State of Nevada Department of Health and Human Services

Director's Office, IDEA Part C Office

State Systemic Improvement Plan (SSIP)

Phase III Year 5 Report

April 1, 2021

*Refer to SPP/APR Measurement Language for required information for Phases I-III including requirements for SiMR, baseline, targets, theory of action, and components of the implementation and evaluation plan.

State of Nevada SSIP Phase III Year 5 Report

Table of Contents	Page

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Nevada State Systemic Improvement Plan (SSIP):

Phase III Year 5 Status Report – April 2021

Introduction

Nevada's State-identified

Measurable Result (SiMR)
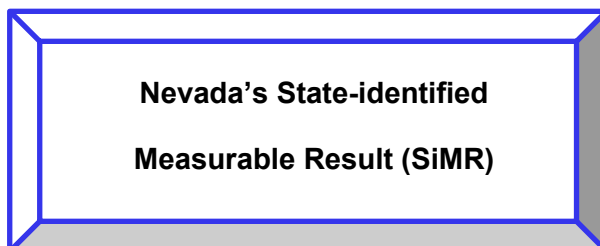
As a result of implementing the SSIP, Nevada will increase the statewide percentage of infants and toddlers exiting early intervention services who demonstrate a significant increased rate of growth in positive social-emotional skills (including social relationships).

SSIP Phases

Phase I	Phase II	Phase III	Phase III	Phase III	Phase III	Phase III
April 2015	April 2016	Year 1	Year 2	Year 3	Year 4	Year 5
		April 2017	April 2018	April 2019	April 2020	April 2021

The State of Nevada Department of Health and Human Services IDEA Part C Office is Nevada's lead agency for the statewide early intervention (EI) system for infants and toddlers with disabilities and their families. In accordance with the Office of Special Education Programs (OSEP) requirement for all states to provide an annual State Systemic Improvement Plan (SSIP) report, Nevada's IDEA Part Office works diligently with key stakeholders in the yearly development of the SSIP.

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The SSIP is a multi-year plan which spans across three phases to improve the results for infants and toddlers with disabilities and their families. Stakeholder engagement is embedded throughout implementation, evaluation and mid-course correction of the SSIP plan. The State of Nevada EI system is currently in Phase III, Year 5 of the SSIP. This report summarizes progress implementing the SSIP, the outcomes achieved and the result impacts upon the State's EI system, practices and outcomes for children and families. The SSIP is designed to positively impact Nevada's State-identified Measurable Result (SiMR) for infants and toddlers with disabilities as follows:

> *Infants and toddlers exiting early intervention services will demonstrate a significant increased rate of growth in positive social-emotional skills (including social relationships).*

The IDEA Part C Office is pleased to share that this final SSIP report for the multi-year plan which began in 2015 has met the target for infants and toddlers demonstrating an increased rate of growth in positive social-emotional skills. Following are sections on key work in the areas of Data Analysis, Implementation and Stakeholder engagement which contributed to Nevada's progress.

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FFY 2019 Indicator B-17/C-11 Annual Performance Report (APR) Optional Template

Section A: Data Analysis

What is the State-identified Measurable Result (SiMR). (Please limit your response to 785 characters)*.*

Has the SiMR changed since the last SSIP submission?

If "Yes", provide an explanation for the change(s), including the role of stakeholders in decision-making. (Please limit your response to 1600 characters without space)*.*

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Progress toward the SiMR

Please provide the data for the specific FFY listed below (expressed as actual number and percentages).

Baseline Data:

Has the SiMR target changed since the last SSIP submission?

FFY 2018 Target: **FFY 2019 Target**:

FFY 2018 Data: **FFY 2019 Data:**

Was the State's FFY 2019 Target Met?

Did slippage[1] occur?

If applicable, describe the reasons for slippage. (Please limit your response to 1600 characters without space).

