

ACTIVITY 1

What Are the Factors That Impact How Young Children Develop?

Activity Purpose: The purpose of this activity is to explore professionals' beliefs and knowledge about the factors which impact how young children develop. Additionally, professionals will have the opportunity to explore 10 guiding principles for child development, discussing many factors that can positively and negatively impact young children.

***Note for facilitator:** this session involves a discussion of the article titled, *The Ideal Baby*. Therefore, participants should have read this article before this session.

Difficulty Level: Introductory Level – Awareness & Intermediate Level – Application

Estimated Time: 45-60 minutes

Materials:

- PowerPoint titled, *Child Development*
- TV/Computer
- Screen
- Internet access for videos
- Audio for videos
- Handout:
 - *The Ideal Baby*

Activity Instructions:

Part 1 – Action Plan Follow-Up



1. As a large group, ask:
 - a. How have you been able to implement your action plans?
 - b. What worked? What didn't work? Why?

Part 2 – Factors Impacting Development

1. Use the PowerPoint titled, *Child Development*, to lead a discussion to uncover professionals' beliefs and knowledge regarding child development & 10 guiding principles for development. Discussion prompts are embedded into the slides and speaker notes. Additionally, video links are embedded into the slides to support the different guiding principles.

***Note for facilitator:** be sure to incorporate concepts from the article, *The Ideal Baby*, into the discussion.

Part 3 – Think-Pair-Share

1. Ask the participants to get into pairs.
2. Ask the participants to reflect on the content discussed today and from reading the article, *The Ideal Bab*, by asking them to discuss the following:
 - a. *What is something new that you learned?*
 - b. *How will this new information directly impact your work with families and especially the COS process?*



THE “IDEAL BABY”:

A Look at the Intersection of Temperament and Culture



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Fourteen-month-old Vanessa is usually happy at home, but she stays in a parent's lap or arms most of the time when she is in new situations. She gets upset and cries when her parents try to leave her with a family member, and she often finds it difficult to settle herself to sleep without being held. Vanessa's mother, Maria, is delighted that Vanessa obviously prefers her parents and wants to stay close to them. Maria sees this as evidence that she is a good mother who has a very close relationship with her daughter.

Kristen, also 14 months old, is also generally happy at home, but she prefers to be held by her parents in new situations. She cries and hangs onto her parents if they try to leave her with other family members, and she still needs to be rocked to sleep every night. Kristen's parents are very concerned about their daughter and have sought advice from their pediatrician about how to help her become more independent. They are concerned that she will grow up to be shy, afraid to try new things, and socially isolated.

at a glance

- Nearly 40% of children in the United States are being raised in families that may espouse somewhat different socialization goals and may value different “ideal” traits than those promoted among Anglo-American families. In our diverse society, how can we adapt our practices to best facilitate the development of these bicultural participants?
- Temperament is not immutable but may change over time. In one longitudinal study, about 25% of extremely shy toddlers were found to be more outgoing at the age of 7.
- In China, teachers viewed shy, sensitive children as socially and academically competent. In North America, teachers viewed shy, sensitive children as lonely and depressed. In Sweden, shy, socially reserved behavior was not consistently associated with any negative long-term outcomes, yet in North America, such behavior was found to hinder careers.



PHOTO: FLORENCE SHARP

Vanessa and Kristen are exhibiting similar temperament characteristics. They are difficult to soothe, slow to adapt to changes, and tend to withdraw from new situations. These characteristics are clearly eliciting different responses from the babies' parents. Maria values her daughter's caution and desire to remain close; whereas Kristen's parents view these behaviors as problematic and likely to lead to negative developmental outcomes. Why do these parents' responses differ so strikingly when the babies are so similar?

Looking at the intersection of culture and temperament informs our understanding of how shared customs, values, and beliefs about development affect daily parent-child and social interactions. In particular, the concept of "goodness of fit" can be applied to the interaction among temperament, cultural values, and expectations (Chess & Thomas, 1996). In other words, one would expect that children with temperament characteristics that are consonant with parental ideals and the expectations of the wider society would find their developmental pathway relatively easy to negotiate.

Underlying assumptions about ideal adult characteristics often surface when adults become parents. This transition to parenting usually involves changing the internal model of the self from that of a care receiver to that of a

caregiver. During this transition, many parents begin to carefully consider the purposes and goals of their caregiving. When asked, "What qualities would you like your child to possess when he is an adult?" most parents can readily list many desirable characteristics that they hope to instill in their children. These socialization goals offer a unique window into the frequently unconscious assumptions that we all make about developmental outcomes. Indeed, socialization goals often provide us with a surprisingly clear view of the personal and community values that we hold most dear.

Culture and Socialization Goals

Research investigating the everyday parent-child interactions of families across a variety of cultural groups is beginning to clarify the complex relationships among the individual and shared values, beliefs, and practices that form the context for development. Many researchers have found clear patterns of agreement among cultural groups in their choices of long-term socialization goals (e.g. Harwood, Miller, & Irizarry, 1995; Rao & Pearson, 2001; Rothbaum, Weisz, Pott, Miyake, & Morelli, 2000). Others use the concept of parental ethnotheories—that is, a combination of personal and cultural belief systems—as a framework for examining the ways in which individual parents combine personal experiences and shared cultural

models of child rearing to guide their parenting and organize their everyday lives (Harkness, Super, & van Tijen, 2002). Parental ethnotheories provide a framework for the often implicit choices that parents make in responding to their individual children.

Group Comparisons

When speaking of commonalities among groups, it is important to remember that culture is fluid, existing within individuals and continuously modified in the context of social interactions (Harwood, Leyendecker, Carlson, Asencio, & Miller, 2002). Careful examination reveals that cultural communities are also ever-changing. All individuals participate in a number of different groups that share common bodies of knowledge, experiences, expectations, and rules for interactions. As individuals, we may identify with a particular religious community, with one or more sport or hobby groups, with others who share our professional life, and with members of our specific ethnic group. Thus within any group, researchers will find wide variations in beliefs and practices based on individual experiences and interpretations (Harwood, Handwerker, Schöelmerich, & Leyendecker, 2001). While seeking to elucidate group differences, we must remember that intra-group variation may equal or exceed intergroup variation. How do we reconcile this complexity in our efforts to respect and support an increasingly diverse population? First, we must understand that group comparisons serve to inform our understandings of our own values and assumptions. In addition, such comparisons provide us with a basis for beginning the process of establishing mutually respectful, culturally reciprocal relationships. The challenge for professionals lies in learning to understand group common-

alities as well as individual differences and needs without resorting to stereotypical assumptions and inferences. We must be willing to embrace the complexity of culture and participate in the sometimes-difficult process of personal and professional cultural exploration.

