

SSIP Leadership Teams

Why:

The Illinois Early Intervention system (EI) has identified the need to improve its technical assistance structure to better support EI providers and CFC staff. Implementation science confirms that system change is more likely to occur when leadership teams are in place, e.g. 80% success in improving outcomes in 3 years compared to 14% over 17 years for those not using leadership teams (Saldana and Chamberlain, 2013)¹. For additional information about Implementation Science, visit the National Implementation Research Network: <http://nirn.fpg.unc.edu>)

Leadership Teams (LT) will be created at the local level to enhance the technical assistance and support structure to providers and CFC staff so they can support families (while respecting family's values and beliefs), and families can support their children's acquisition and use of knowledge and skills. LTs will ideally include 5 to 8 local leaders with specific skills and knowledge. These leaders are trusted by colleagues and coworkers and are supported by state colleagues (Bureau and its partners, Monitoring, EITP, Clearinghouse).

These LTs will support EI providers and CFC staff to ensure services are delivered with fidelity and adherence to EI principles and philosophy, accurate and reliable Child Outcomes, and enhanced systematic use of Evidence Based Practices using adult learning principles, reflective supervision, coaching and mentoring strategies.

Participation in LTs will offer a very unique opportunity for its members as they will help shape the future of the EI system and design solutions for their own communities. The LT members will have the opportunity to become subject matter experts and may be called upon by the Bureau to help create policy.

Who:

A core group, whose members have the passion, knowledge and willingness to commit and adhere to EI principles and philosophy; knowledge of Child Outcomes and Evidence Based Practices (family capacity-building, family engagement, family decision-making and family centered practices); familiarity with adult learning principles and strategies such as reflective supervision, coaching and mentoring; ability and capacity to train and provide TA to peers; and ability to lead and facilitate group discussions and build consensus; may include any or all of the following suggested members:

Social Emotional Consultant

Developmental Pediatric Consultant/Technical Assistance Professional

Parent Liaison

¹ Saldana, L. and Chamberlain, P. (2013) Scaling up two evidence-based practices for children's mental health, *CFY News*. Retrieved from <http://www.apa.org/pi/families/resources/newsletter/2013/04/child-mental-health.aspx>.

LIC Coordinator

Manager (or a designee with authority to make decisions)/Service Coordinator

Providers

Parents

Each LT has the flexibility to bring additional community members/partners as needs arise.

How:

Members of the LTs:

- Agree to attend a minimum of one hour monthly meetings
- Participate in training events including the initial Train the Trainer sessions
- Represent the program and promote EI principles and philosophy (and child outcomes process and evidence based practices), spreading the message that will support and influence the change
- Actively engage in learning events to support EI providers
- Participate in feedback surveys and self-assessment
- Receive CEUs and monthly professional development time for LT activities
- Are recognized by the EI system as participants of highly desirable and specialized training and as having additional leadership skills
- Support decisions made by the LT

Each LT:

- Identifies a LT facilitator (could be selected on a rotation basis) to create agendas, call meetings (location/time), facilitate meetings and keep notes
- Selects a member to fulfill the Communication Liaison role
- Develops a written clear purpose
- Develops an agreed upon decision-making process
- Identifies training and technical assistance capacity within its members based on members skills and expertise as well as on areas needing external support
- Agrees to continuously regularly engage providers in learning activities and events as outlined by the action plan that will be developed by each LT
- Annually completes the benchmark of quality tool provided (COS, EBP and reflective supervision) to produce an action plan
- Assists with LT's evaluation activities as identified in the LT Action Plan
- Participates in an annual meeting with 2 other leadership teams to exchange information, share successes and challenges.
- Develops a process for handling changing team members over time
- Receives training, technical assistance and capacity building through its state colleagues (Bureau, EITP, and Monitoring)

SSIP Leadership Teams

Benchmarks of Quality

The *Benchmarks of Quality* is used by a collaborative Leadership Team (LT) to assess progress and plan future actions to support the implementation of the IL SSIP within each CFC. The Benchmarks are grounded in the science of implementation, which bridges the gap between an evidence-based practice (EBP) and the actual high-fidelity implementation. Activities related to sustaining the effort are embedded throughout the process rather than being left until later. *Benchmarks of Quality* is a self-assessment tool that can be completed by the Leadership Teams as a whole or in small groups with the results from each group compiled into one consensus document to ensure all LT members are in agreement. The LT should use the data for planning future work and tracking progress.

Elements	Indicators	Check One		
		Not in Place	Partially in Place	In Place
		0	1	2
Leadership Team	1. Team has 5 to 8 members with majority of skills needed (see <i>SSIP Leadership Teams</i> document), decision making individuals, and a designated T/TA state individual.			
	2. Team has facilitator, written purpose, decision making process, and a method to handle changing members (membership succession).			
	3. Members of the team participate in self-assessment activities.			
	4. Majority of members (80%) attends monthly meetings and written notes are recorded summarizing meeting proceedings.			
	5. Team completes benchmark of quality tool annually and celebrates accomplishments.			
	6. Team members participate in annual meetings with other leadership teams to share successes and challenges.			
	7. Team members engage providers and other EI team members in learning activities and events.			

Elements	Indicators	Check One		
		Not in Place	Partially in Place	In Place
		0	1	2
Action Plan	8. Leadership Team develops an action plan that guides the work of the Leadership Team and includes short and long-term objectives related to these benchmarks.			
	9. As a part of each meeting, Leadership Team reviews the action plan and assesses progress of each component.			
Buy-In	10. Leadership Team regularly communicates with <i>CFC staff</i> so they are aware of and supportive of the work.			
	11. Leadership Team regularly communicates with <i>EI providers</i> so they are aware of and supportive of the work.			
	12. CFC staff and EI providers' input and feedback are obtained throughout the process. Leadership Team provides updates on the process and data on the outcomes to program staff and EI providers on a regular basis.			
Family Engagement	13. The Leadership Team has parent representation.			
	14. To maximize family engagement, the Leadership Team has multiple mechanisms for communicating with families about its work and invites them to all learning events.			
Communication	15. Leadership Team (via the Communication Liaison or other designated Leadership Team member - see <i>SSIP Leadership Teams</i> document) provides updates on the action plan (process, data, outcomes) to statewide leadership partners on a regular basis.			
	16. Dissemination strategies are identified and implemented to ensure that local community stakeholders and providers are kept aware of activities and accomplishments (e.g., website, newsletter, community events). The dissemination is done via the Communication Liaison or other designated member.			

