

Decision Tree for Child Outcomes Summary Process

Based on Information from Multiple Sources

Does the child ever function in ways that would be considered age expected with regard to this outcome?

NOTE: Performance of an age expected skill that emerges at a younger age is not sufficient by itself to answer yes to this question.

NO Consider statements 1-3

YES Consider statements 4-7

Is the child using immediate foundational skills upon which to build age expected functioning?

Is the child showing age expected functional skills in all aspects of this outcome and across all settings and situations?

NO

YES

NO

YES

To what extent is the child using immediate foundational skills across settings and situations?

To what extent is the child using age expected skills across settings and situations?

Are there any concerns about the child's function with regard to this outcome area?

Occasional use of immediate foundational

Most or all of the time

Occasional use of age expected

A mix with more skills that are age expected

YES

NO

1. This child has functioning that might be described as that of a much younger child. This means that this child is showing skills that are not yet immediate foundational.

2. This child is showing some emerging or immediate foundational skills upon which to build. The child shows occasional use of immediate foundational skills.

3. This child uses many important and immediate foundational skills most or all of the time across settings and situations, however, they are not yet using skills expected of their age.

4. This child shows occasional use of some age expected skills, but more skills are not yet age expected. The child uses more skills like that of a younger child in this area.

5. This child shows many age expected skills, but also has some functioning that might be described like that of a slightly younger child.

6. This child has the skills we would expect for a child their age, however, there are concerns that they may be on the border of not keeping up with same-age peers. There are still some concerns around missing skills or the quality of those skills.

7. This child has all the skills that we would expect of a child their age. There are no concerns in this outcome area.

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RI Early Intervention Child Outcomes Summary Process

The Child Outcomes process is one way that Rhode Island and other states, measure the effectiveness of Early Intervention services. We gather information about your child's skills and behaviors in all three outcome areas when your child begins Early Intervention, and again when your child exits. After the information is gathered, we will work with you to summarize it with a statement—similar to those shown in the bottom row of the Decision Tree.

Collecting information this way helps us focus on how your child functions during their everyday activities and routines. Research shows that observing infants and toddlers in the context of their natural settings provides a more accurate picture of their development.

The Three Child Outcome Areas Are:



Children have positive social emotional skills, including social relationships.

This outcome measures how children:

- form secure relationships with adults and other children
- express their emotions and feelings
- learn rules and expectations
- interact socially



Children will acquire and use knowledge and skills.

This outcome measures how children:

- show an interest in learning
- problems solve, think and reason to better understand their physical and social world
- use basic language and communication to get their needs met
- explore, imitate, play with toys, and remember familiar routines



Children will take action to meet their needs.

This outcome measures how children:

