

The Decision Tree

Child Indicator Seeds for Success



A Parent's First Source of Information: The World Wide Web

June is Potty Training Awareness Month. I was going to share resources on potty training but when I Googled “potty training” I got 3,780,000 results. When I Googled “potty training children with special needs” there were 63,700,000 results. “Evidence based toilet training” found 30,400,000 sites. The same thing happened when I Googled “typical age for potty training”. I didn’t know where to start!



It used to be parents turned to their pediatrician or other professional for advice.

Today, parents turn to the internet first. Most people use a search engine like Google and research one or two words. Studies have also shown the majority of people only look at the first five results on the first page. People generally trust what they read on the internet but because it is uncontrolled and unmonitored, quality can be a big problem.

Have you ever had a family say “but I read on the internet...” and you cringed because you knew the information wasn’t helpful. Parents of children with disabilities turn to the internet for reassurance, expectations related to the disability, second opinions, strategies, support and a variety of other reasons. The internet can provide helpful information but you need to know where to look. Here are some questions for coaching parents thru their Google search.

Questions to Ask Before Trusting What You Read on the Internet

As parents search online, they are likely to find websites for many health agencies and organizations that are not well-known. By answering the following questions they should be able to find more information about these websites. A lot of these details might be found under the heading “About Us.”



Who sponsors/hosts the website? Is that information easy to find?

Websites cost money. Is the source of funding (sponsor) clear? Sometimes the website address is helpful.

For example: **.gov** identifies a U.S. government agency

.edu identifies an educational institution, like a school, college, or university

.org usually identifies nonprofit organizations (such as professional groups; scientific, medical, or research societies; advocacy groups)

.com identifies commercial websites (such as businesses, pharmaceutical companies, and sometimes hospitals)

Is it clear how you can reach the sponsor?

Trustworthy websites will have contact information for you to use to reach the site’s sponsor or authors. An email address, toll-free phone number, and/or mailing address might be listed at the bottom of every page or on a separate “About Us” or “Contact Us” page.

Who wrote the information?

Authors and contributors are often but not always identified. For example, most government sites have many authors and contributors and, rather than list the names of the people, they will often credit a department. A contributor’s connection to the website, and any financial interest he or she has in the information on the website, should be clear.

Be careful about testimonials. Personal stories may be helpful and comforting, but not everyone experiences developmental concerns the same way. Also, there is a big difference between a website developed by a single person interested in a topic and a website developed using strong scientific evidence (that is, information gathered from research). No information should replace seeing a doctor or other health professional.

OK, back to Potty Training Month! Here are a couple of resources you may find helpful:

Refresh Your Knowledge of Same Age Peer Readiness: [How do I know when my child is ready to start toilet training?](#)

Tips for Children with Developmental Delays: [Toilet Training Children with Special Needs](#)

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 in the 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?

Maria's Age: 24.5 months **Adjusted Age:** NA

Developmental Levels: Cognitive- 22 months scattered to 24 months

Receptive Language- 18 months **Expressive Language-** 12 months

Gross Motor- 21 months scattered to 24 months

Fine Motor- 21 months scattered to 24 months

Adaptive/Self Help- 24 months **Social/Emotional-** 24 months



Social/Emotional Skills including Positive Social Relationships:

Maria communicates her feelings by smiling and interactive play. When she is frustrated or angry Maria grunts/growls and will also point for assistance. Maria engages her mother and other family members in play by handing them objects or toys. Maria is loving with her mother, giving her hugs and sitting next to her. Maria often waits on her mother to imitate what she does. Maria follows her brothers around when they arrive home from school, smiling and chasing after them. She engages others in interaction by walking over to them, leading them to toys and handing them toys. She will also say "aqui" (here) and "esse" (that/that one) during this time. She is slow to warm up to strangers and some adults that she already knows. Maria will stand close to her mother during entry and typically takes up to ten minutes to begin playing and interacting with those in the room. She will often stare for several minutes, standing close to her mother prior to her developmental services. Maria can wave and say "adios" upon leaving.

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

Acquiring and Using Knowledge and Skills, including early language/communication:

Maria will play for long periods of time (10-20 minutes), she will play with her dishes by putting lids on, imitating pretend stirring and flipping with spatulas. She will look at picture books for up to 5 minutes at a time and will say pictures that she recognizes such as dog and shoes, sometimes needing prompting. Maria will imitate all types of play and include them in her role playing like dressing and undressing a doll, pretend to cook, make car sounds, and rock and wrap a baby in a blanket. During one of Maria's developmental services she watched the interpreter draw on a note pad. Now she can scribble on her own without imitation. Mother reports Maria repeats Spanish words more than English words, but she will repeat words especially for her mother. Maria responds to directions

in English and Spanish and will do what is asked of her. If her mother says no, she will either grunt or stop what she is doing. If she is asked to bring something over such as a doll or book she will get it and bring it to that person. Maria communicates with gestures and some Spanish words (mother states she has 6-8 words in her vocabulary). Maria will sit for a few minutes at a time figuring out how to get lids onto her pots that fit. She does ask for assistance by trying to hand the object to others, but is often encouraged to do it herself and she will typically try it again. Maria always smiles when she has accomplished a task and looks for approval such as clapping or good job.

Some children Maria's age can say more than 50 words and put these words together in 2 word phrases to communicate with others. About 50% of what they say should be easily understood by strangers. They understand prepositions, such as under, over, in and out. They can refer to themselves by name or as "I". They can point to many body parts, even beyond the simplest ones.

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

Use of Appropriate Behaviors to Meet Needs:

Maria walks, runs, climbs and reaches to get what she wants like toys and family members. Maria does stop when asked and she will hold hands if prompted to do so. Maria can feed herself by finger feeding and with a spoon. She can also drink from an open cup. Mother stated she asks Maria at meal times to grab a pillow to put in the chair so that she can sit at the table and eat with her family. Mother reports when she tells Maria to get the pillow she knows they are about to eat and when she is done eating she will take the pillow back to the couch. Maria can undress herself and can pet her shoes on and put her pants on part way. Mother reports Maria sleeps throughout the night but sometimes after they put her to sleep at night they find she has gotten back up and is playing with her toys.

Some children Maria's age ask for snacks or drinks when hungry/thirsty. They have mastered the use of specific words such as juice, cookie and milk to request food/drink items. They also can ask for some specific toys, activities and people. Some children Maria's age let their parents know when they have a wet or dirty diaper.



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

Assessment Team Ratings:

Social/Emotional Skills including Positive Social Relationships: Rating 7: Maria has all of the skills we would expect in this area.

Acquiring and Using Knowledge and Skills, including early language/communication: Rating 5- Maria shows many age expected skills. She continues to show some skills that might describe a slightly younger child in this area.

Use of Appropriate Behaviors to Meet Needs: Rating 5- Maria shows many age expected skills. She continues to show some skills that might describe a slightly younger child 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.

- ✓ **Know what behaviors and skills are appropriate for the child's age; how do children who are developing typical function on this indicator?**
- ✓ **Don't forget culture! What is the typical age for toileting readiness in a child from the Hispanic culture?**



Here is a resource on expectations for appropriate behaviors to meet needs amongst different cultures:

[Dimensions of Culture](#)