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[1] The definition of slippage: *A worsening from the previous data AND a failure to meet the target.* The worsening also needs to meet certain thresholds to be considered slippage:
1. For a "large" percentage (10% or above), it is considered slippage if the worsening is more than 1.0 percentage point. For example:
    a. It is not slippage if the FFY 2019 data for Indicator X are 32% and the FFY 2018 data were 32.9%.
    b. It is slippage if the FFY 2019 data for Indicator X are 32% and the FFY 2018 data were 33.1%.
2. For a "small" percentage (less than 10%), it is considered slippage if the worsening is more than 0.1 percentage point. For example:
    a. It is not slippage if the FFY 2019 data for Indicator Y are 5.1% and the FFY 2018 data were 5%.
    b. It is slippage if the FFY 2019 data for Indicator Y are 5.1% and the FFY 2018 data were 4.9%.

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Optional: Has the State collected additional data *(i.e., benchmark, CQI, survey)* **that demonstrates progress toward the SiMR?**

If "Yes", describe any additional data collected by the State to assess progress toward the SiMR.
(Please limit your response to 1600 characters without space)*.

Did the State identify any data quality concerns, unrelated to COVID-19, that affected progress toward the SiMR during the reporting period?

If "Yes", describe any data quality issues specific to the SiMR data and include actions taken to address data quality concerns. (Please limit your response to 3000 characters without space).

Did the State identify any data quality concerns directly related to the COVID-19 pandemic during the reporting period?

If data for this reporting period were impacted specifically by COVID-19, the State must include in the narrative for the indicator: (1) the impact on data completeness, validity and reliability for the indicator; (2) an explanation of how COVID-19 specifically impacted the State's ability to collect the data for the indicator; and (3) any steps the State took to mitigate the impact of COVID-19 on the data collection. (Please limit your response to 3000 characters without space).

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Section B: Phase III Implementation, Analysis and Evaluation

Is the State's theory of action new or revised since the previous submission?

If "Yes", please provide a description of the changes and updates to the theory of action
(Please limit your response to 1600 characters without space).

Did the State implement any <u>new</u> (previously or newly identified) infrastructure improvement strategies during the reporting period?

If "Yes", describe each <u>new</u> (previously or newly identified) infrastructure improvement strategy and the short-term or intermediate outcomes achieved. (Please limit your response to 1600 characters without space).

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Provide a summary of each infrastructure improvement strategy that the State <u>continued</u> to implement in the reporting period, including the short-term or intermediate outcomes achieved. (Please limit your response to 3000 characters without space).

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Provide a description of how the State evaluated outcomes for each improvement strategy and how the evaluation data supports the decision to continue implementing the strategy. (Please limit your response to 3000 characters without space):

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Provide a summary of the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next reporting period. (Please limit your response to 3000 characters without space)**:**

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Did the State implement any <u>new</u> (previously or newly identified) evidence-based practices?

If "Yes", describe the selection process for the <u>new</u> (previously or newly identified) evidence-based practices. (Please limit your response to 1600 characters without space):

Provide a summary of the <u>continued</u> evidence-based practices and how the evidence-based practices are intended to impact the SiMR. (Please limit your response to 1600 characters without space):

Describe the data collected to evaluate and monitor fidelity of implementation and to assess practice change. (Please limit your response to 1600 characters without space)*:*

*Refer to SPP/APR Measurement Language for required information for Phases I-III including requirements for SiMR, baseline, targets, theory of action, and components of the implementation and evaluation plan.

Describe the components (professional development activities, policies/procedures revisions, and/or practices, etc.) implemented during the reporting period to support the knowledge and use of selected evidence-based practices. (Please limit your response to 1600 characters without space):

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Section C: Stakeholder Engagement

Describe the specific strategies implemented to engage stakeholders in key improvement efforts.
(Please limit your response to 3000 characters without space):

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Were there any concerns expressed by stakeholders during engagement activities?

If "Yes", describe how the State addressed the concerns expressed by stakeholders.
(Please limit your response to 1600 characters without space)*:*

*Refer to SPP/APR Measurement Language for required information for Phases I-III including requirements for SiMR, baseline, targets, theory of action, and components of the implementation and evaluation plan.

