  • strategies and activities

B. Assistive technology devices are chosen with careful consideration of the child's needs and the appropriate method(s) to achieve the outcome. (skip this item if no AT is included in the IFSP) **RATE THIS AREA ONLY IF THE IFSP INCLUDES ASSISTIVE TECHNOLOGY**	Specialized assistive technology equipment is authorized even when there is no documentation that it is necessary in the IFSP; and typically available equipment/materials could be used/adapted to meet the child's needs.	Specialized assistive technology equipment is included in the IFSP: • when necessary to meet outcomes, **and** • when typically available equipment/materials cannot be used/adapted to meet the child's needs.	

Category Title: #7 Transportation			
Review area	**1** **(unacceptable)**	**3** **(acceptable)**	**5** **(best practice)**
A. Transportation services relate to outcome(s) and are necessary to enable the eligible child and the child's family to receive early intervention services.	Transportation services are necessary for achieving the outcome, but are not included in the IFSP. **OR** Transportation services are included in the IFSP, but are not necessary for achieving the outcome, and appear to be just a convenience for the provider and/or family.	Transportation services are included in the IFSP and are necessary for achieving the outcome(s) and a justification explains why a service is not in the child's natural environment; **OR** All services are provided in natural environments and no transportation is necessary or included in the IFSP.	

Category Title: #8 Natural Environments Justification			
Review area	**1** **(unacceptable)**	**3** **(acceptable)**	**5** **(best practice)**
A. Adequate information and evidence is provided to support the rationale that a child's needs and outcomes cannot be achieved in natural settings.	The IFSP identifies one or more services that 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: • administrative convenience, **and/or** • fiscal reasons, **and/or** • personnel limitations, **and/or** • parent/therapist preferences.	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.	**All** services are provided in natural environments. **OR** 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. **AND** For each service justified there is a plan to transition interventions into natural settings.

Category Title: #9 Transition			
Review area	**1** **(unacceptable)**	**3** **(acceptable)**	**5** **(best practice)**
A. The IFSP includes documentation that transition issues are identified and discussed and steps are included to prepare the family for choices/options at different transition points.	No information is noted in the IFSP, even about the required age three (3) transition items on the Transition Checklist.	The required transition discussion items in the Transition Checklist and transition issue(s) specific to the child and/or family needs and interests are identified (as appropriate) in the IFSP. **and** The steps that support the transition to either Part B preschool services or other services that may be available as appropriate to the child are also described including **all of the following:** • specific places • programs • dates • people who will need to be involved in the transition process.	

Category Title: #10 IFSP Review			
Review area	**1** **(unacceptable)**	**3** **(acceptable)**	**5** **(best practice)**
A. **SIX MONTH & ANNUAL REVIEW:** Child/family response to strategies and progress toward achieving child and family outcomes is documented and necessary changes are made in the IFSP.	There is inadequate information on how well strategies are working for child/family and if child and family outcomes are being achieved. **OR** Information provided is focused on provider activities (e.g., what's being done to the child). **AND/OR** Changes in IFSP are not justified by progress or there are not changes that appear necessary based on progress.	For **all outcomes**, information describes how well strategies are working toward achieving outcomes. **AND** For **child outcomes**, there is information on: • progress toward meeting the outcomes, **and** • current developmental status including child behavior and skills. **AND** Information is adequate for reviewers to determine if modifications and revisions are appropriate.	For **all outcomes**, information describes how well strategies are working toward achieving outcomes. **AND** For **child outcomes**, there is information on **all of the following:** • progress toward meeting the outcomes • current developmental status including child behavior and skills • discussion of child behavior and skills in everyday routines and activities. **AND** Information is adequate for reviewers to determine if modifications and revisions are appropriate.
B. **INTERPERIODIC REVIEW:** Child/family response to strategies and progress toward achieving child and family outcomes is documented and necessary changes are made in the IFSP.	There is inadequate information on how well strategies are working for child/family and if child and family outcomes are being achieved. **OR** Information provided is focused on provider activities (e.g., what's being done to the child). **AND/OR** Changes in IFSP are not justified by progress or there are not changes that appear necessary based on progress.	For **specified outcomes**, information describes how well strategies are working toward achieving outcomes. **AND** For **child outcome(s)**, there is information on: • progress toward meeting the outcome(s), **and** • current developmental status including child behavior and skills. **AND** Information is adequate for reviewers to determine if modifications and revisions are appropriate.	For **specified outcomes**, information describes how well strategies are working toward achieving outcomes. **AND** For **child outcome(s)**, there is information on **all of the following:** • progress toward meeting the outcome(s) • current developmental status including child behavior and skills • discussion of child behavior and skills in everyday routines and activities. **AND** Information is adequate for reviewers to determine if modifications and revisions are appropriate.

Overall comments and suggestions for this IFSP:

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