This assertion is most easily exhibited in the next few examples of research-based cultural comparisons. Extensive, naturalistic studies of Puerto Rican and Anglo-American mothers' socialization goals have shown that Puerto Rican mothers tend to emphasize respect and cooperation with authority; whereas Anglo mothers tend to emphasize self-maximization balanced with the ability to form caring relationships (Harwood et al., 1995). These goals are consistent with the desirable outcomes of a compliant, socially oriented adult for the Puerto Ricans and a self-confident, autonomous individual for the Anglos (see sidebar). Parents often use these socialization goals to guide their participation in social networks, to shape their expectations for the attainment of developmental milestones, and to define their parenting practices in the context of daily life (Harwood, Miller, Carlson, & Leyendecker, 2002).

This Anglo-American assumption that a competent adult is self-confident, assertive, and autonomous is not shared by members of many other cultures. For example, Japanese parents tend to hope that their children will become open-minded and obedient, demonstrate intimate dependence in familial contexts, and carefully consider the needs of others in all social interactions (Rothbaum, Pott, Azuma, Miyake, & Weisz, 2000). Indeed, parents in many other cultures throughout the world emphasize child-rearing goals related to family and social interrelatedness contrasted to the Anglo-American emphasis on individual autonomy. Investigators are finding evidence that parenting strategies are clearly related to long-term socialization goals (Brody & Flor, 1998; Carlson & Harwood, 2003; Ipa, Fine, Thornburg, & Sharp, 2001; Kermani & Brenner, 2000; Martini, 2001; Rao & Pearson, 2001). Such studies lend support to the hypothesis that parents use culturally defined socialization goals to direct their daily caregiving interactions in meaningful ways.

SOCIALIZATION GOALS: THE IDEAL BABY

Vanessa's parents hope that she will be:

Respectful	Obedient
Well-behaved	Considerate
Calm	Appreciative
Liked by others	A good daughter
Responsible	Religious

Kristen's parents hope that she will be:

Happy	Self-confident
Independent	Assertive
Secure	Intelligent
Well-rounded	Ambitious
Kind	Outgoing

Parental Ethnotheories

Although socialization goals may be derived from shared cultural beliefs, parental ethnotheories serve as individualized sources of parenting practices. Keeping in mind the concepts of cultural complexity and fluidity, we should anticipate that parents will construct highly personalized adaptations of parenting beliefs and practices based upon their own life experiences. These ethnotheories include individualized interpretations of ideal developmental outcomes in areas such as temperament, personality, and relationships (Harkness et al., 2001).

Combining culturally shared socialization goals with individualized parental ethnotheories enables a more comprehensive understanding of the interplay between tem-

perament dimensions and familial “goodness of fit.” A reserved, cautious parent may find a baby such as Kristen or Vanessa closer to their personal “ideal baby” than a more active, outgoing infant, in spite of that parent being a part of the Anglo culture with its overall emphasis on self-confidence, assertiveness, and independence. On the other hand, such a parent may wish for a more active, outgoing child to counteract their own memories of childhood social isolation or awkwardness. Thus, the developmental significance of temperament characteristics is dependent on parental values and expectations—which are, in turn, influenced by the shared values of the wider community.

Culture, Temperament, and the Environment

The interaction between culture and temperament is further complicated by the physical and social properties of the environment. Responses to child temperament characteristics are influenced by factors such as gender, age or developmental stage, and the constraints of the physical setting (Carey & McDevitt, 1995). Highly active children may be less favored in a very crowded, densely populated physical setting than in an environment with ample room and opportunity for energetic motor activities (Chess & Thomas, 1996). Moreover, parents’ and caregivers’ responses to a child’s need for activity are likely to change over time as the child becomes older and expectations for sustained attention in nonactive settings increase. Whatever the age of a child, caregivers may tolerate higher activity levels among boys than among girls (i.e., highly active boys are closer to the cultural “ideal boy”).

The Family Context

The flexibility inherent in the physical and social environments thus becomes a primary determinant of success when efforts are made to accommodate a variety of individual temperament characteristics in the context of the family. For example, traditional infant caregiving practices among the Kipsigi tribe in East Africa do not emphasize self-regulation or rhythmicity because infants are quieted by continual intimate contact with several caregivers. On the other hand, most American parents are intensely concerned with early self-regulation and rhythmicity in feeding and sleeping routines because such routines enable the accomplishment of necessary adult/family tasks in a single caregiver environment (Super & Harkness, 1994). This differential valuing of temperament characteristics is directly related to the physical and social settings of care.

Parental ethnotheories regarding the predictive nature of early behaviors and the establishment of parent–infant interaction patterns would also seem to be strongly influenced by the physical and social setting. Americans tend to emphasize individual autonomy, live in relatively spacious homes occupied by small nuclear families, and must cope



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with a wider society in which time and future orientation often take precedence over interpersonal relations. These factors facilitate views of early development as a “critical period” with immense future significance that must be negotiated, in relative isolation, by one or two primary caregivers and their children. This physical and social isolation in the context of daily caregiving leads to less environmental flexibility than was available in previous generations with close extended families, more crowded neighborhoods, and more community-based activities and identities. These social and physical changes in the American caregiving environment may be, at least in part, responsible for the finding that the American parents ascribed great importance to early manifestations of temperament and interaction patterns as predictors of future developmental competence, whereas the Kipsigi parents saw such early patterns of behavior as being of no particular importance (Super & Harkness, 1994). Thus, the greater flexibility of the physical and social settings of infant care among tribal cultures such as the Kipsigis may lead to less emphasis on infant temperament characteristics as important predictors of future developmental outcomes.

To return to our case descriptions, it is possible that Vanessa’s parents may be comfortable with her low adapt-

ability and tendency to withdraw from new situations because they are participants in a more flexible environmental setting than is typical for many American families. We know that Vanessa's family emphasizes appropriate social behavior and interdependent family relationships. It is likely that these socialization goals will lead them to include extended family members in their daily activities and emphasize personal interactions more than future concerns. Daily activities are likely to be family centered and include all family members across several generations with little emphasis on separate, individualized time or activities. This flexible social environment and focus on relationships may promote Maria's delighted acceptance of her baby daughter's current dependency needs and desire for parental closeness and affection.

On the other hand, Kristen's parents seem to be strongly influenced by their desire to raise a self-confident, autonomous child. Their daily routines are likely to include an emphasis on nuclear family interactions combined with frequent child-oriented activities outside the home. They may believe that self-confidence and independence are best fostered by frequent exposure to a variety of stimulating social and physical settings, including weekly participation in parent-toddler programs such as play groups, library story times, gymboree, swimming, or music classes. In addition, the nuclear family home is very child centered while Kristen is awake, making independent sleep schedules critical to the accomplishment of adult tasks and relationship time. Kristen's parents are also very concerned about their daughter's future development and strongly believe that her current interaction patterns are predictive of her future competence (or lack thereof). These parents also understand that American society, including school and work environments, does not typically value or reward reserved, cautious individuals.

SAMPLE SOCIALIZATION GOAL RESPONSES

Vanessa's mother says:

"I would truly want [her] to have, more than anything, good behavior. That [she] be simple, respectful. I believe that these are the main characteristics a person should possess."