Elements	Indicators	Check One		
		Not in Place	Partially in Place	In Place
		0	1	2
Professional Development and Ongoing Technical Assistance	17. Leadership Team members attend training events including Train the Trainer sessions.			
	18. Leadership Team identifies training and technical assistance, capacity within its members and areas needing additional support.			
	19. Leadership Team engages in learning events to support EI teams using adult learning principles, including but not limited to reflective supervision, coaching and mentoring strategies.			
	20. A process is in place to ensure the implementation of EBP and to support EI teams, with State partners, as challenges arise.			
	21. A process is in place to ensure the Child Outcomes Process is done with fidelity and reliability and to support EI teams as challenges arise. (Resource packages will be available to support the process.)			
Data – Based Decision Making	22. Training, materials, and support are available to Leadership Team members on what data to collect, why, and how to use the data for making decisions for improving outcomes for children, providers, programs, and communities as well as how to submit the data.			
	23. A process is in place for the Leadership Team to collect, enter and summarize needed data as well as training on how to use the data for system improvement.			
	24. A process is in place for the Leadership Team to access the data or summaries of the data. The Leadership Team uses these data as part of their action plan for regular evaluation and continuous improvement.			

Illinois Child Outcomes Summary Policy and Procedure

Illinois has established an early childhood outcomes (accountability) system which enables the lead agency to monitor children's development in order to support effective intervention, demonstrate system impact, and inform decisions about program improvement. Early intervention supports young children with disabilities and their families. For children, the ultimate goal of this support is to enable young children to be active and successful participants during the early childhood years and in the future in a variety of settings. The early childhood outcomes system allows us to respond to federal requirements for reporting child outcomes to the Office of Special Education Programs (OSEP). States are required to collect annual data on the extent to which the children served are making or are not making progress as a result of receiving services relative to three functional outcomes.

The three child outcomes assess the degree to which we are meeting the program's goals by reviewing children's progress (reference section in Appendix with child development and age anchoring resources):

1. **Positive social-emotional skills (including social relationships)**- this outcome involves relating to adults, relating to other children, and for older children following rules related to groups or interacting with others. The outcome includes concepts and behaviors such as attachment/separation/autonomy, expressing emotions and feelings, learning rules and expectations in social situations, and social interactions and social play.
2. **Acquisition and use of knowledge and skills (including early language/communication)**- this outcome involves activities such as thinking, reasoning, remembering, problem solving, number concepts, counting, and understanding the physical and social worlds. Earlier on, this may be seen through cause and effect games, obtaining objects for play, and exploring the environment.
3. **Use of appropriate behaviors to meet their needs**- this outcome involves behaviors like expressing needs, taking care of basic needs, getting from place to place, using tools (such as forks, toothbrushes, and crayons), and, in children 24 months or older, contributing to their own health, safety, and well-being. Early in life, this includes crying to get needs met, learning to use motor skills to complete tasks; and participating in self-care such as dressing, feeding, and grooming.

Illinois examines child outcomes using the Child Outcomes Summary (COS) process. Each CFC is responsible for collecting the COS data and reporting child outcomes for every child with an active IFSP. This summary relies on a team process conducted within the IFSP meeting that utilizes information from the various family member(s) and professionals who know the child. The accuracy of the summary is dependent on dialogue between all team members in order to understand the child's functioning across settings and situations. SCs are responsible for facilitating the discussion among team members in a way that is respectful, supportive, and enhances the capacity of the family.

Families/caregivers are vital members of their child's IFSP team and play an important role in the COS process. Parents and caregivers are experts on their child's everyday development and

hold key information and unique insights about their child’s behavior across settings and situations. In order for a meaningful COS discussion that includes parents/caretakers to occur, the following should be considered.

Event	Considerations
Intake	<ul style="list-style-type: none"> • SC explains to the family what the child outcomes are, why child outcomes data are collected, and how they are used • SC provides information about how the family can contribute to the COS discussion • SC helps family understand that COS process is necessary for determining the impact of early intervention services on the child’s development • COS data required for federal accountability; all children are to be included in annual reporting • Let family know that the COS information is for evaluating the program, not their individual child
IFSP Preparation	<ul style="list-style-type: none"> • SC will review the information that has been collected to make sure that it provides a comprehensive picture of the child’s functioning across the three outcomes. Possible sources of information include reports from parents and/or other caregivers, information collected during intake (RBI and ASQ: SE), information from the referral source, evaluations, observations, and progress reports. • SC ensures that, between all contributing team members, there will be enough information about age-expected development, the child’s skills and behavior across settings and situations, and how many of the child’s skills in each outcome area are age-expected, immediate foundational, or foundational to complete the COS process. • SC reminds family that COS discussion is part of IFSP development • SC prepares resources to be used to facilitate discussion
IFSP Meeting	<ul style="list-style-type: none"> • SC reminds family why COS data is collected and how it will be used • SC reviews information about the breadth of the three outcomes and the focus on functional performance across developmental domains • SC reminds everyone of the importance of all team members’ input in the COS process • SC provides any resources necessary for successful team discussion, e.g. outcome definitions and child development information • SC ensures that family’s questions have been answered and that family is ready to participate in discussion

In order to obtain an accurate picture of the child’s development, the following process should be used.

- A. Once the outcomes are described, the service coordinator should invite the family to share information about their child's functioning for each outcome area, calling attention to, or asking questions about, any differences in the child's behavior across settings or situations.
- B. Other team members should also share information about the child's current functioning in each outcome area using multiple sources of information, e.g. parent interview, observations, evaluations/assessments, progress reports.
- C. Team members should discuss the child's functioning for each outcome area by focusing on how the child uses functional skills in meaningful ways.
- D. This discussion should also include information about age-expected development and how close the child's skills and behaviors are to age-expected development.
- E. Based on all this information, the SC will facilitate the discussion that leads to team consensus about the child's performance in each outcome area, resolving any differing opinions about the rating. Full team participation is essential for valid ratings.
- F. The SC will summarize this consensus by picking the appropriate descriptive statement, as listed in the Appendix, for the related point on the rating scale, confirming with the group, and documenting the discussed supporting information on the IFSP in the space provided for questions 8, 9, and 10 on the AS03.
- G. A properly completed AS03 will have narratives that contain the following information:
 - i. Questions 1 and 2 should capture the information discussed about the strengths and priorities of the family and the overall health status of the child, including hearing and vision information if it is available.
 - ii. Questions 3 through 7 should include the results of evaluations/assessments, parent interviews, record reviews, and observations that help describe the child's functioning in the 5 domains.
 - iii. Questions 8 through 10 should capture the Child Outcomes Summary information discussed by the team. For Part A of each question, indicate the rating number from the team discussions at initial IFSP, annual IFSP and exit review. Part B of each question must be answered at annual and exit to indicate the team's decision on progress. Remember, the answer to the progress question should reflect new skills and behaviors acquired since the child's INITIAL child outcomes summary discussion. It is possible for a child's numerical rating to stay the same or go down with the answer to the progress question still being 'yes'. The narrative section under Part B is to be completed each time a COS is completed. This narrative should capture the team discussion around each outcome, highlighting functional skills (not just evaluation/assessment tasks) across the domains that are related to each outcome, describing the child's performance across settings and situations, and indicating how close the child's skills are to age expectations (see Appendix XX for examples).
 - iv. The Sources tab should also be completed indicating the Source (who), Assessment Instrument, if applicable (what) and Date (when) of the team discussion.