If applicable, describe the action(s) that the State implemented to address any FFY 2018 SPP/APR required OSEP response. (Please limit your response to 3000 characters without space):

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Appendix A. Evidence-Based Practices

NV Part C FFY 2019 State Systemic Performance Plan (SSIP)

Ongoing evidence-based practices have been referenced within pyramid materials based on:

1) Division for Early Childhood's Recommended Practices (2014, http://www.dec-sped.org/recommendedpractices) and
2) OSEP Technical Assistance Community of Practice Workgroup on Principles and Practices in Natural Environments (2008, https://ectacenter.org/~pdfs/topics/families/Finalmissionandprinciples3_11_08.pdf)

Ongoing evidence-based practices in NV Part C include:

- Building partnerships with families: Practitioner identifies and uses the caregiver's individual preferences, priorities, and needs when providing supports. (DEC F-3, F-4; EI Key Principle 4)

DEC Family F3. Practitioners are responsive to the family's concerns, priorities, and changing life circumstances.

DEC Family F4. Practitioners and the family work together to create outcomes or goals, develop individualized plans, and implement practices that address the family's priorities and concerns and the child's strengths and needs.

Key principle 4: The early intervention process from initial contacts through transition must be dynamic and individualized to reflect the child's and family members' preferences, learning styles and cultural beliefs.

- Social emotional development: Practitioner supports caregivers in promoting their child's social emotional competence by scaffolding and expanding on their child's expressions, interactions, play, communication, and autonomy. (DEC F-5, F- 6, INT1-5; EI Key Principle 3)

DEC Family F5. Practitioners support family functioning, promote family confidence and competence, and strengthen family- child relationships by acting in ways that recognize and build on family strengths and capacities.

DEC Family F6. Practitioners engage the family in opportunities that support and strengthen parenting knowledge and skills and parenting competence and confidence in ways that are flexible, individualized, and tailored to the family's preferences.

DEC Interaction INT5. Practitioners promote the child's problem-solving behavior by observing, interpreting, and scaffolding in response to the child's growing level of autonomy and self-regulation.

Key Principle 3. The primary role of a service provider in early intervention is to work with and support family members and caregivers in children's lives.

- Family Centered Coaching: Practitioner collaborates with the caregiver to identify opportunities to practice new skills during daily routines and activities in between visits. (DEC INS-13; EI key principle 3, 4 already listed above)

DEC Instruction INS13. Practitioners use coaching or consultation strategies with primary caregivers or other adults to facilitate positive adult- child interactions and instruction intentionally designed to promote child learning and development.

- Dyadic Relationships: Practitioner coaches the caregiver in responding to challenging behaviors in ways that reduce the efficacy and efficiency of the challenging behavior. (INS 7, INS 9, INS 13, INT5. EI key principle 2, 3).

DEC Instruction I7. Practitioners use explicit feedback and consequences to increase child engagement, play, and skills.

DEC Instruction I9. Practitioners use peer mediated intervention to teach skills and to promote child engagement and learning.

DEC Instruction INS13. Already listed above

DEC Interaction INT5. Practitioners promote the child's problem-solving behavior by observing, interpreting, and scaffolding in response to the child's growing level of autonomy and self-regulation.

Key principle 2. All families, with the necessary supports and resources, can enhance their children's learning and development.

- Challenging behavior: Practitioners collaborates with caregivers and other professionals to create a contextual and relevant behavior support plan. (DEC F3, F4. previously listed; EI key principle 2-4 listed, 5, 6, 7).

Principle 5. IFSP outcomes must be functional and based on children's and families' needs and family-identified priorities.

Principle 6. The family's priorities, needs and interests are addressed most appropriately by a primary provider who represents and receives team and community support.

Principle 7. Interventions with young children and family members must be based on explicit principles, validated practices, best available research, and relevant laws and regulations.

Early Interventionist Pyramid Practices Fidelity Instrument (EIPPFI)

Field Test Edition 1.0

National Center for Pyramid Model Innovations | **ChallengingBehavior.org**

Early Interventionist Pyramid Practices Fidelity Instrument (EIPPFI)
Field Test Edition 1.0

Guidance for Use

This observation tool is designed to be used during observations of practitioners during early intervention visits with caregivers to identify goals and to provide feedback. Ideally, the practitioner should be observed a minimum of two times with different caregivers to ensure practices are being used with fidelity. Not all practices will look the same with all caregivers due to caregiver preferences, beliefs, or priorities. The term caregiver refers to any individual that interacts with the child and practitioner during early intervention visits in the natural setting. This could be a parent, family member, other care providers or child care provider.

