

The Decision Tree

Child Indicator Seeds for Success



May is Better Hearing & Speech Month

Each May, the American Speech-Language-Hearing Association (ASHA) celebrates Better Hearing & Speech Month and provides an opportunity to raise awareness about communication disorders and the role of the Speech-Language Pathologist. For 2015, the theme is "Early Detection Counts." ASHA will be posting many resources to help you celebrate all month long. www.asha.org/bhsm

Hopefully you've been following the State Systemic Improvement Plan (SSIP) updates provided each month and know that we will be continuing our efforts to increase the accuracy of our Child Indicator entry and exit ratings. Here's a great resource from ASHA to check out: [Roles and Responsibilities of Speech-Language Pathologists in Early Intervention: Guidelines](#). Scroll down to the guidelines for screening, evaluation and assessment. The guidelines are relevant to all of us and if implemented will help to increase our inter-rater reliability. Here are some of the guidelines discussed:

- Screening, evaluation, and assessment will be accomplished through a range of measures and activities, including standardized tests and questionnaire formats, interviews, criterion-referenced probes, dynamic procedures such as diagnostic teaching, and observational methods. Information will be drawn from direct interactions with the child, from indirect means such as parent interviews and report forms, and from observation of the child in natural activities with familiar caregivers.
- SLPs, through collaborative practice with other professionals and the family, interpret screening, evaluation, and assessment findings within the context of a child's overall development. Contextualized interpretation is of particular importance because communication is just one aspect of the dynamic, multifaceted interactions between children and their worlds that constitute their environment.
- Validating assessment findings and corresponding interpretations of results can facilitate consensus building. An important element when sharing assessment findings is for family and professionals to achieve mutual understanding and agreement about the child's strengths, needs, and desired outcomes. A strategy that may build consensus and contribute to mutual understanding is to share assessment information in an ongoing manner throughout the assessment/evaluation process ([Crais, 1996](#)). In this way, as each task, tool, or series of tasks is completed, families and professionals can discuss findings and begin generating a list of ideas for further assessment and/or later intervention planning. Ongoing feedback of evaluation/assessment results also may reduce the amount of information to be shared at the conclusion of the evaluation/assessment process, as well as help families have a more accurate understanding of the information shared with them.



Some assessment findings may be unexpected or difficult for parents to hear. At these times, it may be helpful to ask families to share their ideas about why their child is having difficulties. Discussion of children's performance during assessment/evaluation tasks can be linked to families' anecdotes and observations, thus helping families understand evaluation/assessment results.

Test Your Inter-rater Reliability



**Our state's focus on child indicator ratings has led many to wonder,
"Are we all rating children similarly?"**

As part of our efforts to improve results for children, we will be focusing each month on increasing our statewide inter-rater reliability. We will be using examples of narratives from around the state that ideally will include observations of functional behaviors, parent/caregiver input, results from assessment tools and informed clinical opinion. Below is an example of a narrative from a recent Assessment for Service Planning. Using the limited information provided from the initial Assessment for Service Planning narrative and the process outlined in the child Indicator Booklet talk thru the scenario with your colleagues to determine a rating. The ratings given by the assessment team can be found at the end.

Disclaimer: This activity is for learning purposes only and is not intended to be an endorsement of any particular narrative. It is intended to help you reflect on the questions that follow.

Questions to Consider:

1. Was there enough information provided to determine a rating? What additional information did you need?
2. Was there input into the narrative from all members of the assessment team including the family?
3. Was the child's functioning across settings in each indicator clear?
4. Were functional skills listed under the correct indicator?
5. How close were your ratings compared to the ratings given by the assessment team? One or two off, in the same color family or way off? Did you agree with the ratings given by the team? Why or Why not?