- H. If input for the COS discussion is provided by someone who is not attending the meeting, that should be indicated in the SC casenote for the meeting.

Timeframe and participants for completion of the COS Ratings

- A. Initial IFSP - The child outcomes will be collected at the initial IFSP after eligibility is determined by the IFSP team.
 - a. During the process of creating the Initial IFSP, the SC should conduct the COS team discussion in conjunction with gathering information about the child's present levels of development.
 - b. The team should utilize information gathered as part of the COS discussion to create meaningful Functional IFSP Outcomes based on the unique strengths and needs of the child and family and the information discussed by the team.
 - c. The team should include, at a minimum, the child's family member(s), Service Coordinator (SC), and evaluators. Team may also include others who the parent feels may be important sources of information about the child and who may be part of the child's caregiving team, e.g. childcare provider, extended family member, non-system service provider.
- B. Annual IFSP - The COS information is reviewed at each annual IFSP meeting along with a review of the child's progress.
 - a. As part of the annual IFSP review, the team should discuss the child's current levels of development and the child's progress towards IFSP Outcomes. Then, the team should determine if the existing IFSP Outcomes need updating or if they should continue based on that discussion.
 - b. The team should use the COS process to frame the discussion on the child's current functioning as this can help the family and other team members think about how IFSP Outcomes can support continued development.
 - c. At annual meetings, the team should include, at a minimum, the child's family member(s), SC, and all direct service providers. The team may also include others who the family feels may be important sources of information about the child and who may be part of the child's caregiving team, e.g. childcare provider, extended family member, non-system service provider.
- C. Exit IFSP - Exit data needs to be reported for children as they prepare to exit and/or transition to other programs or services outside of EI.
 - a. For children exiting prior to age three who met their Functional Outcomes and no longer require EI services, collect COS data during the exit meeting to assess the impact of program services and identify next steps for the child's development.
 - b. For children exiting and transitioning at age three to Special Education or other appropriate programs, collect COS data at the exit meeting. ***Please note that exit COS data (for children exiting for either reason) must be collected within 120 days of exiting the program.** The exit COS can be collected in combination with meetings for other purposes, e.g. transition planning conference, as long as the participants and timing meet requirements.
 - c. At the exit meeting, the team should include, at a minimum, the child's family member(s), SC, and all direct service providers. Team may also include others who the parent feels may be important sources of information about the child and who may be part of the child's caregiving team, e.g. childcare provider, extended family member, non-system service provider.

Important points to consider for meaningful child outcomes summary discussions:

- A. The COS information can play an integral role in helping the team understand the child's strengths and needs and how intervention can build on these strengths and address the needs.
- B. The COS process is intended to be part of the IFSP meeting and utilize much of the same information, e.g. evaluations, observations, progress reports, that will help inform other parts of IFSP development
- C. The COS discussion is likely to be most meaningful if the service coordinator facilitates the discussion in conjunction with the portion of the IFSP meeting that includes the child's present levels of development. This helps to reinforce information shared during the review of evaluations and may help ensure shared understanding of the child's overall developmental strengths and needs.
- D. The Decision Tree is a tool that, when used well, can guide the team to consensus on each individual outcome. If used as a resource, the Decision Tree is not be used as a "checklist" and teams are encouraged to be sensitive to how the discussion might occur when the child's functioning is farther from age-expectations. As meeting facilitator, the service coordinator can use this tool to help the team consistently determine ratings by leading them through a series of yes/no questions about the child's functioning relative to age-expected, immediate foundational, and foundational skills.
- E. It may also be helpful to keep the following developmental information in mind during the COS process:
 - 1. Children develop new skills and behaviors and integrate those skills and behaviors into more complex behaviors as they get older.
 - 2. These skills and behaviors emerge in a somewhat predictable developmental sequence in most children, thus allowing for descriptions of what 2 year olds generally do, what 3 year olds generally do.
 - 3. Since skills and behaviors build on earlier skills and behavior in predictable ways, interventionists can use these earlier skills to help children move to higher levels of functioning. Earlier skills that serve as the base and are conceptually linked to age-expected skills, are referred to as "immediate foundational skills." For example, children play alongside one another before they interact in play.
 - 4. Some children's functioning is farther from age-expected development. These children may acquire skills and behaviors at a substantially slower pace than other children and their functioning may look like that of a much younger child. When children demonstrate skills that are not immediately linked to age-expected skills, they are considered to be demonstrating foundational skills.
 - 5. Some children's development is atypical in that their functioning is not typical for children at any age. Teams will need to consider how much atypical behavior exists in relation to each of the three outcomes.



OUTCOMES



Measuring the Success of Early Intervention (EI)

Family Outcomes

As part of your participation in early intervention, we will help you gain knowledge and skills in these three key areas:

- Knowing your rights
- Communicating your child's needs
- Taking appropriate action to meet your child's needs

IFSP Functional Outcomes

Functional outcomes are the benefits or results you want for your child and family as a result of participating in early intervention. These outcomes are meaningful to your everyday life and are included in the individualized family services plan (IFSP) that you develop with your EI team.



Child Outcomes

It is important to know how your child is developing as a result of receiving early intervention services. You see your child in activities and settings that other team members don't. The three child outcomes are:

- Building positive social relationships
- Gaining and using knowledge and skills
- Taking appropriate actions to meet their needs



You Play a Key Role in Your Child's Development

As a member of the EI team, your active participation is critical because **you know your child best!** How can **you** help?



