



Monitoring Progress on Family-guided Routines



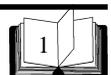
- Family priorities and concerns
- IFSP outcomes
- Services
- Routines, activities, settings
- Child development

 a joint project of Kansas University Affiliated Program and Valdosta State University

Monitoring progress on family-guided routines is much more than simply collecting child change data on IFSP outcomes in daily activities. It is a multifaceted process that requires dynamic and reflective team involvement. Monitoring progress is important at the IFSP level for child and family outcomes must be reviewed consistently to ensure the priorities continue to reflect child and family concerns. In addition, services delivered by the team must reflect those services "sufficient and appropriate" to meet the child's and family's outcomes within their natural environments. When using a routines based approach routines and activities should be reviewed for continued appropriateness and comfort as well as accomplishment of the target in the routine. The child's progress on targets must also be addressed based on family and team measureable expectations and the developmental appropriateness for the child.

Collecting data on targets embedded in daily routines and play can be challenging. By definition, in routine based intervention trials are dispersed throughout the day and often occur across a variety of locations with different facilitators. Without a specific time and place for instruction, the use of a traditional trial-by-trial data collection procedure or data form is unrealistic. Data collection, most likely, would turn into a game of "hide and seek" to find the form or become a "memory game" when the careprovider tries to recall the responses and record them later. Neither option results in reliable data.

A further data collection challenge is that intervention is embedded into activities that often contain a number of objects and maneuvers that keep the careprovider's hands busy. No one could expect a careprovider to stop in the middle of a diaper change with an active 18 month old to record a correct response on a data sheet! And no one would want a careprovider to interrupt an interactive game of peek-a-boo to put stickers on a behavior chart. It would ruin the game! Nevertheless, despite the difficulties, data collection within routines is critical to the intervention program, and data must be collected to measure the success (or lack of success) of the intervention.



Notes

Data is a Four Letter Word

- **Determined targets**
- **Allocate time and personnel**
- **Take it!**
- **Analyze it!**

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Data collection should be viewed as an opportunity for communication between team members, including the family, and therefore be positive and not a chore. Making sure that everyone is aware of their data collection responsibilities and has time to accomplish them, increases satisfaction with progress monitoring procedures.

While the type and amount of data collected should permit appropriate tracking of progress toward targeted outcomes, it is equally important that the frequency of collection reflects the needs of the child. A child who is just beginning to learn a new skill (e.g., using reciprocal leg movement in creeping) may need more careful monitoring by a team member while another child gaining fluency or mastery of a skill (e.g., walking across rough surfaces) may need less.

Because outcomes and children are different, the data collection methods and schedules are likely to be different. Data collection can be quantitative or qualitative depending upon the target to be monitored and the interests of the careprovider. Careproviders are excellent data collectors when the format is a "good fit" for their time constraints and personal style. Anecdotal data collection provides valuable information for collaborative decision-making, positive team communication, and smooth transitions. Anecdotal reporting also provides supplemental information about the child's targeted and emerging skills. Family member and careprovider examples contribute to showing child progress and enhancing the competence of the facilitator in the routine.

"Taking" the data is the critical next step. Data should be collected across a variety of daily activities and caregiving routines. If the child is developing skills across domains, it will be helpful for the careprovider to monitor progress on targets in different routines. For example, the child may practice requesting more and using pincer grasp during snack and may practice turn taking and functional use of objects at play time. While it's likely the careprovider would observe turn-taking and functional object use at snack time also, it may be easier to focus data collection on individual targets during specific routines to increase accuracy of the observations. The team should review the data collected and suggest ways careproviders can switch routines for data collection regularly to be sure the skills are being used consistently throughout the day.

Data Analysis

- **Look across the child's day to check progress on target outcomes across all settings.**
- **Look at number of opportunities taken as compared to number given.**
- **Look at child within groups and alone to check progress with peers and adults.**
- **Look at the quality of responses as well as quantity.**
- **Carefully analyze all information including times of day and materials before making data based changes in the child's program.**

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Notes



- **Functional**
 - include as part of activity
- **Useful**
 - child responses accomplish routine outcome
- **Meaningful**
 - varied formats to "show" progress
- **Measurable**
 - obvious, quick, countable

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Data collection procedures in routines based intervention should be functional, allowing progress monitoring to be easily incorporated with minimal disruptions to the routine. Data collected should reflect skills used by the child to accomplish the routine outcome. For example, using thumb and finger to pick up a handful of cheerios at breakfast, not 25 trials; walking from the couch to high chair, not 10 feet on 4 out of 5 opportunities. A variety of formats should be explored so that resulting data yields meaningful information for the family and the intervention team. Meaningful data is an integral component in decision making and increases the likelihood of making programmatic choices that are responsive to the child and family. Data should be collected in measurable terms that are relevant to the routine.