Kristen's mother says:

". . . to have confidence and self-esteem in themselves and to be able to speak their mind, but [to] be compassionate for other people—basically, to be able to fill whatever needs they have for themselves."

Therefore, parents' current social and environmental constraints—combined with their strong orientation toward future career goals—are leading them to seek assistance in shaping Kristen's early behavior patterns to more closely match their vision of the "ideal baby."

The Wider Social Context

Shared cultural values permeate all aspects of the environment. Social institutions reinforce these values by shaping expectations for social interactions and rewarding or sanctioning particular behaviors. The intersection of cultural values and temperament characteristics becomes evident as children interact with their peers in the context of the formal educational system. Recent investigations of educational achievement and social competence among children exhibiting shy or inhibited behavioral patterns point to significantly different outcomes based on the wider cultural context of development (Chen, et al., 1998; Chen, Rubin, Li, & Li, 1999; Kerr, 2001).

As discussed above, Kristen's parents perceive inhibited traits negatively. This view of shy or inhibited behavior is widely shared among North American parents and also tends to be associated with peer neglect among North American children (Chen et al., 1998; Kerr, 2001). This negative view of shyness is consistent with the North American cultural and institutional emphasis on individual assertiveness, self-confidence, and competition. Indeed, both Canadian mothers and Canadian peer groups were less accepting of shy children in studies of temperament, child-rearing, and social competence (Chen et al., 1998; Chen, Rubin, & Sun, 1992).

However, just as Vanessa's parents were accepting of her inhibited behaviors, Chinese mothers and peers participating in the same studies discussed above were also accepting of shy children (Chen et al., 1998; Chen et al., 1992). This acceptance is consistent with the Chinese cultural emphasis on cautious, reserved, socially appropriate behavior in social and educational contexts. In addition, similar outcomes have been found among other cultures (such as Sweden) that value social reserve (Kerr, 2001).

When researchers examine the long-term outcomes of these familial, social, and institutional preferences for particular traits, their results continue to be consistent with the shared socialization goals, values, and expectations associated with "ideal" cultural traits. Shyness and sensitivity were positively associated with teacher ratings of adolescent social and academic competence and general self-esteem in China (Chen et al., 1999); in contrast, teachers of shy North American children tend to view these children as lonely and depressed (Rubin, Chen, McDougall, Bowker, & McKinnon, 1995). In the Swedish study, shy, socially reserved behavior was not consistently associated with any negative long-term outcomes, yet in the North American study, such behavior was found to hinder careers (Kerr, 2001).

These investigations offer support for the hypothesis that a strong relationship exists between culturally shaped ideal trait preferences and success in the social contexts of education and employment. Thus, researchers would expect developmental pathways, which are initiated in early interactions between infants and their caregivers, to lead to positive long-term outcomes based on those pathways' consonance or dissonance with the values of the wider social context.

The "Ideal" Baby in a Diverse Society

The issue of cultural consonance or dissonance with the values reinforced by the educational and social institutions surrounding the family is of critical importance to the children of the United States. According to the 2000 census data, only 61% of U.S. children are of White, non-Hispanic heritage (Annie E. Casey Foundation, 2003). Therefore, nearly 40% of children in the United States are being raised in families that may espouse somewhat different socialization goals and may value different "ideal" traits than those traditionally promoted among both Anglo-American families and the wider social institutions in the United States. Acculturation across the generations may lead to an eventual reduction in these differences as experienced by second- and third-generation children of immigrants. Nevertheless, we must consider what these levels of dissonance mean for children who must adapt to different values and expectations in schools, peer groups, and the workplace. How can we begin to adapt our practices to best facilitate the development of successful bicultural participants in the context of a diverse society?

The answers to these questions are both complex and somewhat speculative. We are currently investigating the effects of migration on parenting, with funding from the National Institute of Child Health and Human Development (NICHD) to the third author. We designed this study to examine processes of cultural change in child-rearing beliefs and practices among first- and second-generation migrant mothers in the United States and Germany. Participants include Puerto Rican and Euro-American mothers in the United States, and Turkish and German mothers in Germany. We designed this study also to elucidate indigenous child-rearing beliefs and practices among Puerto Rican and Turkish migrant mothers, and to examine and compare first- and second-generation migrant mothers. We wanted to pay specific attention to the development of monocultural versus bicultural orientations as reflected in mothers' child-rearing beliefs and practices. (Acculturation measures are used for members of various cultural groups—

Looking at the intersection of culture and temperament informs our understanding of how shared customs, values, and beliefs about development affect daily parent-child and social interactions. In particular, the concept of "goodness of fit" can be applied to the interaction among temperament, cultural values, and expectations.

scores place individuals on a continuum of acculturation from monocultural to bicultural in their expressed beliefs and values.) We also hope to identify the circumstances under which migrant mothers may or may not develop a bicultural identity. Preliminary results indicate that in comparison to the first-generation mothers, second-generation mothers are more likely to include bicultural or host cultural identity as a goal for their children. Moreover, second-generation mothers demonstrate their trend toward acculturation by adopting parenting practices associated with the host culture.

Much of the previous research regarding the effects of immigration has focused on linguistic competence and acculturative stress. We know little about the normative processes of change in parenting beliefs and practices following migration. The processes of immigration and acculturation necessitate adaptations in both the immigrant and host cultures. Researchers

have not yet systematically investigated how these adaptations affect individuals, families, and social institutions. The development of a bicultural identity would seem to be at least somewhat dependent on positive experiences with—and perceptions of—the host culture across the first few generations after immigration.

This discussion brings us back to the concept of goodness of fit as applied to individuals, families, and the wider institutions of society. Because environmental flexibility increases the chances that a society will accept more varied characteristics among its members, it would follow that the most prudent course for a diverse society would be to work toward greater flexibility in social institutions such as schools, health services, and businesses. Recent public discourse regarding the need for more collaborative efforts in schools and the workplace is an example of society's growing recognition of this need for flexibility. Reducing the overwhelming emphasis on competition and individual achievement in the United States in favor of more balanced attention to collaboration and awareness of others' needs would provide a more flexible foundation for diverse participants in our schools and work environments.

An important first step in increasing the flexibility of the social context in our diverse society is to modify the value-laden terminology that we use to describe temperament characteristics. Terms such as "internalizing problem behaviors," "clingy", or even "shy" carry significant negative connotations in mainstream American culture. Deliberate use of less judgmental, more positive descriptive language would constitute a major step toward greater social flexibility and acceptance of diversity. For example, "careful," "cautious," and "reserved" are descriptors that

avoid negative connotations while allowing clear understanding of temperament characteristics. Language is powerful: Professionals should use it carefully.