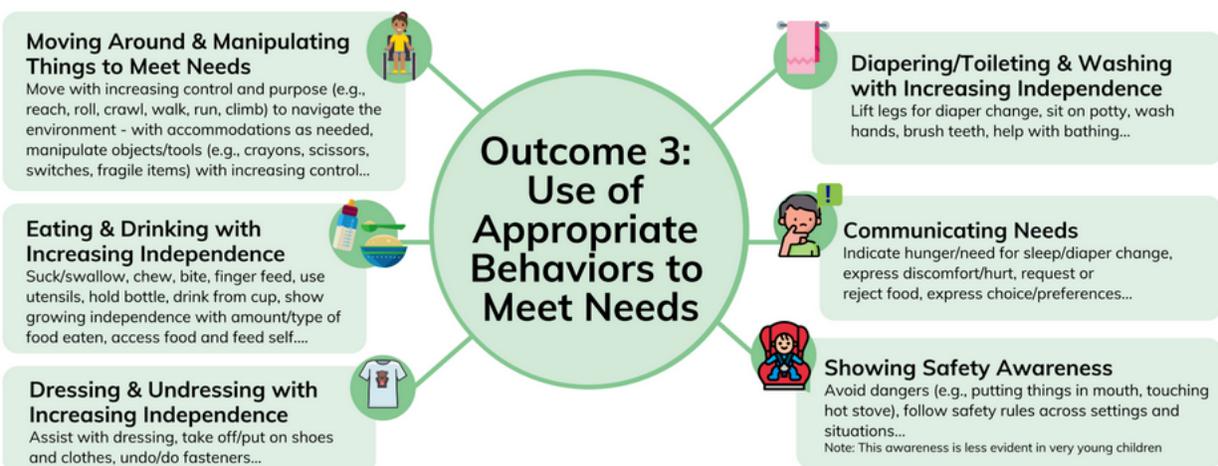
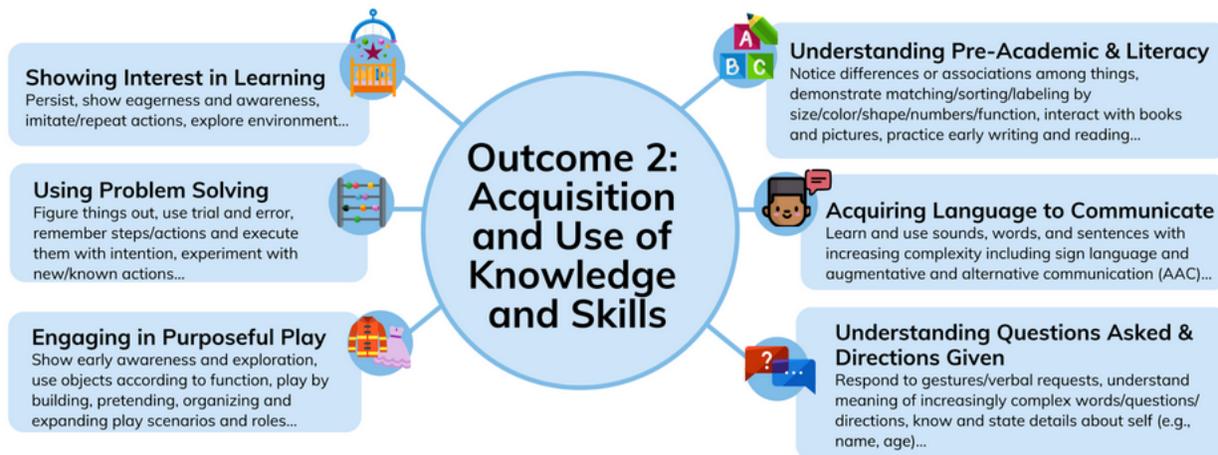
- gradually become more independent by learning how to move from place to place, feed themselves, and take care of basic needs like dressing and grooming
- communicate their wants and needs
- show their awareness of danger and follow rules related to safety

You and your child's Early Intervention team will work together to develop a picture of your child in each of the Child Outcome areas. As an equal partner on your child's team, you provide important information about your child's skills and development.

Talk with your child's team, and download the Learn The Signs. Act Early app using the QR code to the right, to learn more about the developmental milestones for your child.



What Skills Are Associated with Each Outcome?



Child Outcomes Summary (COS) Process Quick Reference Guide



Ultimate Goals for Early Intervention and Early Childhood Special Education

- To enable young children to be active and successful participants during the early childhood years and in the future in a variety of settings: in their homes with their families, in childcare, in preschool or school programs, and in the community.
- To enable families to provide care for their child and have the resources they need to participate in their own desired family and community activities.

Outcomes

- An “outcome” is defined as a benefit experienced as a result of services and supports received. An outcome is neither the receipt of services nor satisfaction with services, but rather what happens as a result of services provided to children and families.
- It is understood that a service system cannot guarantee the achievement of any outcome since services are only one factor that influences outcomes. Nevertheless, early intervention and early childhood special education should strive to achieve the outcomes for all of the families and children involved in the program.

Child Outcomes

What are the Requirements?