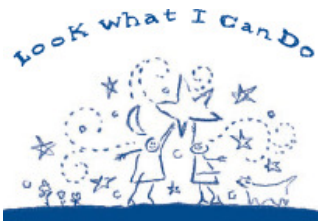
- Observe your child when you are at home and in your neighborhood
- Share what you know with the other members of the EI team
- Ask your EI team if you have questions about your child
- Complete the Family Outcomes Survey



To learn more about child outcomes, visit <http://go.illinois.edu/OutcomesVideo>



Bureau of Early Intervention
www.dhs.state.il.us
(800) 843-6154



Outcomes- Measuring the Success of Early Intervention (EI)



In EI, we have 3 ways to measure success:

- 1. Child outcomes:** EI measures child outcomes by comparing how children function before and after receiving early intervention services. The child outcomes assess skills and abilities that children use to be successful in everyday activities and routines and in future school settings. We collect information about three child outcomes:
 - ➔ **Building Positive Social Relationships** – how children interact and play with other children and adults, how they show their feelings, and how they follow social rules.
 - ➔ **Gaining and Using Knowledge and Skills** – how children understand basic concepts, learn new things, solve problems, and use words or other ways to communicate.
 - ➔ **Taking Appropriate Action To Meet Their Needs** – how children become more independent by learning to move on their own, feed themselves, ask for assistance, begin to get dressed, and take care of their basic needs.
- 2. Family outcomes:** The family outcomes focus on knowledge and skills gained by the family as a result of the family's involvement in EI. We ask questions about three key areas:
 - **Knowing your rights** – understanding the roles of the people who work with your child and family; knowing who to call if you are not satisfied with the services your child receives.
 - **Communicating your child's needs** – better understanding your child's special needs to effectively communicate them to the people who work with your child and family, advocating for your child and family, and feeling like part of the EI team when discussing your child.
 - **Helping your child develop and learn** – feeling more confident in your skills as a parent, making changes in family routines that will benefit your child, and do things with and for your child that are good for his or her development.
- 3. IFSP functional outcomes:** The Individualized Family Services Plan (IFSP) is a plan that you develop with your EI team. The plan reflects your priorities and concerns for your child. You identify the outcomes that you want for your child and your family. IFSP outcomes are statements that describe changes and benefits that you want to see for your child and family. These outcomes can focus on any area of development and describe functional skills and behaviors.



When are these outcomes measured?

Child outcomes	Family Outcomes	IFSP functional outcomes
<ul style="list-style-type: none">■ at initial IFSP meeting■ annual IFSP reviews■ within 120 days of exiting the system	using a survey sent to families shortly after they exit the system	every six months, or more frequently, if requested by the family

How is outcomes information used?

El uses child and family outcomes information to understand the impact of program services and to improve the support we provide to children and families. This information is also reported to the federal government on an annual basis. This Annual Performance Report can be found on the Department of Human Services website: <http://www.dhs.state.il.us/page.aspx?item=36192>.

IFSP outcomes information is used to help your intervention team determine the effectiveness of the services provided and the strategies suggested.

How can YOU be involved?

You are an essential partner in helping to measure your child's progress. **You know your child best!**

YOU CAN HELP BY:



♥ **Observing your child** – pay attention to how your child's skills change over time, think about what your child is able to do in different settings (home, child care) and with different people (you, siblings, playmates, caregivers).

♥ **Sharing what you know** – when you meet with your child's EI team, be sure to share your observations about your child's development and progress during the discussion of IFSP and child outcomes.

♥ **Asking questions** – "What are the next skills we should be looking for?" or "How do I know when my child is making progress?" The EI team can help answer questions about your child's development.

♥ **Completing the Family Outcomes Survey** – this helps EI know what's working well and what can be improved to better support families.

*The Sooner We Start,
The Farther They'll Go*



Look What I Can Do

Early Intervention For Young Children With Developmental Delays

EITP High-Quality Professional Development Rubric

Primary Component	Sub-components	Not Apparent	Emerging	Evident	Evidence/Comments/Suggestions
1. Professional development provides explicit explanation and illustration of the specific content knowledge and practice(s) to be learned	1a. The PD has clear outcomes that can be evaluated (introduce)				
	1b. The outcomes of the PD match the identified needs of the group (introduce)				
	1c. The content in the PD can easily be understood; adapted to needs and level of audience (illustrate)				
	1d. The PD illustrates WHY the new practices will be better [link to evidence base and expected outcome of practice use] (illustrate)				
	1e. The PD illustrates HOW the participant's practice will be improved by using the new practice/process (Illustrate)				
	1f. The PD illustrates how practices are aligned with desired professional competencies [Illinois EI Principles]				
	1g. The connection between PD content and use in fieldwork is evident (illustrate)				
	1h. The PD has narrow enough focus to allow in-depth understanding of practices being taught (illustrate)				
	1i. Participants have an opportunity to actively try out and do the practice (practice)				
	1j. The PD includes examples, demonstrations, and/or illustrations of what the practices looks like (illustrate)				

***Blue shading indicates the subcomponent is not applicable for one-day trainings or online modules, so review can skip those sections**

EITP High-Quality Professional Development Rubric

Primary Component	Sub-components	Not Apparent	Emerging	Evident	Evidence/Comments/Suggestions
<p>2. Professional development has explicit inclusion of different types of practices for engaging practitioners in reflection on their understanding and mastery of practice</p>	2a. PD includes research/reading by a published author on practice/s (practice)				
	2b. PD includes observation of practices (practice)				
	2c. PD includes performance-based group discussion (practice)				
	2d. PD includes collective participation – i.e. group reflection (practice)				
	2e. PD includes self-assessment with performance-based standards, comparing their performance with standard practices (evaluate)				
	2f. PD includes practitioner-participant reflective conversations (evaluate)				
	2g. PD includes journaling/self-reflection (evaluate)				
<p>3. Professional development includes active and authentic job-embedded practitioner opportunities to learn to use targeted practice(s) and to engage in evaluation of their experiences</p>	3a. The PD offering includes time for participants to develop a plan for using new practices (practice)				
	3b. The PD offering includes opportunities for participants to examine their OWN practices and how they differ from recommended practices (evaluate)				
	3c. The PD offering provides an opportunity for participants to engage in thinking about their OWN experiences using the practices (evaluate)				

EITP High-Quality Professional Development Rubric

Primary Component	Sub-components	Not Apparent	Emerging	Evident	Evidence
	3d. During training, participants have an opportunity to assess what was done, what happened, and what worked when the practice was implemented (evaluate)				
4. Coaching, mentoring, or performance feedback by professional development specialist is incorporated into the in-service professional development	4a. Training provides opportunity for participants to individually critique their own performance (evaluate)				
	4b. Training provides opportunities for reflection with peers during in-service training (evaluate)				
	4c. Training includes performance feedback from PD provider (evaluate)				
5. Ongoing follow-up supports by professional development specialists, coaches, supervisors, peers, and so forth, is available to reinforce in-service learning sessions	5a. PD offering states expectations for completing job-embedded activities between the linked sessions				
	5b. Training provides participants with additional online support/other resources (outside of face-to-face training)				
	5c. Training includes a post-training supplement packet of activities for use by leadership teams as they conduct ongoing follow-up				
6. In-service professional development is of sufficient duration and intensity to provide multiple opportunities to become proficient in the use of a practice (Note: At least 20 hours over 15-20 weeks is ideal for sustainability)					