In addition to valuing the contributions of individuals with a variety of temperamental characteristics, it is important to understand that temperament is not immutable but may change over time. In one longitudinal study, about 25% of extremely shy toddlers were found to be more outgoing at the age of 7 (Kagan, Reznick, & Snidman, 1988). Family and community contexts may either enhance or minimize temperamental tendencies. Parents who are comfortable allowing their child to stay close and observe in a new situation without demanding the child's immediate participation may provide a model of effective coping that enables the cautious child to gradually become less fearful. Likewise, a teacher who recognizes the child's skill at observing social situations and allows for varied levels of participation based on individual comfort may promote effective coping and less fearful responses.

We need to make room for both Vanessa and Kristen in the world beyond their families. Vanessa's quiet, careful, socially aware approach to life should continue to be nurtured in classrooms where she can flourish and be recognized for her talents in observation and cooperative learning. And Kristen's parents should be encouraged to treasure their daughter's affectionate and cautious nature, build on her strengths, and know that she will enter a world in which her learning style will be accepted and her talents developed—so that she will experience success as an adult. §

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ZERO TO THREE®

March 2004
Volume 24 No. 4

Journal of ZERO TO THREE: National Center for Infants, Toddlers, and Families



Temperament in Early Development

Biological Contributions
and Beyond

The Intersection of
Temperament and Culture

Is Challenging Behavior a
Behavior Disorder?

Talking With Parents
About Individual
Differences

ACTIVITY 2

Functional and Discrete Skills

Activity Purpose: The purpose of this activity is to gain a deeper understanding of the three Child Outcomes and the skills and behaviors that might be expected for each outcome area, and how those may look different from traditional testing tool (discrete) skills.

***Note for facilitator:** this activity requires the participants to [bring a testing tool](#) to the meeting. The tool should be one they typically use when evaluating/assessing young children.

Difficulty Level: Introductory Level – Awareness & Intermediate Level – Application

Estimated Time: 45-60 minutes

Materials:

- TV/Computer
- Screen
- Internet access
- Audio for video
- Assessment tools
- Handouts:
 - *Observation of Child Outcomes*
 - *Assessment v. Child Outcomes Reflection*

Activity Instructions:

Part 1 – Discrete Skills

1. Watch the following video from Colorado Results Matter Video Library titled, *Kaleb on the Playground* (No need to know the age of the child, just observe!)
http://www2.cde.state.co.us/media/resultsmatter/RMSeries/KalebOnThePlayground_SA.asp
2. Consider the following prompts to begin the discussion:
 - a. Now think about an approved assessment tool you might use (example: PDMS-2, TIMP, HELP, BDI-2, Rosetti, PLS 4 or 5), identify the different skills you might be able to score on your instrument based on your observations.
 - b. Participants are welcome to pull out the assessment tools they brought with them and check off the behaviors/skills they observe.
3. Have the group share and compare the different skills identified across the various tools utilized for this activity.

Part 2 – Functional Skills

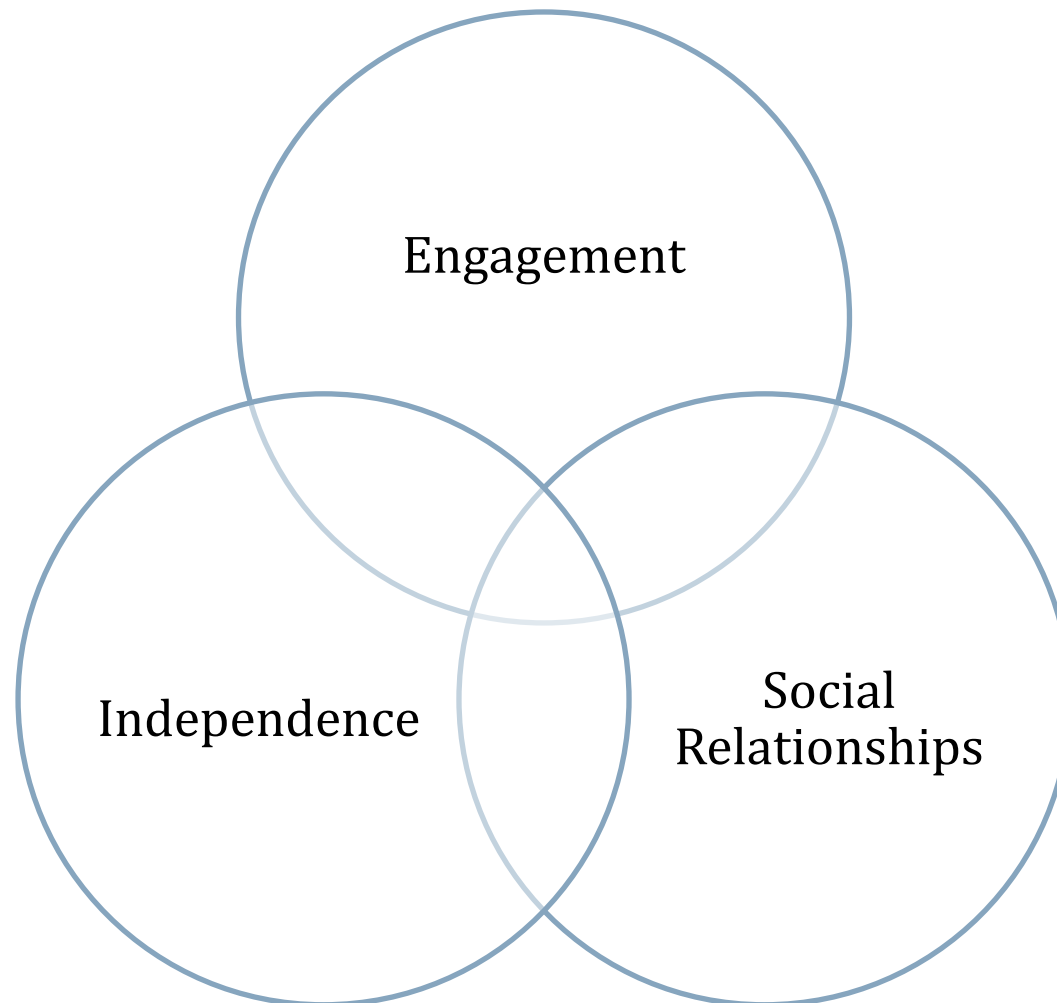
1. Watch the video a 2nd time, but this time watch the video through the perspective of the three Child Outcome Areas. Participants can write down their observations in the handout, *Observation of Child Outcomes*.
2. Share and discuss across groups. Consider the following:
 - a. What differences did you notice in your observations?
 - b. Did you see anything new or different?
 - c. Did your observations change in any way from more discrete skills to more functional skills rooted in everyday activities?
 - d. Was there anything you missed on either your 1st watch or your 2nd watch of the video?
 - e. If we had only been able to watch the video once with just the focus on discrete skills, what would we have missed?

Part 3 – Individual Reflection

1. Pass out the handout titled, *Assessment v. Child Outcomes Reflection*, to the participants.
2. Encourage them to reflect individually and complete the reflection questions.
3. The facilitator can use these reflections to steer the discussions at the next meeting.