States are required to report on the percentage of infants and toddlers with Individualized Family Service Plans (IFSPs) or preschool children with Individualized Education Programs (IEPs) who demonstrate improved:

1. Positive social-emotional skills (including social relationships),
2. Acquisition and use of knowledge and skills (including early language/communication [and early literacy*]), and
3. Use of appropriate behaviors to meet needs.

These are sometimes referred to as the three global early childhood outcomes.

What are Characteristics of Child Outcomes?

- **Integrated across domains:** Child outcomes include skills from multiple developmental domains, drawing on functioning that bring together skills across domains in complex and interconnected ways.
- **Functional:** Functional skills are those skills a young child uses to complete tasks and participate in meaningful activities in everyday life. When skills are functional, the team can easily identify the child’s intent and purpose when using a skill. Functionality is not inherent to a skill itself, but it can be found in a child’s meaningful use of that skill. Skills that are *not* functional are often referred to as discrete skills. Many assessment tools measure discrete skills.
- **Global, not individualized:** Child outcomes are global benefits expected for all children participating in the program as a result of their experiences with the services; they are not individualized like IFSP/IEP outcomes or goals.
- **Interdependent with family outcomes:** Positive outcomes experienced by the family promote child outcomes, and outcomes achieved by the child benefit the family.

Why Child Outcomes?

- Achieving each of the three child outcomes is key to supporting the ultimate goal of active and successful participation noted above.
- For many, but certainly not all, young children with disabilities, receipt of high-quality services will allow them to move closer to age-expected functioning than they would have been able to without those services.
- Documenting children’s movement toward age-expected functioning is one type of evidence that can be used to make a case for the effectiveness of early intervention and early childhood special education at national, state, and local levels.

* early literacy only applies for children ages 3-5 years.

The COS Process

- The COS process is a team decision-making process involving practitioners and family members who know the child.
- The COS process provides a consistent way for teams to rate a child's functioning relative to age-expected behavior at a specific point in time.
- The team discusses information about a child's functioning in three outcome areas, resulting in a rating on a 7-point scale for each of the three outcomes.
- The team synthesizes all the information they have gathered about a child. This includes what they have learned from assessment tools as well as from other sources. The COS form itself is **not** an assessment tool.
- It is especially important for the team to discuss with the family their cultural expectations and how culture shapes the opportunities and ways in which a child demonstrates functional skills. This discussion helps the whole team consider how similar or different the child's functioning is from what same-aged peers within the culture often do.
- Training and use of the decision tree and rating definitions are key for the process to produce consistent ratings.
- As a group, team members involved in the COS process have five essential types of knowledge:
 - Understand the content and breadth of the three child outcomes
 - Understand age-expected child development
 - Know the child's functioning across settings and situations
 - Understand age expectations for child functioning within the child and family's culture, and
 - Understand how to use the 7-point scale.

COS Ratings

- **Are a snapshot** of the child's overall functioning at one given point in time, informed by the full team of people who know the child best across settings and situations where the child spends his/her time.
- **Require information about the child's everyday functioning** across a variety of settings and from multiple sources. COS ratings represent global functioning and are not based on discrete skills only observed by the team only occasionally in isolated situations.
- **Synthesize information when functioning differs across contexts.** A child's functioning often varies across contexts, exhibiting different ways of interacting with different people and in places where different supports and expectations exist. COS ratings should reflect the mix of functioning observed.
- **Are based on functioning with the use of assistive technology.** COS ratings consider a child's functioning with whatever assistive technology supports may routinely be available (or not) in the settings where the child spends time.
- **Reflect functioning relative to same-aged peers.** COS ratings indicate the child's functioning relative to that of same-aged peers without disabilities. The use of entry and exit ratings together shows the child's growth trajectory and skills acquired over time relative to same-aged peers.
- **Consider culture.** When assessing a child's functioning, consider the family's culture. Consider how cultural practices influence opportunities for the child's functional use of skills in the outcome area and age expectations for onset of skills for children within the culture.
- **Are based on chronological age.** Teams do **not** correct for prematurity when considering ratings.
- **Are completed near entry and again near exit from the Early Intervention or Early Childhood Special Education program.** Children receiving program services in the state for less than 6 months may not need COS rating(s). Check state guidance.
- **Include a yes/no question about progress at program exit.** If the child makes any progress, even developing one new functional skill between entry and exit, the progress question will be marked "yes."
- **Are not intended for eligibility determination.** The outcomes reflect one measure of a child's functioning in everyday situations. For a variety of reasons, outcomes are not expected to mirror eligibility determination. Some children who are eligible for IDEA-funded services may demonstrate age-expected functioning across all or almost all settings and situations. That is, some children eligible for early intervention or early childhood special education have ratings of six or seven in one, two, or even all three of the outcome areas at entry. Children who may have sevens on all three outcomes at entry include those with sensory impairments who function at age-expected levels when assistive technology is in place and children with diagnosed conditions who display age-expected functioning for a period of time but for whom delays are likely to emerge later in development. Early intervention or early childhood special education for these children is trying to prevent delays in development from occurring.