Scoring Guidelines

Each of the indicators are aligned with the relevant *Division for Early Childhood (DEC) Recommended Practices* (2014)[1] and *Principles of Early Intervention*[2]. Example practices are listed for each indicator. The examples are provided to illustrate practices for each of the indicators and should not be used to score the practitioner. The practices are expected to look different across families, caregivers, and early interventionists.

Scoring Options:

▶ **Observation (O):** Refers to items scored through observation. Ideally, two observations should be conducted with various caregivers to ensure the practitioner is using practices with all caregivers.

▶ **Interview (I):** Refers to items scored via an interview with the observer and practitioner.

▶ **Documents (D):** Refers to items scored using practitioner documentation that could be used to support use of the practice. Examples of documentation might include resources provided to caregivers, log notes, child and family goals and outcomes, family coaching agreement or information provided to the caregiver from the program.

Score a Yes (Y) or No (N) for each item under observation, interview, or documents. A Yes indicates the practitioner uses this practice across multiple families and sessions when appropriate. A No indicates the practitioner has not demonstrated use of this practice across multiple families and sessions and is working on developing competency with this practice. Coaching and feedback should be provided to support increased use of the practices scored with a No and to support maintained use of the practices scored with a Yes.

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1   Division for Early Childhood (2014). DEC recommended practices in early intervention/early childhood special education 2014. Retrieved from http://www.dec-sped.org/recommendedpractices

2   These were developed by the OSEP Technical Assistance Community of Practice Workgroup on Principles and Practices in Natural Environments (March, 2008).

Item #	Indicators by Category	DEC Recommended Practices & Principles of Early Intervention	Examples	Scoring Options O	I	D
Building Partnerships with Families						
BP1	Practitioner greets caregiver(s) and children by name during the observation.	▶ F-1 ▶ EI Key Principle 3	▶ Asks caregivers' their preferences in how they would like to be addressed. ▶ Uses a name child most frequently responds to. ▶ Uses caregivers' first or preferred names (instead of Mom, Dad, etc.). ▶ Observes and affirms cultural mores and language related to greetings and salutations.			█
BP2	Practitioner uses effective communication skills in all communication with caregivers.	▶ F-1 ▶ EI Key Principle 3	▶ Uses active listening skills. ▶ Responds to caregiver communication outside of visits in a timely manner.		█	
BP3	Practitioner uses jargon-free language during interactions with caregivers.	▶ F-2 ▶ EI Key Principle 2, 3, 4, 5	▶ Uses language the caregiver understands when sharing information. ▶ Provides clear and timely explanations of technical terms and jargon.		█	█
BP4	Practitioner identifies and uses caregivers' preferred method of communication when interacting with caregivers including who should be involved and how they want to be involved.	▶ F-1, F-2, TC-2 ▶ EI Key Principle 2, 4	▶ Observes and affirms cultural mores related to communication styles and conversations. ▶ Uses an interpreter with multilingual caregivers. ▶ Identifies preference of caregivers for communicating between visits. ▶ Collaborates with any individual the caregiver identifies as being an integral part of their child's growth and development.			
BP5	Practitioner focuses his or her support during the caregiver's ongoing routines and activities using materials found in the natural environment.	▶ E-1, F-7, INS-4, INS-5 ▶ EI Key Principle 1	▶ Supports caregiver's implementation of skills and strategies across caregiver-identified routines ▶ Uses materials that are meaningful and functional to the caregiver and child.			
BP6	Practitioner clearly communicates practitioner role and caregiver role in the coaching process.	▶ F-4, F-6, INS-13 ▶ EI Key Principle 3, 4	▶ Discusses philosophy of EI services including caregiver coaching components. ▶ Describes how EI visits might look and asks caregivers how they want visits to look. ▶ Allows for changes in roles as caregiver-practitioner relationship develops or as session needs are determined.			