ACTIVITY 2

Observation of Child Outcomes



ACTIVITY 3

What Does Foundational, Immediate Foundational and Age-Expected Mean?

Activity Purpose: The purpose of this activity is for participants to gain a clear understanding of the terminology: foundational, immediate foundational and age-expected as it relates to the Child Outcomes Summary Process.

Difficulty Level: Introductory Level – Awareness

Estimated Time: 45 minutes

Materials:

- Handout:
 - *Developmental Progressions and the Child Outcome Summary (COS) Process 7-Point Rating Scale*
- PowerPoint:
 - *What does foundational, immediate foundational and age-expected mean?*

***Note for facilitator:** read the handout titled, *Developmental Progressions and the Child Outcome Summary (COS) Process 7-Point Rating Scale*, before facilitating this session. Additionally, the facilitator should consider using the examples embedded in this handout during the discussion, which will be supported by the use of the PPT called, *What does foundational, immediate foundational and age-expected mean?*

Activity Instructions:

Part 1 – Introduction to Terminology & Application

1. Give the participants a copy of the handout titled, *Developmental Progressions and the Child Outcome Summary (COS) Process 7-Point Rating Scale*, to reference throughout this discussion. This handout contains definitions of foundational, immediate foundational and age-expected. The participants will also use this handout as a reference in subsequent sessions.
2. Use the PowerPoint titled, *What does foundational, immediate foundational and age-expected mean?*, to engage participants in a discussion about the definitions of foundational, immediate foundational and age-expected skills. At the end of this activity, participants will have the opportunity to practice by identifying skills within each of the categories (foundational, immediate foundational & age-expected). Additionally, subsequent sessions will strengthen participants' understanding of this terminology and how to accurately apply their understanding within the COS process.

Developmental Progressions and the Child Outcome Summary (COS) Process 7-Point Rating Scale

The COS process uses a 7-point scale for rating a child's functioning in each of the three outcome areas. To determine a rating, the team must be familiar with the child's functioning in the outcome across a variety of situations and settings. The team needs to think about the many skills and behaviors that allow the child to function in an age-expected way in each outcome area. The team needs to understand the developmental progressions that lead to age-expected functioning, asking:

1. Are the skills and behaviors demonstrated what one would expect for a child this age?
2. If not, are they like those of a younger child? Are they the skills and behaviors that come just before the age-expected skills and behaviors?
3. If not, are they like those of a MUCH younger child? Are they farther away from age expected skills and behaviors? (much earlier or atypical skills and behaviors)

An important developmental concept for understanding how to use the COS 7-point scale is the concept of foundational skills. Some of the skills and behaviors that develop early serve as the foundation for later skills and behavior, or expressed another way; later skills build on earlier skills in predictable ways. Teachers and therapists can use the earlier skills to help children move to the next higher level of functioning developmentally. We refer to these earlier skills that serve as the base and are conceptually linked to the later skills, as "**foundational skills**." For example, children play along side one another before they interact in play. Development in the early childhood years proceeds through several levels of foundational skills with skills and behavior becoming more complex and more proficient as children get older. All skills that lead to higher levels of functional are foundational skills, however, the set of skills and behavior that occur developmentally *just prior* to age-expected functioning can be described as the **immediate foundational skills** in that they are the most recent set of foundational skills that children master and move beyond.

A child whose functioning is like that of a younger child is probably showing **immediate foundational skills**. Her functioning does not meet age expectations, but she demonstrates skills and behaviors that occur developmentally just prior to age expected functioning and are the basis *on which to build* age-expected functioning.

A child whose functioning might be described as like that of a MUCH younger child does not meet age expectations, nor does she demonstrate skills and behaviors that immediately precede age-expected functioning. She has foundational skills, but not yet at an **immediate foundational** level.

It is important to note that some foundational skills get replaced by newer skills whereas others continue in children's (and adult's) repertoires throughout life. The nature of interacting with other children changes fundamentally as children get older. On the other hand, skills like making eye contact, turn-taking, and eating with a fork get incorporated into more sophisticated routines but never disappear. To identify whether functioning that continues throughout life constitutes an immediate foundational skill, ask yourself at what age one would first expect to see this functioning and how close is that to the child's current age. For instance, being able to make eye contact is not an **immediate** foundational skill for a three year old.

Example 1: Chrissa is 30 months (2 ½ years) old. Although she does not play with other children, she watches them with great interest. A child who is 30 months of age or so should play with other children, even taking turns. A younger child (18-24 months or so) would play alone, but would be very aware of other children, such as the toys another child is using, and may snatch a toy away from another child. A much younger child (12 months or so) would stay very close to his or her primary caregiver, showing early awareness of other children. Chrissa is more than aware of other children, she visually follows their play with enthusiasm. She has immediate foundational skills on which to build the next level of relationships with peers, which would involve playing with other children and turn taking.

Because it is a continuum, developmental expectations vary by age.

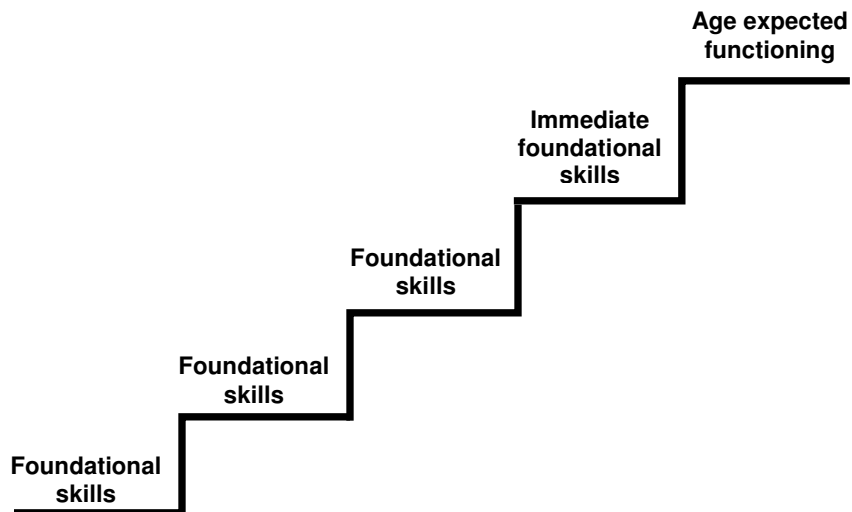
- What if Chrissa were 12 months old?
- How would you answer questions 1-3, above?
- What if Chrissa were 48 months old?

Why this is hard: child development does not progress in a neat and tidy sequence. Children spend various amounts of time in any one stage of development. Areas of development may overlap with one another. It's impossible to pin down the exact age at which every child will have achieved a specific milestone. Children manifest developmental expectations in different ways. All children follow general sequences but each child will develop in unique ways, depending upon the child's personality, context, and experiences. In determining the extent to which a child's functioning meets age expectations, the team must look at an overall pattern, rather than specific fragments, of development.