Age Anchoring

- Age anchoring is the process of examining a child’s functional abilities, skills, and behaviors to determine how close that functioning is to the functioning expected for the child’s chronological age.
- It is important to focus on functional abilities rather than isolated (or discrete) skills that a child may have demonstrated only during assessment.
- Functional skills refer to abilities that are meaningful to the child in the context of naturally occurring routines and that the child integrates to achieve everyday goals.
- Children acquire functional skills in predictable developmental progressions. Think of it like a staircase:



- **Age-Expected (AE) skills** are skills and behaviors expected for the child’s chronological age.
- **Immediate Foundational (IF) skills** are the skills that occur developmentally just before age-expected functioning in the sequence of development.
- **Foundational (F)** are the skills that develop much earlier or are farther from age-expected on the developmental progression; they develop two or more steps before age-expected skills in the sequence of development.
- **The mix of AE, IF, and F determines COS ratings.** The 1-7 COS ratings have criteria representing the mix of AE, IF, and F skills that the team observes the child using in the course of everyday functioning.
- **The thought process for assigning AE, IF, and F to skills.** Teams discuss functional skills the child uses across settings and situations and then considers if these skills match what is expected for the child’s chronological age. If they do, then those are Age-Expected (AE) skills. If not, then the team considers if the child is using skills that come just before what is age-expected in the developmental sequence. If they are, then these are Immediate Foundational (IF) skills. If not, then the team considers if the child is using skills that come in much earlier in the developmental progression (at least two steps earlier than age-expected functioning). The skills that emerge two or more steps before age-expected are called Foundational (F) skills.
- **Age-anchoring resources.** It is recommended that teams reference resources that provide the actual ages at which most children exhibit a specific behavior or type of functioning and include that information in the discussion. Note that assessments showing age ranges for basal and ceilings on items do **not** directly relate to the age at which a skill should be anchored.

The Decision Tree

- **The Decision Tree** helps teams consider questions about the extent of AE, IF, and F skills across the full breadth of the outcome to determine a rating. The national version of the decision tree is found later in this resource. Note that some states may have produced a version with slight variations from the one shown such as by using culminating statements rather than numbers at the bottom of the tree.
- The first question asks if the child “ever” functions in ways that are age expected with regard to this outcome. In this instance, “ever” means that the child has an AE skill in his/her repertoire and uses it in a meaningful way with some consistency (that is, at least occasionally), even if it is not observed in every setting or situation. “Ever” does **not** mean that the child has performed an AE skill one single time or at any one point in their lives.

Thinking about skills that emerge early and continue to be used at older ages

- Some functional skills emerge early and may become more polished over time but are not replaced by a new skill. Examples are making eye contact, walking, and eating with a spoon.
- For these types of skills, the team should focus on how the child uses these skills in a functional way and incorporates them into the more complex routines and activities expected for his or her age.
- When teams consider if the child has any age-expected functioning, the presence of a skill that emerges early and persists is **not** a strong enough example to, by itself, justify that the child has some age-expected functioning. Seeing a 3-year-old walk around at childcare is **not** enough to count if it is the only evidence that the child is showing some age-expected functioning.