Item #	Indicators by Category	DEC Recommended Practices & Principles of Early Intervention	Examples	Scoring Options		
				O	I	D
BP7	Practitioner assists the caregiver in identifying community resources and supports based on the family's priorities and concerns.	▶ F-7 ▶ EI Key Principle 2, 4	▶ Examines websites with caregivers related to the caregiver's priorities or concerns. ▶ Collaborates with caregivers and other team members to identify relevant community resources. ▶ Provides caregivers with brochures, flyers, or handouts related to relevant community resources.			
BP8	Practitioner identifies and is responsive to the caregiver's culture when identifying goals and strategies.	▶ F-4 ▶ EI Key Principle 2, 4, 5	▶ Observes and asks the caregiver about cultural beliefs, family activities, routines, and caregiving activities. ▶ Engages in interactions with the caregiver to affirm the caregiver's individual beliefs and preferences.			▓
BP9	Practitioner identifies and uses the caregiver's individual preferences, priorities, and needs when providing supports.	▶ F-3, F-4 ▶ EI Key Principle 4	▶ Uses the caregiver's preferred language ▶ Asks caregiver to share information or ideas on which strategies to implement. ▶ Identifies and uses the caregiver's preferences for routines. ▶ Starts each visit by asking the caregiver what they would like to address during the visit.			
BP10	Practitioner identifies and addresses implicit bias in their practice.	▶ EI Key Principle 4	▶ Discusses biases and how they might impact their work with families with a colleague or peer.	▓		
Social Emotional Development						
SE1	Practitioner collaborates with caregivers to understand and identify their child's strengths and social-emotional goals or outcomes.	▶ F-2, F-4, INS1-2, TC-2 ▶ EI Key Principle 3, 4, 5	▶ Observes or asks caregivers questions about how their child self-soothes in moments of distress. ▶ Engages caregivers in reflective discussions regarding their child's strengths related to healthy social emotional development. ▶ Collaborates with caregivers to write specific, measurable outcomes using jargon-free language.			
SE2	Practitioner collaborates with the caregiver to learn about their perspectives related to caregiving and social emotional development.	▶ F-3, INS-13, TC-2 ▶ EI Key Principle 2, 3, 4	▶ Observes and asks caregiver about their dyadic interaction styles/preferences. ▶ Observes and asks questions to identify caregivers' beliefs and priorities related to their child's social emotional development.			▓

Item #	Indicators by Category	DEC Recommended Practices & Principles of Early Intervention	Examples	Scoring Options		
				O	I	D
SE3	Practitioner engages caregivers in reflecting on their competence and confidence in supporting their child's social emotional development.	▶ F-5, F6, INS-13, TC-2 ▶ EI Key Principle 3	▶ Observes and asks questions to identify caregiver's confidence in implementing skills during caregiver-child interactions that promote social emotional development through daily routines and play. ▶ Comments on observed caregiver behavior/skills that result in positive child social emotional outcomes.			
SE4	Practitioner supports caregivers in promoting their child's social emotional competence by scaffolding and expanding on their child's expressions, interactions, play, communication, and autonomy.	▶ F-5, F-6, INT1-5 ▶ EI Key Principle 3	▶ Observes and provides specific feedback or strategies to support caregivers' use of responsive strategies to expand upon their child's emotional/communicative initiations or responses during dyadic interactions with their child. ▶ Observes and brings attention to child responses or initiations (e.g. facial expressions, eye contact, gestures) to caregiver behaviors during caregiver-child interactions.			▓
SE5	Provides the caregiver with developmental information regarding their child's social emotional competence.	▶ A-8, A-11, F-2, F-7, INS-3 ▶ EI Key Principle 2, 3, 7	▶ Communicates information regarding child's strengths and challenges in the development of their social and emotional skills through conversation, sharing assessment results, demonstrations, video or printed resources.			
Family-Centered Coaching						
FCP1	The practitioner uses an interpreter and provides resources/documents in families' native language.	▶ F-1, F-8, F-9 ▶ EI Key Principle 4	▶ Provides information to families' in their native language.			
FCP2	Practitioner comments on caregiver strengths or positive interactions with their children.	▶ F-5 ▶ EI Key Principle 3	▶ Makes several specific and positive comments regarding caregiver-child interactions.		▓	
FCP3	Practitioner engages the caregiver in collaborative problem-solving regarding caregiver child interactions and their child's social emotional competence.	▶ TC-2 ▶ EI Key Principle 2, 3, 4	▶ Asks reflective questions in response to caregiver comments, questions, or concerns. ▶ Actively listens to family's suggestions and offers additional suggestions when appropriate.			▓