If data collection methods are going to be useful to careproviders, they should:

- Be located close to the area where the intervention is most likely to occur. For example, place a tape recorder on the kitchen counter for snack routines; tape the data form to the mirror in the bathroom for bathing or toileting routines; put index card's in the diaper bag.
- Serve as a visual prompt for the data the careprovider is to collect. Add symbols or pictures to illustrate key steps or targets. Too many words to read or complex directions to follow are distracting to the flow of the routine and the interaction between partners.
- Be easy and quick to use. Use a fill-in-the-blank, checklist, or circle-the-response format as often as possible. Leave space for comments or notes. Include the careprovider's input about when and how often the data should be collected. More isn't better, if the data isn't accurate.

Careproviders, especially in childcare settings, find using the schedule matrix an efficient format for data collection. Whatever form or format used must be comfortable and accommodating to the careprovider. Data collection can be more than a form. Some careproviders find it easier to keep the video camera handy and capture snippets of video to monitor progress. Video documentation provides an excellent, up to the minute review for the interventionist and an ongoing record for the family. Careproviders have also used inexpensive tape recorders

Notes

to dictate comments about routines or to identify skills exhibited by the child throughout the day. Photographs of the child using a new skill serves both as data collection and celebration of progress.

Once data is collected, the final and most important step is for the careprovider and team member(s) to discuss the results. The team will want to discuss the number of correct responses and the quality and frequency of the responses. When analyzing the data, it is important to review the same variables (targets, opportunities, facilitators, etc.) used in planning the intervention. Observations of the child in more than one activity are usually necessary prior to making changes in the program. Involvement of careproviders in the analysis facilitates their role as "guides" for the program and helps them make informed decisions about service delivery.

In addition to monitoring progress on specific targets and IFSP outcomes, the team should consider updating curriculum based assessments on a quarterly basis. This update provides a picture of the child across all developmental domains and encourages the team to focus on the "whole child" and not just separate domains or specific targets. This update also supports informed decision making about the frequency and intensity of service delivery and the role different team members play within a dynamic team approach.

Monitoring progress provides opportunities for communication and celebration among team members. Family members report that monitoring progress regularly helps them participate more effectively in assessment and outcome development activities on their child's IFSP. When the team is guided by the family, data becomes a positive experience...not just a four letter word!

References:

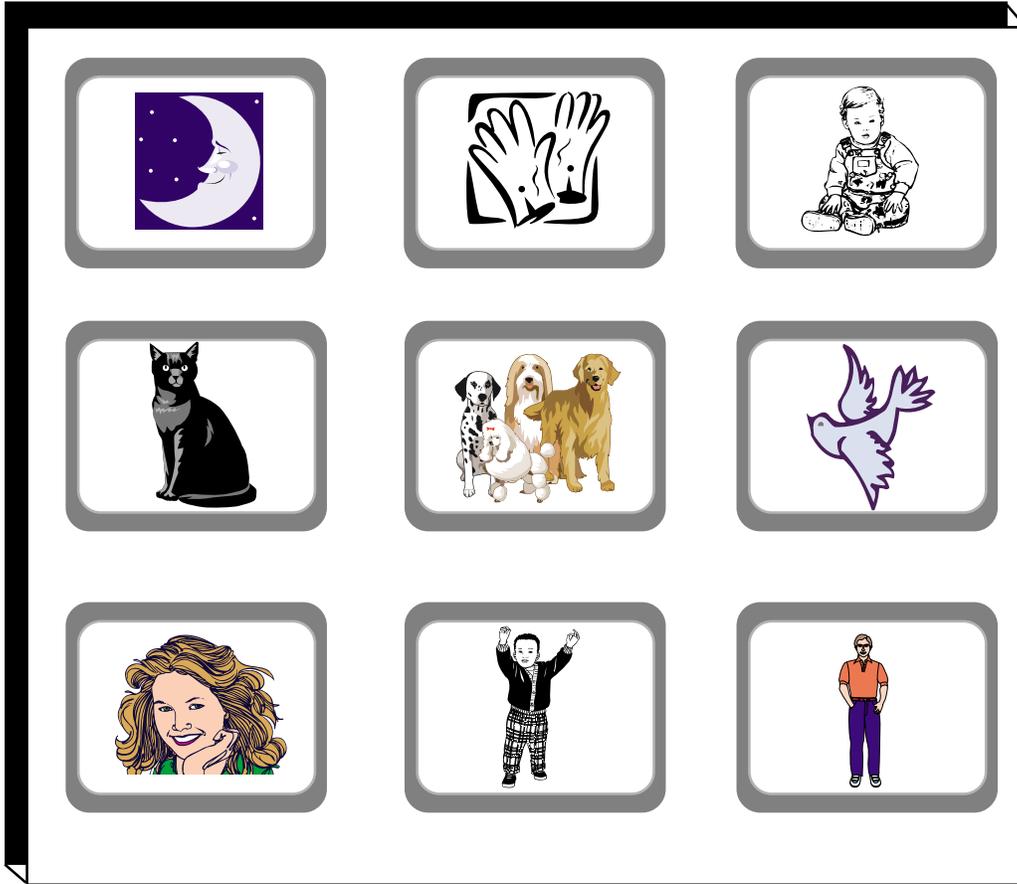
Bricker, D., & Cripe, J. W. (1992). An activity-based approach to early intervention. Baltimore, MD: Paul H. Brookes.