Answering the “Ever” Question on the Decision Tree: Key Points and Practice Scenarios

Participant Materials

Updated October 10, 2023

This resource, created by the [Child Outcomes Summary \(COS\) Learning Community](#), provides key points and practice scenarios for team decision-making when answering the first question on the [Decision Tree for Summary Rating Discussions](#) during the COS process.

The practice scenarios can be used by individuals in a self-directed format or to support team building and shared understanding. Facilitators and participants should be familiar with the essentials of the COS process as outlined in the [COS Process Module](#).

Additional resources that provide foundational information include:

- [Age Anchoring Guidance for Determining Child Outcomes Summary \(COS\) Ratings: Guidance for EI/ECSE Practitioners and Trainers](#), which explains the concept of *age anchoring*, including what is meant by foundational (F), immediate foundational (IF), and age-expected (AE) skills;
- [COS-Practice Scenarios \(COS-PS\)](#), which allow you to practice determining outcomes ratings using the Decision Tree; and
- [Resources for More Information about the Child Outcomes Summary \(COS\) Process](#).

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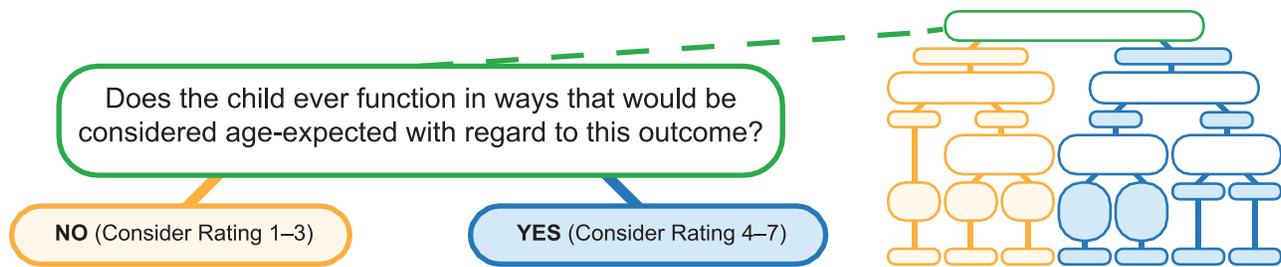
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Office of Special Education Programs
U.S. Department of Education

Key Points

The “Ever” Question on the Decision Tree



This yes-or-no question is anything but simple, and teams must discuss specific examples of the child’s functioning within the outcome area being rated. By sharing examples, teams better understand the child’s functioning and reach consensus.

“**Ever**” means that the child has an age-expected (AE) skill in their repertoire and uses it in a meaningful way with some consistency—at least occasionally—even if it is not observed in every setting or situation. A Yes answer does not mean that everything the child does in an outcome area is AE.

“**Ever**” does not mean that the child has performed an AE skill at one single time or at any one point in their lives.

Gather Input and Discuss Examples

Rely on the team—with family input—to answer the “ever” question in each outcome area.

Discuss examples of the child’s functioning from different sources and team members. Determine if the examples are descriptive enough to convey the child’s functioning within the outcome area being rated:

- Across the breadth of this outcome area.
- Across different settings and situations.