Item #	Indicators by Category	DEC Recommended Practices & Principles of Early Intervention	Examples	Scoring Options		
				O	I	D
FCP4	Practitioner provides multiple forms of specific, performance-based feedback based on observations.	▶ INS-7 ▶ EI Key Principle 3, 4	▶ Reflects with the caregiver regarding specific routines or interactions. ▶ Provides both supportive and constructive feedback during or after observing caregiver-child interactions. ▶ Uses video feedback with caregivers as a reflection tool.			
FCP5	Practitioner uses modeling (live, video, reflection about models) to facilitate caregiver's support of their child's social emotional competence.	▶ INS-6, INS-13 ▶ EI Key Principle 3, 4	▶ Asks caregiver preferences in reference to their comfort with modeling or modeling strategies that align to the caregiver's preferred learning style.			
FCP6	Practitioner collaborates with the caregiver to identify opportunities to practice new skills during daily routines and activities in between visits.	▶ INS-13 ▶ EI Key Principle 3, 4	▶ Supports caregiver in identifying specific routines the caregiver and child already do to practice skills throughout the day.			
FCP7	Practitioner monitors the outcomes of family coaching using data on child and caregiver progress and makes adaptations to coaching as needed.	▶ INS-3 ▶ EI Key Principle 4	▶ Establishes a system to monitor effectiveness of coaching strategies, and caregiver and child outcomes. ▶ Uses data to inform the use of specific coaching practices with caregivers.			
Dyadic Relationships						
DR1	Practitioner primarily interacts with the caregiver to support the child and the caregiver/child relationship during visits.	▶ F-5, TC-2 ▶ EI Key Principle 1, 2, 3	▶ Supports caregiver in implementing responsive strategies while engaging with their child throughout the visit. ▶ Provides supportive feedback while caregiver practices a new strategy.			
DR2	Practitioner observes and comments on both caregiver and child behaviors during observation of routines, activities or interactions to support caregiver's competence and confidence in supporting their child's social emotional development.	▶ INS-13 ▶ EI Key Principle 3	▶ Provides specific and supportive feedback to caregiver while observing interactions with their child. ▶ Observes and comments on child initiations, responses, expressions or cues to focus caregiver's attention during caregiver-child interactions. ▶ Notices and comments on something the caregiver is already doing well to support the child's social emotional competence.			

Item #	Indicators by Category	DEC Recommended Practices & Principles of Early Intervention	Examples	Scoring Options		
				O	I	D
DR3	Collaborates with caregiver to identify their predictable activities and routines.	▶ E-3, INS-4, INS-5 ▶ EI Key Principle 1, 2, 3	▶ Observes and asks caregivers about their routines. ▶ Affirms predictable routines the caregiver is already implementing.			
DR4	Practitioner supports the caregiver's competence and confidence in supporting their child's functional communication during daily routines and activities.	▶ INT-3, INS-11, INS-13 ▶ EI Key Principle 1, 2, 3	▶ Focuses caregiver's attention to child's communicative attempts. ▶ Provides opportunities for the caregiver to practice strategies that support their child's communication during the family routines. ▶ Affirms caregiver competence and confidence in what they are already doing well to support their child's communication attempts.			
DR5	Practitioner guides the caregiver in how to support their child's participation during daily routines and activities.	▶ F-6, INS-6, INS-13 ▶ EI Key Principle 1, 2, 3	▶ Asks caregivers how they want their child to participate in a routine. ▶ Provides caregivers opportunities to practice skills to support their child's participation in a routine or activity with specific feedback.			
DR6	Practitioner guides the caregiver in how to support their child's participation in social interactions with caregivers and children.	▶ INS-6, INS-13, INT-2 ▶ EI Key Principle 1, 2, 3	▶ Provides specific feedback while the caregiver supports their child's interaction with a sibling or peer. ▶ Provides specific feedback while a caregiver engages in a social sensory or turn-taking game with their child such as peek-a-boo or singing songs.			
DR7	Practitioner uses a variety of strategies to guide caregiver to follow the child's lead by giving meaning to, joining in, or expanding on child's focus, actions, and intent.	▶ F-5, F-6, INS-13, INT-3, INT-4 ▶ EI Key Principle 1, 2, 3	▶ Affirms caregiver competence and confidence during caregiver-child interactions. ▶ Supports the caregiver in imitating child's play and commenting on child's play.			
DR8	Practitioner uses a variety of strategies to guide caregiver to elaborate or expand on child communication.	▶ F-5, F-6, INS-13, INT-3 ▶ EI Key Principle 1, 2, 3	▶ Focuses caregiver's attention to child's communicative intentions ▶ Models or suggests ways for the caregiver to support the child's communication attempts during caregiver-child interactions. ▶ Provides supportive and specific feedback to caregivers when attempting new strategies to expand on child's communication			