Example 2: Justin is 24 months (2 years) old. He uses a spoon, but often spills the food before it gets to his mouth. Without his mom's help he wouldn't get much to eat at mealtime. A child who is 2 should be able to meet his feeding needs without much help, using various kinds of tools, including his fingers. The younger child (toddler) experiments with tool use, but with limited success. The much younger child (infant) participates in feeding by opening his mouth, but does not attempt to feed himself.

- How would you describe Justin's skills and behaviors? Are they age-expected? Immediate foundational? Or not yet?
- What if Justin were 12 months old? How would you describe his skills and behaviors? What if he were 36 months old?

How Foundational Skills Lead to Age-Expected Functioning



ACTIVITY 4

Age-Expected Skills: Birth - 12 Months

Activity Purpose: The purpose of this activity is for participants to apply their knowledge of typical child development in relationship to the three Child Outcomes by reviewing typical development and observing a video clip of a child between the age of birth-12 months.

Difficulty Level: Introductory Level – Awareness & Intermediate Level – Application

Estimated Time: 45-60 minutes

Materials:

- TV/Computer
- Screen
- Internet access
- Audio for video
- Video: Tyler
- Chart paper
- Handouts:
 - *Developmental Progressions and the Child Outcome Summary (COS) Process 7-Point Rating Scale*
 - *Outcome 1 Larimer County Age Anchoring Tool*
 - *Outcome 2 Larimer County Age Anchoring Tool*
 - *Outcome 3 Larimer County Age Anchoring Tool*
 - *Anchoring Tools Reflection*

Activity Instructions:

Part 1 – Review of Foundational, Immediate Foundational & Age-Expected

1. Review the definitions from the previous session as a group by watching the following video: <https://www.youtube.com/watch?v=w9XGxwtPPYw>
2. After watching the video, consider asking the participants:
 - Which outcomes were you able to consider based on this short clip of Lilly?
 - Do you think this child is showing us skills and behaviors that are of a child with foundational skills? Immediate foundational skills? Or age-expected skills? Why?
 - What skills are indicative of the category you chose?

Part 2 – Age-Expected Skills

1. Ask the participants to think of age-expected skills and behaviors for a typically developing 12-month old child for Outcome 1 (positive social relationships). Document the participants' answers on the flip chart under "Outcome 1".

3. Repeat for Outcomes 2 & 3.

***Note for facilitator:** if participants need help thinking of age-expected skills for a 12-month-old child, refer them to the *Larimer County Age Anchoring Tools* for Outcomes 1, 2 and 3 for assistance.

Part 3 – Tyler

1. Watch the video of Tyler and instruct participants to refer to the skills and behaviors for the three outcomes on the flip chart (from the review activity) while they watch the video: http://ectacenter.org/eco/pages/training_activities.asp#whichisit

***Note for facilitator:** this could be done with any video (typically developing child or a child with delays/disabilities).

2. Handout, if you have not already, the *Larimer County Age Anchoring Tools* for Outcomes 1, 2, & 3 to the participants. Consider the following prompts to lead a discussion:
 - a. Which skills and behaviors from our list did you observe in Tyler?
 - b. Which skills were not observed that you might expect of a child his age?
 - c. Would you say that Tyler’s skills and behaviors are age-expected, immediate foundational or foundational?” [Answer: Age expected]
 - d. Why?
 - e. What skills came just before Tyler’s current skills and behaviors? What skills and behaviors come after the skills that Tyler is currently showing us?
 - f. What do you notice about Tyler’s personality?
 - g. What additional information do you need to determine whether his skills are foundational, immediate foundational or age-expected?

Part 4 – Reflection

1. Share with the group the following message:

“The use of age anchoring tools and resources is critical to ensuring that each member of the COS team understands what age-expected child development looks like for the child to be rated. It’s not enough to guess or to try to remember without looking at an actual tool. Knowing what skills and behaviors are typical at, just before and just after the age of the child prior to observation or meeting with the family can help frame the information gathered during observations and conversations.”
2. Pass out the corresponding reflection handout titled, *Anchoring Tools Reflection*.
3. Encourage participants to individually reflect on how they might use the Anchoring Tools in the future.

Developmental Progressions and the Child Outcome Summary (COS) Process 7-Point Rating Scale

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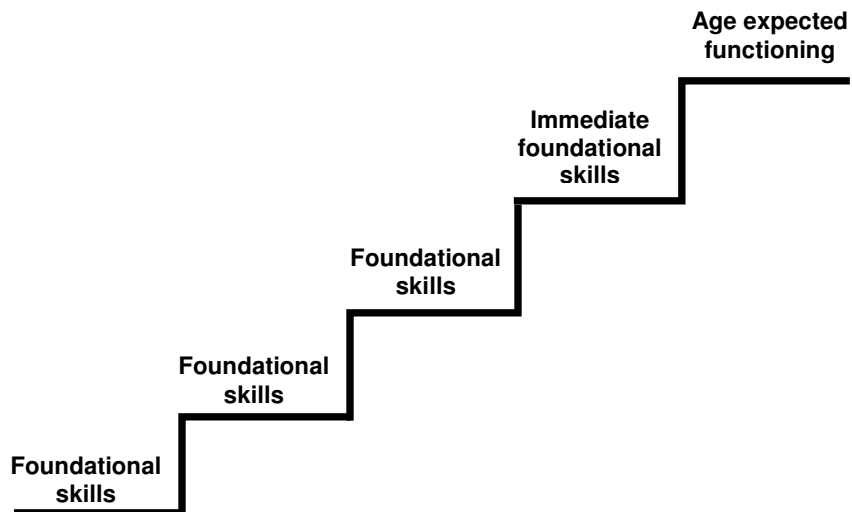
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- How would you describe Justin's skills and behaviors? Are they age-expected? Immediate foundational? Or not yet?
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How Foundational Skills Lead to Age-Expected Functioning



Larimer County Age Anchoring Tool

Outcome 1:

Positive Social Emotional Skills....

Children demonstrate age appropriate functioning by....