High-Quality Professional Development Rubric

User Guide

PURPOSE:

The High-Quality Professional Development (PD) Rubric was developed by the Early Intervention Training Program (EITP) for the purpose of determining the quality of professional development afforded to early intervention professionals in Illinois. The rubric contains six primary components and several supporting sub-components. The reviewers will use these components to rate the professional development materials based on content, clarity, engagement, inclusion of reflection and opportunities to practice skills during and outside of the formal learning experience. The tool represents a compilation of research, including several identified components, which contribute to high-quality professional development. The primary components of the rubric taken together provide a foundation for guiding the development and implementation of evidence-informed professional development. This rubric highlights the key features identified in research as necessary for professional development to effectively improve practitioner knowledge and skills and use early intervention practices in a proficient manner (Dunst & Trivette, 2009).

ABOUT THE TOOL:

This tool was designed to:

- evaluate identified curricula (see attached) related to the State Systemic Improvement Plan (SSIP).
- influence the development of new curricula.
- guide revisions to current curricula (by PD specialists following a PD event).
- provide ongoing feedback and coaching to peers who provide professional development. This can be done post PD offerings to reflect on how to improve future offerings that are provided by both EITP trainers as well as Leadership Teams.
- be used as a plan of communication between the SSIP Performance and Leadership Teams to ensure that key components have been covered or to ensure that missing components are addressed post PD offering.
- develop new curricula pertaining to the Child Outcome Summary (COS) Process and Evidence-Based Practices (EBP) with the SSIP leadership teams
- be used by the SSIP Leadership Teams to evaluate their own PD offerings outside of EITP.
- assist SSIP Leadership Teams with developing engaging learning events to support EI teams using adult learning principles, reflective supervision, coaching and mentoring strategies.

HOW TO USE THE TOOL:

WHO:

The rubric was designed to be used by three reviewers: two EITP consultants and one professional outside of EITP as determined by the EITP Director or Assistant Director. Of the two EITP reviewers, one should be familiar (either facilitator or developer of the curriculum) and the other unfamiliar with the curricula being reviewed. The non-EITP reviewer does not need to be familiar with the specific curriculum, nor the content being reviewed, but must be generally familiar with professional development and early intervention.

Each team of three reviewers will have a lead reviewer who will communicate with the other reviewers and ensure that a decision is made on the component. Lead reviewers will rotate after a selected period of time, again, to be determined by the Director or Assistant Director of EITP.

HOW:

1. All three of the reviewers will be expected to review the PowerPoints, speaker notes, user guides and supplementary materials used for the PD offerings.
2. Using these materials, reviewers will be responsible for determining the ratings for each of the primary components, after all sub-components have been rated. Reviewers will determine the ratings based on a three-point scale, consisting of “Not Apparent” (0), “Emerging” (1) and “Evident” (2).
3. When rating each category, the reviewers must provide documentation of supporting evidence that the subcomponents/components exist in the materials supplied in the column of the rubric titled ‘Evidence’. Evidence can be examples of included activities, assignments, discussion topics, etc.
4. The three reviewers will meet and review their findings. Based on their review they will recommend whether the curriculum is high quality, satisfactory, or needs updating (see ‘Summary Sheet’ for definitions of each of the above three categories). The conclusion is not only based on score. There will be instances where the score may be low in all the required areas; however, the offering may be an introduction that does not require all areas.

CONSIDERATIONS:

When reviewing curricula that spans across multiple days, the reviewers will consider and evaluate the learning experience as a whole, but will be expected to document when components in the rubric are missed on individual days. The content of individual days will be reviewed sequentially in order to capture the essence of the entire PD experience.

A high quality professional development experience includes all or most of the six components described. However, not all PD experiences have the same learning objectives or the same duration. The entire checklist is most applicable to PD experiences that occur over multiple sessions across several weeks. The first three components on the checklist are likely to be more appropriate for PD experiences of shorter intensity and duration.

SSIP related curricula will be reviewed first, followed by new curricula in the future. For the purposes of SSIP, two pieces of curriculum will be reviewed per quarter until all SSIP identified curricula is reviewed.

Examples of Rubric Components

Primary Component	Sub-Component	Examples	Not Apparent Criteria	Emerging criteria	Evident criteria
Professional Development provides explicit explanation and illustration of the specific content knowledge and practice(s) to be learned	1a. The PD has clear outcomes that can be evaluated (introduce)	<ul style="list-style-type: none"> ✓ Training description and goals are provided on the website ✓ Agenda is provided prior to the training 	✓ No agenda or training description provided	✓ Training description provided with no detail	✓ Agenda and training description provided prior to offering
	1b. The outcomes of the PD match the identified needs of the group (introduce)	✓ PD explains how the topic is related to the initiative being implemented	✓ No evidence of match between identified needs and training	✓ Some evidence of match between identified needs and training	✓ Training matches most identified needs
	1c. The content in the PD can easily be understood; adapted to needs and level of audience (illustrate)	<ul style="list-style-type: none"> ✓ PD defines instructional practices in ways that are meaningful to attendees ✓ Content includes ideas for modifying for diverse learners ✓ Content begins with basic practices and adds more complex practices as day progresses 	✓ No flexibility provided to presenter to adjust curriculum based on trainee response/feedback to make the information easily understood	✓ Some flexibility provided for presenter to adjust curriculum based on trainee response/feedback to make the information easily understood	✓ Presenter can adjust curriculum based on trainee response/feedback; provides notes after the training about adjustments made to make the information more easily understood
	1d. The PD illustrates WHY the new practices will be better [link to evidence base and expected outcome of practice use] (illustrate)	✓ PD provides a list of references supporting evidence-based practices	✓ No references are provided to indicate why practices are better understood	✓ At least two references are provided throughout the entire PD illustrating why	✓ Resource guides are included with the PD offering, with multiple resources illustrating why