Item #	Indicators by Category	DEC Recommended Practices & Principles of Early Intervention	Examples	Scoring Options		
				O	I	D
DR9	Practitioner uses a variety of strategies to guide caregiver to demonstrate emotional warmth and availability during caregiver-child interactions.	▶ INT-1, INT2, INT-5, INS-13 ▶ EI Key Principle 1, 2, 3	▶ Shares information regarding the impact of responsive strategies on the attachment relationship. ▶ Models and supports caregiver in the implementation of responsive strategies with their child. ▶ Engages in collaborative conversation with caregiver about ways he or she currently shows emotional warmth or availability to their child or strategies the caregiver would like to implement.			
DR10	Practitioner coaches the caregiver to provide positive attention to their child during interactions.	▶ INS-7, INS-13 ▶ EI Key Principle 1,2,3	▶ Engages in a discussion with the caregiver about how the caregiver shows or would want to show the child positive attention. ▶ Affirms the ways the caregiver is already showing their child positive attention during interactions ▶ Focuses caregiver's attention by commenting on the child's responses (communicative, facial, motor) during or after caregiver has provided positive attention.			
DR11	Practitioner supports the caregiver in observing, interpreting, and responding contingently and positively to the child's emotions, communication, and cues.	▶ INS-7, INS-13, INT-1, INT-3 ▶ EI Key Principle 2, 3	▶ Asks guiding questions to help caregiver identify possible meaning behind child's emotional responses, communication or cues. ▶ Reflects with the caregiver regarding the child's feelings during difficult routines or interactions. ▶ Engages in collaborative conversations with the caregiver to help identify possible responses to child's emotional responses, communication or cues. ▶ Affirms caregiver's strengths when responding contingently and positively to child's emotions, communication or cues.			
DR12	Practitioner coaches the caregiver in responding to challenging behaviors in ways that reduce the efficacy and efficiency of the challenging behavior.	▶ INS-7, INS-9, INS-13, INT-5 ▶ EI Key Principle 2, 3	▶ Collaborates with caregiver identify the meaning of the child's behavior, and how to navigate responding with ignoring or redirection and then providing positive attention when the child is no longer engaged in the challenging behavior.			
Supporting Families with Children with Severe, Persistent Challenging Behavior						
CB1	Practitioner collaborates with the caregiver to identify and define the challenging behavior.	▶ TC-2 ▶ EI Key Principle 3	▶ Asks questions to help the family describe the behavior and write the behavior down using specific language from the caregiver's perspective.			