<u>0-3 Months</u>	<u>7-9 Months</u>	<u>13-18 Months</u>	<u>25 – 30 Months</u>	<u>31 – 36 Months</u>
<ul style="list-style-type: none"> • Fixating on the human face and maintaining gaze with caregiver • Turning their head and eyes in the direction of the parent voice • Being comforted and appearing to enjoy touch and being held by a familiar adult • Draws attention to self when in distress <p><u>4-6 Months</u></p> <ul style="list-style-type: none"> • Anticipating being lifted or fed and moving body toward adult when being approached • Smiling spontaneously to human contact, smiling in play, and smiling at self in mirror • Vocalizes to express pleasure & displeasure sounds in addition to crying/cooing • Is able to stop unexplained crying • Enjoying games with others such as “Where is your nose?” and “So Big!” 	<ul style="list-style-type: none"> • Smiling and laughing during turn-taking • Participating in simple games (pat-a-cake, peek-a-boo) • Demonstrating anticipation of play activities • Exhibiting anxious behavior around unfamiliar adults • Using gestures and vocalizing to protest • Shouting or vocalizing to gain attention • Shows anxiety over separation from parents • Repeating a behavior (shows off) to maintain adult attention <p><u>10-12 Months</u></p> <ul style="list-style-type: none"> • Imitating familiar words in turn-taking • Showing sensitivity to the mood of others • Performing for social attention • Responding to a request of “come here” • Stopping when name is called • Maintaining attention to speaker 	<ul style="list-style-type: none"> • Pretending to talk on phone, feed a baby, comfort a doll, clean a spill • Discriminating between familiar and unfamiliar people • Showing awareness of the feelings of others • Initiating familiar turn-taking routines • Requesting assistance from an adult • Hugs & kisses parents • Demonstrating a functional use of objects such as trying to use a brush or drinking from a toy cup • Gives a toy to caregiver spontaneously & upon request • Having temper tantrums when frustrated • Sometimes doing the opposite of what is asked of them <p><u>19-24 Months</u></p> <ul style="list-style-type: none"> • Shows a wide variety of emotions i.e., fear, anger, sympathy, modesty, guilt, joy 	<ul style="list-style-type: none"> • Being apt to snatch, push, kick, rather than give and take in polite fashion • Throwing tantrums when frustrated • Showing facial expression and behavior indicating pity, shame and modesty • Being restless, rebellious and very active at times • Becoming resistant and dawdling at times • Separates easily in familiar surroundings • Wanting to do favorite activities over and over again • Continuing to try a difficult task for a brief period of time (building with blocks for 3 to 5 minutes) • Insisting on some choices (food, clothing, appearance) • Seeking and accepting assistance when encountering difficulties • Inventing new uses for everyday materials with assistance (using a box for a house) • May develop sudden fears (i.e. large animals) 	<ul style="list-style-type: none"> • Observing other children at play; may join in for a few minutes • Playing well with two or three children in group • Having difficulty sharing • Showing facial expressions and behaviors indicating pity, shame, modesty • Sometimes being restless, rebellious, very active • Becoming resistant, dawdles • Throwing tantrums when thwarted or unable to express urgent needs • Objecting to major changes in routines • Verbalizing play plan for assigned role (“I am mother” “You be baby” “I cook” “You watch TV”) • Verbalizing play plan and using pretend props which are identified for benefit of adult (“This is our house (box)”) • Following simple rules • Taking turns in games • Listening and participating in group activities with adult supervision • Enjoying opportunities for pretend play and creating things (crafts, art)

Outcome 1:

Positive Social Emotional Skills....

Children demonstrate age appropriate functioning by...

<u>4-6 Months (continued)</u>	<u>10-12 Months (continued)</u>	<u>19-24 Months (continued)</u>	<u>25-30 Months (continued)</u>	<u>31-36 Months (continued)</u>
<ul style="list-style-type: none"> • Vocalizing in response to babbling behavior, vocalizations and speech produced by an adult 	<ul style="list-style-type: none"> • Responding with gesture to “come up” or “want up” • Waving in response to “bye-bye” • Saying “mama” or “dada” meaningfully • Using a word to call a person • Pushing or pulling an adult’s hand to have a behavior instigated or repeated • Showing attachment to favorite toy or blanket • Expressing two or more emotions (pleasure, fear, sadness) • Briefly stopping behavior when told “no” 	<ul style="list-style-type: none"> • “Checking-in” with familiar adults while playing • Resisting change, transitions are difficult • Show jealousy of attention given to others, especially own family • Using vocalizations and words during pretend play • Playing alone for short periods • Recognizes self in photograph • Uses concept “mine” to denote possessiveness 	<ul style="list-style-type: none"> • Displaying understanding of how objects work together (gets the dustpan when adult is sweeping the floor) • Substituting similar objects (uses boxes for blocks) • Realizing that behaviors can precede events (if mom takes things out the refrigerator and turns on the stove, she is going to cook lunch) • Attempting to comfort others in distress • Addressing listener appropriately to get attention (uses child’s or adult’s name to get attention) 	<ul style="list-style-type: none"> • Altering behavior based on a past event and builds on it (“this didn’t work, so I will try this”) • Relating an experience today to one that happened in the past (i.e. when Grandma comes over the dog has to be in the crate) • Saying “please” and “thank you” when reminded • Stating whether they are a boy or a girl • Begins to obey and respect simple rules • Takes pride in achievements • Resists change, may want things done the same way • May be able to participate in games that involve following simple directions and taking turns (i.e. “Duck, Duck, Goose”)

Larimer County Age Anchoring Tool

Outcome 2:

Acquiring and Using Knowledge and Skills....

Children demonstrate age appropriate functioning by...

<u>Birth – 3 Months</u>	<u>7-9 Months</u>	<u>13- 18 Months</u>	<u>25 – 30 Months</u>	<u>31 – 36 Months</u>
<ul style="list-style-type: none"> • Lifts head while on tummy • Clasping hands together and hands to mouth • Grasping finger if placed in palm • Kicking legs while lying on back • Begins cooing <p><u>4-6 months</u></p> <ul style="list-style-type: none"> • Beginning to reach for objects • Looking to place on body where being touched • Trying to cause things to happen such as kicking a mobile and smiling • Dropping a ball and observing the fall • Developing more precise imitation skills of facial movements and speech sounds • Securing an object that is partially hidden with a cloth • Pushing up through extended arms while on tummy 	<ul style="list-style-type: none"> • Shows desire to get to things that are not within reach • Sitting unsupported while playing with toys • Plays 2-3 minutes with a single toy • Reaching for and grasping blocks or other small toys • Reaching for objects while on tummy <p><u>10-12 months</u></p> <ul style="list-style-type: none"> • Pointing with index finger • Imitating behaviors initiated by caregiver (playing peek-a-boo; smiling and laughing during turn-taking; or attempting to name pictures and objects) • Banging blocks and other small toys together • Repeatedly throwing or dropping objects to watch the movement • Stirring with a spoon in a cup • Banging a spoon on inverted cup or tabletop 	<ul style="list-style-type: none"> • Explores the environment independent of caregiver • Turning the pages in a book • Looking at, pointing to, and naming pictures in a book • Imitating scribbling motions • Initiating familiar turn-taking routines • Begins to imitate sounds often, in turn taking conversational way • Pointing to two action words in pictures • Pointing to, showing, and giving an object • Handing a toy to an adult for assistance <p><u>19-24 months</u></p> <ul style="list-style-type: none"> • Identifying six body parts • Choosing two familiar objects upon request • Sorts objects by type (i.e. kitchen vs. animals) • Can follow two different directions with a toy (i.e. put it in, turn it over, etc) 	<ul style="list-style-type: none"> • Liking to take things apart and put them together again (puzzles, toys) • Following caregiver around the house and copying domestic activities in simultaneous play • Identifying boy or girl in picture book • Making doll/toy act on self as though capable of performing actions independent of child (placing brush in doll’s arms, than moving the doll’s arm as if doll is combing hair) • Communicating about the actions of others • Answering simple “what”, “where” questions about familiar people or things • Asking increasing numbers of questions (“where/what”) • Understanding negatives (no, not, can’t, don’t) • Formulating negative judgments (“spoon, not fork”) • Recognizes at least one color correctly 	<ul style="list-style-type: none"> • Understanding concepts of “mine” and “his/hers” • Telling gender when asked • Sometimes labeling and talking about own drawings when asked • Giving first and last name when asked • Using several verb forms correctly to describe a variety of actions (i.e. ing, ed) • Expanding use of prepositions (under, in front of, behind) • Understanding common adjectives of color, size, and shape • Showing interest in explanations that involve “why” and “how” • Using 4 to 6 word phrases or sentences • Making negative statements (“Can’t open it,” “Don’t touch”) • Beginning to use contractions (can’t, we’ll, won’t) • Using some plural forms correctly in speech • Using the past tense • Dictating a story for adult to write out