Age Anchoring Discussions

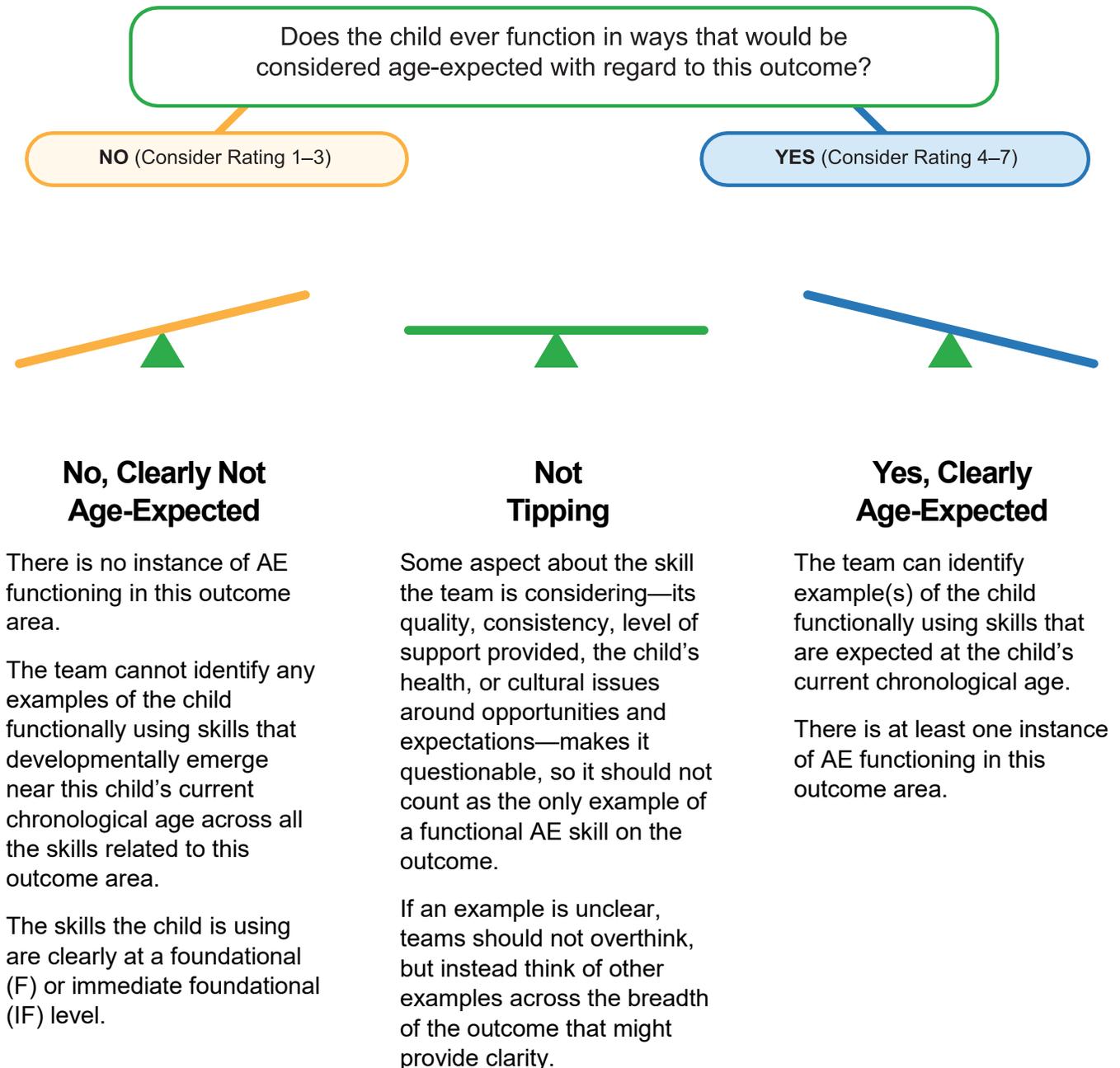
Practice quality age anchoring to reference how close or far a child’s functioning is to age expectations by:

- Discussing what the child is doing and what is AE for that skill. This includes if the child is doing those things and what degree of support is needed. Referencing functional skills expected for the child’s chronological age, as opposed to those skills that come in earlier and remain throughout development for example, maintaining eye contact.
- Avoiding dwelling on discrete or isolated demonstrations of a skill as opposed to considering other examples.
- Ensuring evaluation results or any diagnosis does not over-influence the team’s consideration of all skills in one of the Three Child Outcomes.