Item #	Indicators by Category	DEC Recommended Practices & Principles of Early Intervention	Examples	Scoring Options		
				O	I	D
CB2	Practitioner helps caregivers identify times when the challenging behavior is most and least likely to occur.	▶ TC-2 ▶ EI Key Principle 3	▶ Asks the caregiver questions related to what routines, activities, environments or with what people the behavior is most likely to occur.			
CB3	Practitioner collaborates with caregivers and other relevant professionals to conduct a functional behavior assessment.	▶ A-6, TC-1, TC-2 ▶ EI Key Principle 6, 7	▶ Works with caregiver, a behavior support specialist and other members of the team to collect data to begin the process of creating a behavior support plan.			
CB4	Practitioner collaborates with caregivers and other professionals to create a contextually relevant behavior support plan.	▶ F-3, F-4 ▶ EI Key Principle 2, 3, 4, 5, 6, 7	▶ Collaborates with caregiver to identify family priorities and preferences when creating the behavior support plan. ▶ Practitioner works with the caregiver to identify strategies that are feasible given the family's skills and daily routines.			
CB5	Practitioner supports caregiver's implementation of the behavior support plan.	▶ F-3, F-4 ▶ EI Key Principle 2, 3, 4, 5	▶ Observes the caregiver implementing the plan and provides feedback to support the caregiver's competence and confidence in the implementation of the plan. ▶ Engages in problem solving discussions with caregiver related to implementation.			
CB6	Practitioner supports caregiver documentation of child progress (regarding challenging behavior and new skills) and of their implementation of the plan.	▶ F-3, F-4 ▶ EI Key Principle 2, 3, 7	▶ Works with the caregiver to identify the easiest way to document challenging behavior and new skills.			
CB7	Practitioner collaborates with caregivers to review data and make revisions to the behavior support plan as needed.	▶ F-4, INS-3, TC-2 ▶ EI Key Principle 2, 3, 7	▶ Follows up with caregiver by reviewing the data collected. ▶ Asks questions to help caregiver evaluate data and make changes to the plan as needed.			
Social Emotional Assessment						
A1	Practitioner identifies valid and reliable social emotional assessments.	▶ A-3 ▶ EI Key Principle 7	▶ Uses social emotional assessments with families during visits at a minimum of two times per year.	▓		

Item #	Indicators by Category	DEC Recommended Practices & Principles of Early Intervention	Examples	Scoring Options O	I	D
A2	Practitioner collaborates with caregivers and professionals to administer social emotional screening as needed for children at-risk for social delays.	▶ A-1, A-2, A-5, A-6, TC-1, TC-2 ▶ EI Key Principle 4, 6	▶ Provides assessment materials in the caregiver's preferred language. ▶ Engages with caregivers and other team members to complete the screening.			
A3	Practitioner describes the purpose of screening tools to caregivers.	▶ A-1, F-9 ▶ EI Key Principle 4	▶ Informs the caregiver of the purpose of the assessment, what it will inform, and their right not to participate in the assessment if they so choose. ▶ Provides time to address any questions or concerns the caregiver has about the screening process.			
A4	Practitioner uses the results from social emotional screening to take appropriate follow-up actions (e.g., referrals to community resources, monitoring).	▶ A-8 ▶ EI Key Principle 6	▶ Connects caregiver to community resources, additional early intervention or community services based on assessment results and caregiver preferences, priorities and needs.			
A5	Practitioner collaborates with caregivers and professionals to administer curriculum-based assessment to create social emotional goals.	▶ A-1, A-2, A-4, F-4, TC-1, TC-2 ▶ EI Key Principle 3, 6	▶ Identifies caregiver preferences for the assessment process (e.g. time of day, location). ▶ Engages with caregivers and other team members to complete the assessment.			
A6	Practitioner discusses assessment results (e.g., screening, curriculum-based) with caregivers using family-centered language (e.g., avoiding using terms such as pass/fail, giving specific examples).	▶ A-11 ▶ EI Key Principle 3, 4	▶ Uses language the caregiver can understand when sharing results of the assessment.			
A7	Practitioner collaborates with caregivers to use results from a curriculum-based assessment to identify social emotional goals for children and their caregivers.	▶ A-8, TC-2 ▶ EI Key Principle 3, 5	▶ Collaborates with the caregiver to create social emotional goals based on the caregiver's preferences, priorities, and needs. ▶ Writes goals using language the caregiver can understand.			

Scoring Summary

Items scored with a Yes = 1 point
Items scored with a No = 0 points

Practices	Number of Practices/Total	% of Indicators (x100)
Building Partnerships with Families	___ /10	
Social Emotional Development	___/5	
Family-Centered Coaching	___/7	
Dyadic Relationships	___/12	
Children with Challenging Behavior	___/7	
Social Emotional Assessment	___/7	
Total (use if all categories are scored)	___/48	