Cripe, J. W. & Venn, M. L. (1997). Family-guided routines for early intervention services. Young Exceptional Children, 18-26.

Wolery, M. (1994). Instructional strategies for teaching young children with special needs. In M. Wolery & J., Wilbers (Eds.) Including children with special needs in early childhood programs (pp. 119-140). Washington, DC: National Association for the Education of Young Children.

Examples of "FUMM" Data Collection

Marvin and Michael Puzzle Play



How Many?

_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTE: Marvin and his brother, Michael (age 6), played with his push button puzzle to increase his coordinated placement of objects in defined spaces. Michael, who was learning to write numbers in kindergarten, wrote down the number of pieces Marvin placed without help each day as they played after school. This was a **FUNCTIONAL** play activity for both Marvin and Michael.

Anthony's Good and Bad Hair Days

Did Anthony...

request?  

use the brush?  

put the brush away?  

Note: This data form was roughly the size of an index card and was kept in the pocket of Anthony's diaper bag along with his hairbrush. Progress on multiple targets across domains (i.e., requesting to continue interaction, functional use of objects, placing objects in a defined space) was collected quickly upon completion of hair brushing. This data collection system is **USEFUL** because it documents Anthony's participation in completing the outcomes of the routine.

Fun-O-Meter

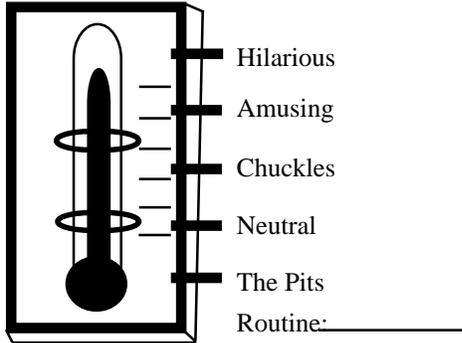
Careprovider: _____

Child: _____

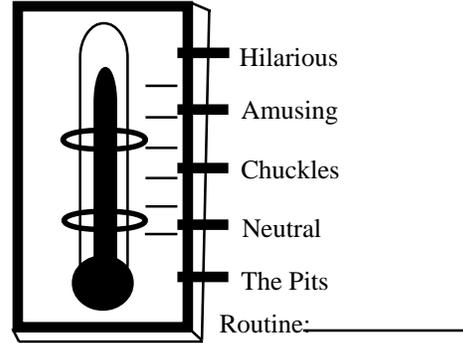
Week of: _____

Circle the amount of fun occurring within careprovider/child routine.