Demonstrating a skill during an evaluation does not mean it is not functional or “doesn’t count,” especially if the child has not had sufficient opportunity to demonstrate the skill in everyday settings or has achieved functional use of the skill at an AE level.

Tipping

Tipping is a metaphor for having sufficient information to determine if a child's functioning is AE or not. On the [Decision Tree for Summary Rating Discussions](#), sufficient information tips toward the **No** side of the tree if there are no examples of AE functioning and toward the **Yes** side if there are examples of AE functioning. When the information provided lacks a clear result teams may reasonably conclude that the information is **Not Tipping** toward either side.



Special Considerations When Using the COS 7-Point Scale: Questions and Answers

Updated January 30, 2026

Here are some situations that might raise questions about how best to apply [Child Outcomes Summary \(COS\) rating criteria](#), along with some guidance for how to approach them.

Which Outcomes to Rate

Do children need ratings in all three outcome areas?

Yes. Ratings are always provided on all three outcome areas. This is true even if no one has any concerns about a child's development in an outcome area or if a child is showing delays in only one or two of the outcome areas. Ratings on all three outcomes are needed to provide a complete picture of the child's functioning.

Adjusting for Prematurity

Should we adjust a child's age for prematurity when using the COS process?

No. Do not adjust a child's age for prematurity when using the COS process. It is common practice in early intervention to assess children born prematurely using their adjusted ages; however, chronological age, not adjusted age, is used for Child Outcomes Summary ratings. One of the reasons we collect data on child outcomes is to examine the effectiveness of early intervention and early childhood special education programs. Using the child's chronological age provides a truer picture of the effect of services on the child's development. Documenting data relative to chronological age allows programs to show how children born prematurely catch up, demonstrating an important impact of early intervention services.

Children Receiving Services for Articulation Only

Should children who have only communication delays, especially articulation delays, be rated automatically as typically developing on Outcomes 1 and 3?

No. The team needs to consider how the child's communication, including articulation, is affecting the child's functioning in all three outcome areas. When thinking about how a child with articulation delays would be rated on all three outcomes, the team members should focus their discussion on how articulation or other aspects of the child's communication are affecting the child's functioning across settings in each of the outcome areas.

For example, when considering Outcome 1, the team should focus on how well the child is understood during social interactions and how well the child communicates with other children. When considering Outcome 3, the team should ask questions about the impact of articulation delays on the child's ability to make his or her wants and needs known or to convey critical safety needs to different people or in different situations. So, even if a child presents with only articulation concerns, development needs to be assessed and documented on all three outcome areas.

Children with Atypical Functioning

How should teams consider atypical behaviors in rating the child's functioning?

Children sometimes display behaviors that do not represent delays in the usual progression of skills. Rather, they exhibit a pattern of consistently reoccurring behaviors that are atypical. These kinds of atypical behaviors are markedly different from what is observed in the child's peers and uncommon in that group. Examples include self-stimulating behaviors, perseveration on specific activities, strict adherence to daily rituals, and echolalia. The team must consider the extent to which atypical behaviors influence the child's level of functioning in each outcome area across settings and situations. For example, if the child spends a lot of time engaged in self-stimulating behaviors, then she is not able to interact as much with people around her. If the child displays self-stimulating behaviors in response to others' actions instead of reciprocating and extending interactions with those people around her, then the self-stimulation has a functional impact on her relationships with others. The team must consider the extent of this impact on age-expected functioning across settings and situations. Sometimes, teams focus on the atypical behaviors but overlook what the child is doing in an age-expected way.

For example, a child may be overly focused on cars, have several rituals related to toy cars, and perseverate on making car sounds. All of these may be interfering with the child's interactions with children and with the child's availability to engage in learning about new things. On the other hand, the child may also have strengths in an outcome area. For example, he may interact with books appropriately, be age-appropriate with regard to doing puzzles, and be able to provide good descriptions of past events. When deciding a rating in an outcome area, the team needs to examine the entire repertoire of the child's skills and determine which are and are not age-expected.