Primary Component	Sub-Component	Examples	Not Apparent Criteria	Emerging criteria	Evident criteria
	(illustrate)			practices are better understood	practices are better understood
	1e. The PD illustrates HOW the participant's practice will be improved by using the new practice/process (Illustrate)	✓ PD shares research and shows that the use of the practice(s) improve outcomes for children and families	✓ No research is shared	✓ Research is shared, but the practice is not linked to improved outcomes for children and families	✓ Research is shared and linked to improved outcomes for children and families
	1f. The PD illustrates how practices are aligned with desired professional competencies [Illinois EI Principles]	✓ PD shows how the practice(s) align with the Illinois EI principles	✓ Content/practices are not related or aligned with Illinois EI principles	✓ Some of the content/practices are related or aligned with the Illinois EI principles ✓	✓ Nearly all content/practices are related or aligned with the Illinois EI principles
	1g. The connection between PD content and use in fieldwork is evident (illustrate)	✓ PD has participants brainstorm the ways the practice(s) will impact children and families ✓ Examples of how content impacted someone's practice are included	✓ No examples are given of the practice/content in the field	✓ A few examples are given of the practice/content in the field	✓ Many examples are given of the practice/content in the field
	1h. The PD has narrow enough focus to allow in-depth understanding of practices being taught (illustrate)	✓ Small number of practices/concepts are covered in multiple ways	✓ Many concepts covered however not in depth or detail	✓ Some concepts covered in depth or detail	✓ Most concepts covered in depth or detail

Primary Component	Sub-Component	Examples	Not Apparent Criteria	Emerging criteria	Evident criteria
		<ul style="list-style-type: none"> ✓ PD has participants work together to formulate definitions of practices and then goes over with the entire group 			
	1i. Participants have an opportunity to actively try out and do the practice (practice)	<ul style="list-style-type: none"> ✓ Participants perform a mock session using the new practice(s) ✓ Participants have opportunities to try out components of the practice before trying out the entire practice 	<ul style="list-style-type: none"> ✓ No opportunities to try out the practice/s 	<ul style="list-style-type: none"> ✓ Some opportunities to try out the practice/s 	<ul style="list-style-type: none"> ✓ Many opportunities to try out the practice/s are embedded throughout the offering
	1j. The PD includes examples, demonstrations, and/or illustrations of what the practices looks like (illustrate)	<ul style="list-style-type: none"> ✓ PD includes authentic video examples of the practice(s) being used ✓ PD includes opportunities for participants to complete demonstrations/role-play using the practice(s) 	<ul style="list-style-type: none"> ✓ No examples, demonstrations and/or illustrations of the practice(s) 	<ul style="list-style-type: none"> ✓ At least one example, demonstration and/or illustration of the practice(s) is provided 	<ul style="list-style-type: none"> ✓ Many examples, demonstrations and/or illustrations of the target practice(s) are present throughout the PD offering
Professional development has explicit inclusion of	2a. PD includes research/article by a published author on practice (practice)	<ul style="list-style-type: none"> ✓ Articles for pre-reading are emailed in advance of PD offering ✓ Reading assignment with homework is part of offering ✓ Optional reading assignment is given following the PD offering allowing participants to further 	<ul style="list-style-type: none"> ✓ No reading assigned 	<ul style="list-style-type: none"> ✓ At least one reading assigned that the participant can use with a family 	<ul style="list-style-type: none"> ✓ More than one reading assigned with multiple opportunities to use the information in their practice

Primary Component	Sub-Component	Examples	Not Apparent Criteria	Emerging criteria	Evident criteria
different types of practices for engaging practitioners in reflection on their understanding and mastery of practice		enhance their practice post PD offering			
	2b. PD includes observation of practices (practice)	✓ Participants practice identifying various practices from sample videos	✓ No observation of practice/s	✓ At least one observation of practice/s	✓ Multiple observation of practice/s
	2c. PD includes performance-based group discussion (practice)	✓ Participants strategize how to apply the knowledge from PD offering to their own practice ✓ Participants discuss current practices and how it differs from new practice	✓ No group discussions during offering	✓ At least one opportunity for group discussions	✓ More than one opportunity for group discussions
	2d. PD includes collective participation - i.e. group reflection (practice)	✓ In groups, participants share experiences related to using the practice	✓ No opportunity for reflection	✓ At least one opportunity for reflection	✓ More than one opportunity for reflection
	2e. PD includes self-assessment with performance-based standards, comparing their performance with standard practices (evaluate)	✓ Participants complete a checklist about their use of the identified practices ✓ Participants reflect on the use of the practice that occurred prior to PD offering	✓ No opportunity for self-assessment with performance-based standards during offering	✓ At least one opportunity for self-assessment with performance-based standards during offering	✓ Multiple opportunities embedded throughout the offering for self-assessment with performance-based standards during offering
	2f. PD includes practitioner-participant reflective conversations (evaluate)	✓ PD specialist and participants reflect on self-assessments ✓ Participants complete reflective activity with peers	✓ No reflective conversations	✓ At least one opportunity for participants to gain others' perspectives on their performance	✓ Multiple opportunities for participants to gain others' perspectives on their performance
	2g. PD includes journaling/self -	✓ Participants engage in journaling to reflect on	✓ No journaling/self-reflection	✓ Optional journaling/self-	✓ Journaling/self-reflection

Primary Component	Sub-Component	Examples	Not Apparent Criteria	Emerging criteria	Evident criteria
	reflection (evaluate)	their use of practice(s)		reflection embedded in offering	required for the offering
Professional development includes active and authentic job-embedded practitioner opportunities to learn to use targeted practice(s) and to engage in evaluation of their experiences	3a. The PD offering includes time for the participant to develop a plan for using the new practice (practice)	✓ Participants develop action plan to use the new practice(s)	✓ No opportunity to develop action plan	✓ Optional opportunity to develop action plan	✓ Action plan is required and embedded in the offering
	3b. The PD offering includes opportunities for the participant to examine their OWN practices and how they differ from recommended practices (evaluate)	✓ Participants are divided into groups and discuss current practice(s) and develop “looks like and doesn’t look like” charts	✓ No opportunity provided	✓ At least one opportunity provided in the offering	✓ More than one opportunity provided during the offering
	3c. The PD offering provides opportunity for the participant to engage in thinking about their OWN experiences using the practices (evaluate)	<ul style="list-style-type: none"> ✓ Participants are asked to share their success or challenges with using the identified practice(s) with a family that they know ✓ Participants are asked to reflect on what they may see as stumbling blocks using the new practice 	✓ No opportunity provided to engage in thinking about experience using the practice(s) in the offering	✓ At least one opportunity provided to engage in thinking about experience using the practice(s) in the offering	✓ More than one opportunity provided in the offering to engage in thinking about experiences using the practice(s)
	3d. During training, participants have an opportunity to assess what was done, what happened, and what worked when the practice was implemented	<ul style="list-style-type: none"> ✓ In groups participants reflect on videotape of practice(s) that was tried in between sessions ✓ Participants reflect on video of others 	✓ No video reflection	✓ At least one video reflection in the offering	✓ More than one video reflections in the offering