Bob's Age: 23 months **Adjusted Age:** NA

Developmental Levels: Cognitive- 18 months

Receptive Language- 9 months **Expressive Language-** 12 months

Gross Motor- 24 months **Fine Motor-** 18 month

Adaptive/Self Help- 15 scattered skills up to 24 months

Social/Emotional- 6 months with scattered skills up to 24 months



Social/Emotional Skills including Positive Social Relationships: Parents report Bob doesn't care, stays to himself and does not interact with them. During his exam with the Developmental Pediatrician he made no eye contact, did not gesture, or engage with his sister or parents. He showed a lack of knowledge of personal space and kept sitting behind the dr. and would go back to playing. He showed an interest in spinning wheels on a car. Bob will play and interact with his sister sometimes but will not repeat anything or interact with his parents. He likes to jump, run and pull things down. He does not like men except for dad but does ok with women. He does not interact with other children. When taken somewhere he tries to run around. Parents report he does not make eye contact with others. He has no fear and will go down the stairs on his stomach and pull things off the stove. He communicates his feelings by crying and making faces. Parents report Bob does not interact with anyone. The Developmental Pediatrician report states Bob shows social impairments such as lack of engagement, eye contact, joint attention and social gesturing. Bob attended to a block activity for greater than 5 minutes until he was able to stack 4 blocks. He briefly participated in back and forth ball play. He displayed limited eye contact. He laughs when mom plays peek-a-boo with his feet.

Child's Development in Relation to Other Children the Same Age:

Acquiring and Using Knowledge and Skills, including early language/communication: Parents report Bob learns by exploring and purposeful play. His favorite toys are cars. He rolls cars and pushes buttons on the phone. The Developmental Pediatrician's report states he was interested in spinning the wheels of the car. It also states

Bob engages in repetitive play and is interested in parts of objects rather than the whole. Parents say his attention span has not increased and he began to show regression a year ago. Bob does not respond to directions and does not use language/actions to communicate what he knows and understands. He does not point to any body parts. He does not try to overcome obstacles or remember familiar routines. He will not sit to look at a book. Parents report he does not babble throughout the day. Bob does not know let them know what he wants and only cries. He does not imitate sounds or words. He demonstrated limited babbling during play. He vocalized when excited or trying to get parents attention. Bob interacts with the television show by counting and singing along. He will sometimes hide when playing hide and seek. Most activities are self directed as he does not consistently follow directions. Mom usually feeds him as he does not typically feed himself independently.

Child's Development in Relation to Other Children the Same Age:

Use of Appropriate Behaviors to Meet Needs: Parents report Bob has difficulty feeding and just stopped breast feeding. He is gaining weight. Bob will drink from a sippy cup but not thru a straw. He eats table foods and finger feeds himself. Parents say he chews food appropriately. He will only eat foods with no chunks in it. His favorite foods vary. He sleeps in bed with his parents and is able to go to sleep by himself. He goes to bed between 10 and 11 and wakes up around 11am. He enjoys bath time and tooth brushing and does not mind messy play or getting his hands dirty. He is not bothered by loud noises or busy places. He walks and is able to jump. He rides on a ride on toy. He climbs on and off of furniture. Parents report Bob walks up and down the stairs holding the railing or their hand but the Developmental Pediatrician report say he was unable to step up or down from a mat unassisted. He does not help with dressing or undressing. He is not yet toilet trained but is showing interest and will sit on the potty for a while. Bob is a very active little boy. He shows strong gross motor skills such as running jumping and climbing. Mom and dad report he will scribble with a crayon and sometimes turn pages of a book. He was able to play with small cubes and stacked four while stabilizing the tower with his left hand. Parents report he will try to self feed yogurt with a spoon but that he does not like mixed textures. Parents also report he is beginning to help with taking his socks off and putting his arms thru sleeves when dressing. Parents reports he often seeks sensory stimuli by climbing, hiding in small places and hanging on mom's back and rocking with her. He also appears to seek deep pressure sensations thru climbing.

Child's Development in Relation to Other Children the Same Age:

Assessment Team Ratings:

Social/Emotional Skills including Positive Social Relationships: Rating 2- Bob is beginning to show some of the early skills that are necessary for development of more advanced skills in this area.

Acquiring and Using Knowledge and Skills, including early language/communication: Rating 2- Bob is beginning to show some of the early skills that are necessary for development of more advanced skills in this area.

Use of Appropriate Behaviors to Meet Needs: Rating 2- Bob is beginning to show some of the early skills that are necessary for development of more advanced skills in this area.



Determining the indicator ratings requires teams to synthesize an enormous amount of information about a child's functioning from multiple sources and across different settings to identify an overall sense of the child's functioning at a given point in time in three indicator areas.

- ✓ **Family members are always a critical part of the team.**