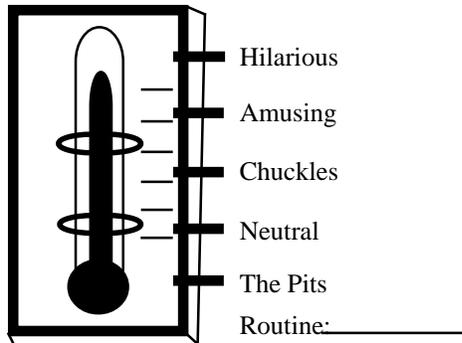
Monday



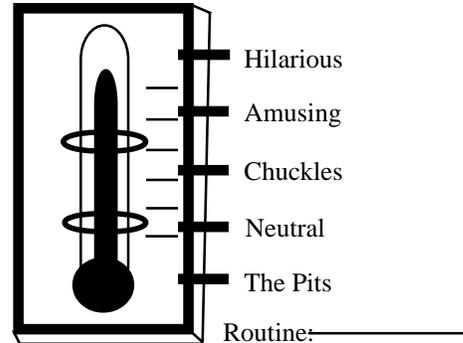
Tuesday



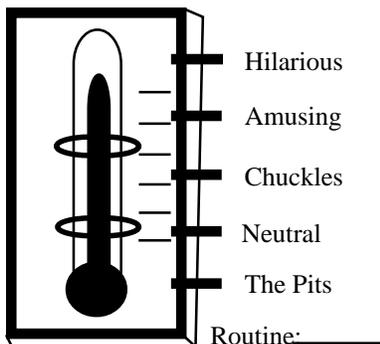
Wednesday



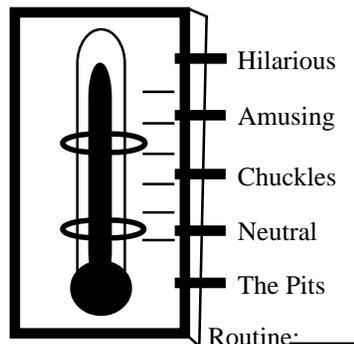
Thursday



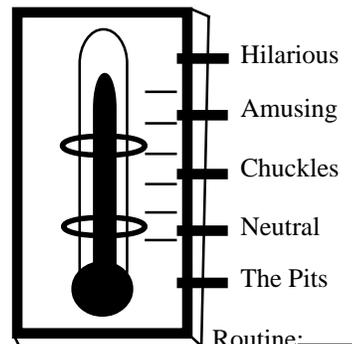
Friday



Saturday



Sunday



NOTE: This data form provided **MEANINGFUL** information about the intervention plan. The purpose was not to measure child skill but rather to monitor whether the intervention plan remained responsive to the child and family and promoted positive interaction.

Dusty's Signs During Routines

MEAL TIME			
eat	<input type="checkbox"/>	cracker	<input type="checkbox"/>
drink	<input type="checkbox"/>	hungry	<input type="checkbox"/>
more	<input type="checkbox"/>	thirsty	<input type="checkbox"/>
hot	<input type="checkbox"/>	all done	<input type="checkbox"/>
cookie	<input type="checkbox"/>	spoon	<input type="checkbox"/>
fork	<input type="checkbox"/>		

BATH TIME			
water	<input type="checkbox"/>	all done	<input type="checkbox"/>
wet	<input type="checkbox"/>	in	<input type="checkbox"/>
hot	<input type="checkbox"/>	out	<input type="checkbox"/>
cold	<input type="checkbox"/>	toys	<input type="checkbox"/>
on	<input type="checkbox"/>	hair	<input type="checkbox"/>
off	<input type="checkbox"/>	soap	<input type="checkbox"/>
body parts	<input type="checkbox"/>		

DIAPER CHANGE			
diaper	<input type="checkbox"/>	dirty	<input type="checkbox"/>
clean	<input type="checkbox"/>	stinky	<input type="checkbox"/>
throw away	<input type="checkbox"/>	stand up	<input type="checkbox"/>
all done	<input type="checkbox"/>	lay down	<input type="checkbox"/>
body parts	<input type="checkbox"/>	wait	<input type="checkbox"/>
peek-a-boo	<input type="checkbox"/>		

NIGHT TIME			
good night	<input type="checkbox"/>	sleep	<input type="checkbox"/>
quiet time	<input type="checkbox"/>	book	<input type="checkbox"/>
close eyes	<input type="checkbox"/>	read	<input type="checkbox"/>
blanket	<input type="checkbox"/>	P.J.	<input type="checkbox"/>
pillow	<input type="checkbox"/>	bed	<input type="checkbox"/>
song	<input type="checkbox"/>		

NOTE: This form provided Dusty's careproviders a method of recording the signs he used in targeted routines throughout his day. The signs listed are those most frequently used in a number of routines, and space to record additional signs was provided. This checklist provided an obvious, quick, and MEASUREABLE way to monitor progress.