Assistive Technology Devices

What is the role of assistive technology devices when considering a rating?

Ratings should reflect the child's functioning using whatever assistive technology devices are used in his or her everyday routines and activities. For example, teams discussing a child who wears glasses or hearing aids or who uses a walker or wheelchair should consider the child's functioning with the use of these items. In some cases, a child may have more access to assistive technology in particular settings than others. If so, then that variability in the child's use of the technology will probably mean he or she shows a mix of functioning across settings and situations. COS ratings describe how a child is functioning in everyday settings and situations, not what the child's optimal functioning could be. As programs help children and families access and use assistive technology across settings, the child's functioning may improve and COS ratings will be able to detect these changes.

All 7s at Entry

Can teams appropriately rate a child's functioning as a 7 across all three outcome areas at program entry?

Yes. We do see that some children in early intervention or early childhood special education will have ratings of 7 in all three outcome areas. People may ask, "Why would a child with all 7s be receiving early intervention or early childhood special education services?" The team needs to remember that eligibility determination is independent of the child outcomes summary rating. A rating is based on the child's everyday functioning in the outcome area across setting and situations. There are a number of examples of children who may have 7's on all three outcomes at entry, such as:

- A child who has sensory impairments but functions at age-expected levels when assistive technology is in place.
- A child with a diagnosed condition who displays age-expected functioning for a period of time but for whom delays are likely to emerge later in development.

Early intervention or early childhood special education for these children is trying to prevent delays in development from occurring.

Understanding the Family's Context

Should the family's context and expectations be taken into consideration when determining COS ratings?

Yes, families provide children with opportunities and experiences to try skills based on their surrounding environment, culture, and expectations for age-expected development. Some families are in communities where age expectations, especially related to independence and self-care, differ from those observed in Western cultures and from whom many assessment tools are normed. Interventionists need to understand how this context and expectations influence the age at which children develop certain skills.

For example, in families where the community around the child doesn't expect the same level of independence in feeding, parents may continue to assist their children with feeding into the preschool years. In working with these families, children will not develop independent feeding skills as early as children with earlier opportunities for these activities. Given the child's functioning is at an age-expected level in that community and the child has not had opportunities to practice feeding skills at the same age as other children, the team should not adjust the COS rating based on delays observed in feeding skills. Rather, the team should consider the mix of skills observed given the community's age expectations and based on other skills where the child's opportunities align more closely with those measured by assessment tools.

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The Rhode Island Early Intervention Certification Standards for the Child and Family Outcomes (COS) Process

Who Does EI Complete a COS For?

The following is a summary from the Rhode Island Certification Standards related to Child and Family Outcomes. Complete information can be found in Section X of the EI Program Certification Standards at

<https://eohhs.ri.gov/sites/g/files/xkgbur226/files/Portals/0/Uploads/Documents/Early-Intervention/EICertStds-ChildandFamilyOutcomes.pdf>

The COS process occurs at entry to EI for:

- All children who are referred to Early Intervention
- Children enrolled in Early Intervention in second or third episodes as new referrals

The COS process is not completed at entry for:

- Children who transfer from another EI Provider where an initial rating was already determined. The new or receiving provider will use original entry rating.

The COS process is completed at exit from EI:

- For all children who have been in early intervention for at least 6 months (Calculation of time in EI begins from the initial IFSP start date).
- For all children potentially eligible for special education services in coordination with Part B 619 (Early Childhood Special Education)

The COS process is not completed at exit from EI:

- For children enrolled less than 6 months, or who have left early intervention services suddenly, and a rating cannot be completed due to lack of assessment information (via an assessment tool; family interview; and/or child observation)
- In these cases, the provider must document why a rating was not obtained on the RI Child Outcomes Summary Form C.