Primary Component	Sub-Component	Examples	Not Apparent Criteria	Emerging criteria	Evident criteria
	(evaluate)	completing the practice			
Coaching, mentoring, or performance feedback by a professional development specialist is included during in-service professional development	4a. Training provides opportunity for participants to individually critique their own performance (evaluate)	<ul style="list-style-type: none"> ✓ Participants reflect on their own practice after watching their own video of the practice ✓ Participants try out the practice in a mock situation and then reflect on their use of the practice 	✓ No opportunity to reflect on their own practice	✓ At least one opportunity to reflect on their own practice in the offering	✓ Multiple opportunities to reflect on their own practice throughout the offering
	4b. Training provides opportunities for reflection with peers during in-service training (evaluate)	<ul style="list-style-type: none"> ✓ Once the participant has an opportunity to reflect on their own practice(s), they engage in group conversation and questions about their use of the practice ✓ Participants have an opportunity to watch a video of their own practices with peers and reflect 	✓ No opportunity to reflect with peers on own practice	✓ At least one opportunity to reflect with peers on their own practice	✓ More than one opportunity to reflect with peers on own practice
	4c. Training includes performance feedback from PD provider (evaluate)	✓ PD specialist will provide written feedback on use of practice written individually to the practitioner	✓ No written or verbal feedback provided	✓ Written or verbal feedback provided at least once	✓ Written or verbal feedback is provided multiple times
Ongoing follow-	5a. PD offering states expectation for completing job-embedded activities between the linked sessions	✓ PD offering description clearly states that practitioners will need to complete assignments between sessions and clearly states that practitioner must be working with families	✓ No assignments given between sessions	✓ At least one assignment given between most sessions	✓ More than one assignment given between most sessions or assignments given between each linked session

Primary Component	Sub-Component	Examples	Not Apparent Criteria	Emerging criteria	Evident criteria
up supports by professional development specialists, coaches, supervisors, peers, and so forth, is available to reinforce in-service learning sessions	5b. Training provides participants with additional online support/other resources (outside of face-to-face training)	<ul style="list-style-type: none"> ✓ Participants are given supplemental training packet with resources that are available after training e.g. websites, online trainings etc. ✓ Participants are shown/given information about resources that can be explored outside of the training 	✓ No supplemental packet provided	✓ Supplemental packet provided	✓ Supplemental packet provided along with resource guides including suggestions for where to find additional information
	5c. Training includes a post-training resource package of activities for use by Leadership Teams as they conduct ongoing follow-up	✓ Participants/Leadership Teams are given supplemental resource packages that they can use for additional information/activities after PD offering is completed	✓ No post-training packet given	✓ At least one post-training packet given	✓ Post-training packet has several activities to use for follow-up
In-service professional development of sufficient duration and intensity to provide multiple opportunities to become proficient in the use of the practice (Note at least 20 hours over 15-20 weeks is ideal)		✓ PD offerings are linked over several days with time in between to engage and video tape the new practice(s)	✓ Offering is one day only and no follow-up is suggested or provided	✓ Offering is over several days and no follow-up or opportunities to try out the practice are suggested or provided	<ul style="list-style-type: none"> ✓ Offering is over several days with opportunities to try out the practice between each of the sessions OR ✓ Offering is one day and feedback and support is provided following the training

ATTACHMENT

SSIP RELATED CURRICULA TO BE REVIEWED:

Family Engagement

- Foundational Institute: Partnering for Success
- Family-centered Practices Series
- Modern Family
- Everyday Interactions: A Developmental Approach to Supporting Families, Caregivers & Children in Early Intervention
- Knock Knock Institute
- Family Partnerships
- Easy Adaptations
- Engage and Attune

Child Outcomes Summary Process

- Measuring the Success
- Family Assessment for Service Coordinators
- Using the RBI to Develop a Meaningful IFSP
- Connecting the Dots
- Baby Steps

Illinois Part C: Evaluation of COS SSIP Improvement Strategy

Implementation Step: Selecting Participants & training content
<p>Evaluation question(s)?</p> <ul style="list-style-type: none">• What are the characteristics of the trainees, and are these characteristics related to knowledge acquisition and transfer of training to practice?• Are we training sufficient numbers of practitioners, and are the geographic distributions appropriate?
<p>What data will be collected and what tools will be used?</p> <ul style="list-style-type: none">• Illinois collects data on trainee demographics as part of the registration process. The registration system is electronic. (These demographics include items such as: discipline, time in system, time in profession, region served.)• IL is utilizing the on-line DaSy COS training modules as well as content developed by TA providers; any additional COS trainings will be evaluated using our rubric prior to implementation.
<p>When and how will data be collected?</p> <p>Data are collected when trainees register electronically for participation in the training. This data is stored in the conference registration system.</p>
<p>When, how, and by whom will data be analyzed?</p> <p>Data will be:</p> <ul style="list-style-type: none">• made available by the training staff at UIUC on a quarterly basis,• summarized for reporting purposes (table format), and• used in other analyses of the COS process (e.g. relationship of demographic variables to knowledge or skill acquisition) .
<p>Who will use the results to make decision, and how and when will these decisions be made?</p> <p>The IL Part C staff and the training staff will review analyses. Summary reports of the numbers trained and the geographic distributions, as well as appropriate demographic disaggregation will be provided to relevant stakeholders for review and feedback.</p>
<p>What are potential modifications you may make to the implementation of the improvement strategy based on these data?</p> <p>Potential modifications include:</p> <ol style="list-style-type: none">(a) requiring additional demographic information;(b) increasing or decreasing the number of trainees;(c) increasing or decreasing demographic distribution; and(d) modifying trainee selection criteria based on evidence (see remaining sections of this document).
Implementation Step: Conduct Training
<p>Evaluation question(s)?</p> <ul style="list-style-type: none">• What are the trainees' perception of the training they received (e.g. useful, relevant, how could it be improved, etc.)?• Did trainees' knowledge (or skill) increase as a result of the training?
<p>What data will be collected and what tools will be used?</p>

The training program at UIUC has a standard form that is used to collect satisfaction/perception of trainees. The form includes items scored on a scale as well as open-ended, short answer items. We have added specific items related to the intended outcomes of the COS training. (i.e. Knowledge of key features of the COS process, data collection & data quality? Understanding of the essential knowledge needed to complete the COS process? Knowledge of how the 3 child outcomes are measured? Knowledge of features of effective documentation? Knowledge of teaming collaboration?) After initial trainings have increased knowledge, future surveys may also ask about confidence of trainees related to desired skills. The Leadership Team members will also receive a more rigorous measure of knowledge/skills to ensure that they are prepared to support others' implementation. The *COS-TC Toolkit* has a 24-item checklist, as well as a list of recommended Interactive Practices, that may be used for this assessment. The Leadership Teams will likely view a standard video of a COS team conducting the meeting and score the tape. Fidelity of scoring could be used as a measure of proficiency. If a shorter instrument is desired, a reduced number of items most pertinent to the process may be used.

When and how will data be collected?

Data are collected immediately following the training using an electronic data tool (Survey Monkey)

When, how, and by whom will data be analyzed?

Data are summarized by the UIUC training staff within two weeks of the training. If sufficient numbers of trainees participate, these summaries may also be provided disaggregated by pertinent variables (e.g., Do responses differ by role or region?)

Who will use the results to make decision, and how and when will these decisions be made?

Summary data will be reviewed by the training team and IL Part C personnel. Findings will be reviewed for:

- strengths and suggestions for improvements in the training/ training content,
- trainee satisfaction,
- perception of increases in knowledge or understanding, and
- differential findings if there are sufficient numbers of trainees to examine results by demographic variables.

What are potential modifications you may make to the implementation of the improvement strategy based on these data?

- Additions or modifications to training content/process based on the data.
- Develop mechanisms to differentiate content/strategies within the training to accommodate differences associated with various demographic variables.

Implementation Step: Implementing the COS process in the workplace

Evaluation question(s) [what do you need to know]?

- Are trainees implementing the COS process with fidelity? Which specific practices?
- Is COS scoring sufficiently reliable?

What data will be collected and what tools will be used?

- Given the large number of practitioners in the state, the focus of evaluation will likely be on the skills of Service Coordinator (these are dedicated positions and they are stable members of IFSP/COS teams).

- Methods under consideration from most to least burdensome include:
 - e. observation by Leadership Team members of COS sessions using a protocol such as the checklist and interactive practices in the COS-TC Toolkit;
 - f. self-assessment by the Service Coordinators using the COS-TC Toolkit; and
 - g. review of written documentation to assess fidelity (Review could include: who attended? what evidence of current levels of functioning was considered? do the child skills identified match the COS rating?)

When and how will data be collected?

- It was recommended that the first assessment be conducted within a few weeks following the initial training (offered by the LTs), and that this expectation be made clear to trainees before the end of the initial training. This timing is important because skills are lost over time if they are not used, and non-standard practices (i.e., conducting the COS incorrectly) that are used repeatedly, become routine and are then more difficult to change/correct.

- Based on the results of the first fidelity assessment, a schedule should be developed for future assessments. Individuals with high fidelity scores would have less frequent observation/assessment and individuals with lower scores would be observed/assessed more frequently.
- The state and regions will also need data from these fidelity assessments/observations. A time schedule should be established for submitting these data (quarterly?) to allow for follow-up and prompting to ensure that data are collected in a timely fashion and to provide evidence that these data are valued by the state and region. The state may need to determine if unique identifiers are needed to link data to demographic variable, initial training data, and so forth.
- How the data will be collected depends on the decisions made about which tools to use. Direct observation (or review of videotaped session) could be conducted by expert/trainers or supervisors. Self-assessments would be done by the Service Coordinators. Record reviews could be conducted by supervisors or monitors.

When, how, and by whom will data be analyzed?

- Results of an observation (fidelity assessment) should be provided to the Service Coordinator immediately, or as soon as possible, after the observation.
- The results of the assessment provide the basis for an action plan (for the Service Coordinator to use to improve his/her own practices) or a support plan (periodic or on-going support provided by the master cadre (expert or supervisor).
- Fidelity assessment data should be analyzed at the regional and state level on a regular, periodic basis

Who will use the results to make decision, and how and when will these decisions be made?

- On an individual level, Service Coordinators and their supporters will use the data to identify the level of support that may be needed.
- At the regional level, these data will be used by regional teams (Leadership Team) to assess whether adequate supports (quality & frequency) are provided and to assess levels of fidelity/proficiency achieved by the Service Coordinators.
- At the state level, data will be used to evaluate the adequacy of supports at the regional and state

level, and to assess the overall level of COS fidelity.

What are potential modifications you may make to the implementation of the improvement strategy based on these data?

- Practices/procedures that rate low fidelity scores for a substantial number of trainees may be good targets for changes in the initial training. For example, more illustrations of the practice/procedure might be used during initial training, or additional opportunities to practice or try out the practice in simulations, or to identify in videotapes, may be added.
- Identify potential changes needed in the quality or frequency of follow-up support/observation that may be provided.

Implementation Step: Support for implementation of the COS process in the workplace

Evaluation question(s) [what do you need to know]?

- On average, how frequently is support needed by Service Coordinators to become proficient with facilitating the COS process? What is the range of support needed?
- How do Service Coordinators perceive the support provided to them by the Leadership Team?
- What specific support was provided to Service Coordinators relative to the COS process?

What data will be collected and what tools will be used?

- A *Coaching Feedback Summary* can be developed. At a minimum, this tool should provide **specific** examples of the practices the Service Coordinator did well, and **specific** examples of practices that were either not performed or that needed to be improved. Finally, a plan should be jointly developed for improving selected practices before the next observation.
- *Service Coordinator Evaluation of Support Received* (draft shared)

When and how will data be collected?

- A *Coaching Feedback Summary* should be completed for each feedback session with a copy provided to the Service Coordinator and one retained for state/district data.
- The *Service Coordinator Evaluation of Support Received* should be collected by the state/district after a set time interval or after a set number of sessions.

When, how, and by whom will data be analyzed?

- Supports (likely LT members) and Service Coordinators will review the *Checklist* after each observation and the *Coaching Feedback Summary* prior to the next observation.
- The *Service Coordinator Evaluation of Support Received* data will be analyzed by the state/district approximately every 3-6 months. Data should be reported by district as well as by coach/master cadre individual.

Who will use the results to make decision, and how and when will these decisions be made?

- Supervisors and leadership team members (coaches will only see their own summary data) will review summary data only from the *Evaluation of Support* surveys. Supervisors/Regions will review *Coaching Feedback Summaries* as appropriate.
- Summary data at the state level, and disaggregated by district will be reviewed by the evaluation team and will be made available as appropriate to stakeholders for review and feedback.

What are potential modifications you may make to the implementation of the improvement strategy

based on these data?

- Changes to the amount and quality (Has enough emphasis been placed on what practices trainees are performing well? Is the feedback provided specific enough?) of the coaching feedback provided.
- Provide additional support to coaches/leadership team members

DRAFT