Outcome 2:

Acquiring and Using Knowledge and Skills...

Children demonstrate age appropriate functioning by....

<u>4-6 Months (continued)</u>	<u>10-12 Months (continued)</u>	<u>19-24 Months (continued)</u>	<u>25-30 Months (continued)</u>	<u>31-36 Months (continued)</u>
<ul style="list-style-type: none"> ● Repeating arm movements to keep a toy activated, keep mom singing, or causal event ● Visually studies hands and objects, looks at mirror image 	<ul style="list-style-type: none"> ● Demonstrates emerging problem solving skills such as (placing objects in the mouth and mouthing; pushing or pulling adult's hands to have a behavior instigated or repeated; turning a picture or mirror over to view the functional side; rotating three-dimensional objects to view the functional side; using a hammer or stick to play a xylophone ● Singing along with a familiar song ● Using gestures and/or vocalizing (grunts/whines) to protest ● Shouting or vocalizing to gain attention ● Responding to a request to "come here" ● Maintaining attention to speaker ● Responding with gesture to "come up" or "want up" 	<ul style="list-style-type: none"> ● Asking "What's that?" ● Demonstrating symbolic play, using one object as a signifier for another object ● Attempting to repair broken toys ● Choosing one object from a group of five upon verbal request ● Stacking 5 or 6 blocks ● Using two word utterance sometimes combined with gestures, to communicate ● Using three-word phrases occasionally ● Imitating words overheard in conversation ● Naming 5 to 7 objects upon request ● Using new words regularly (adding 2 to 5 words a week) ● Spontaneously naming objects, person, and actions ● Following novel commands ● Tells about a personal experience 	<ul style="list-style-type: none"> ● Understanding simple possessive forms (daddy's shirt) ● Understanding complex sentences ("when we get to the store, I'll buy you an ice cream cone") ● Pointing to smaller parts of the body when asked (chin, elbow) ● Recognizing and identifying general family names/categories (Grandma, Uncle) ● Recognizing the names and pictures of most common objects ● Understanding word association through functional association ("what do you drink with?", "What do you sleep on?", "What do you brush your teeth with?") ● Understanding size difference (little dog, large dog) ● Following directions involving common prepositions (in, on, behind, out) ● Enjoying finger plays (songs and games that use hands) 	<ul style="list-style-type: none"> ● Performing multi-step tasks when playing (takes money, rings cash register, puts money in drawer) ● Beginning to use inductive reasoning (if you do this, that happens) ● Expressing understanding of cause and effect (it's quiet because you turned off the music) ● Copying a circle ● Drawing a simple face ● Matching three colors ● Matching objects by color, shape and size

Outcome 2:

Acquiring and Using Knowledge and Skills...

Children demonstrate age appropriate functioning by....

<u>4-6 Months (continued)</u>	<u>10-12 Months (continued)</u>	<u>19-24 Months (continued)</u>	<u>25-30 Months (continued)</u>	<u>31-36 Months (continued)</u>
	<ul style="list-style-type: none"> • Waving in response to “bye-bye” • Saying “mama” or “dada” meaningfully • Imitating consonant and vowel combinations • Imitating non-speech sounds • Vocalizing with intent frequently • Using a word to call a person • Giving objects upon verbal request • Performing a routine activity upon verbal request • Looking at familiar objects and people when named • Understanding simple questions • Identifying two body parts on self • Demonstrating intense attention to adult language 	<ul style="list-style-type: none"> • Referring to self by name • Using early pronouns occasionally • Engaging in adult-like dialogue • Uses speech understood by others 50% of the time • Using sentence-like intonation patterns • Makes a horizontal and vertical stroke with crayon 	<ul style="list-style-type: none"> • Attempting to locate objects when they are discussed by others • Speaking in 2 or 3 word sentences; jargon and speaking by imitation only are almost gone • Often using personal pronouns (I, you, he, it, me) correctly • Using regular plurals (cats, dogs, balls) • Beginning to recall parts of a previously heard story • Requesting to hear familiar stories • Changing intonation and tone to communicate meaning • Understanding “one”, “all” (“Give me one block”) • Matching an object to a picture • Matching simple shapes such as a circle, square and triangle 	

Larimer County Age Anchoring Tool

Outcome 3:

Taking Appropriate Actions to Meet Needs....

Children demonstrate age appropriate functioning by....

<u>0-3 Months</u>	<u>7-9 Months</u>	<u>13-18 Months</u>	<u>25 – 30 Months</u>	<u>31 – 36 Months</u>
<ul style="list-style-type: none"> • Hands begin to open more and rest in open position • Holds small objects or toys when placed in hand • Follows moving object in range of 30 degrees either side of midline (object 10-12” away from baby’s face) • Responds to loud noise with startle or upset • Responds to human voice more readily than any other sound • Begins to produce different cries for different reasons • Turning head to either side when lying on back • Rooting-reflexive turning of mouth toward hand rubbing cheek • Lifting and rotating head when lying on tummy or when held at shoulder 	<ul style="list-style-type: none"> • Holds an object in each hand and bangs them together • Reaches for objects with either hand, one at a time, when lying on tummy • Rakes at tinier objects with fingers • Turns to look when name is called • Begins to imitate sounds, often in turn-taking, conversational way • Moves body to music • Shows desire to get to things that are not within reach • Rolling in both directions and may use sequential rolling to get somewhere • Crawling on belly using both arms and legs symmetrically to propel 3+ feet • Pulls up into standing position when helped with your hands and supports all of weight on legs 	<ul style="list-style-type: none"> • Able to pick up objects of all sorts of sizes and weights using either hand and precision with fingers • Removes objects while holding on to container • Places objects into large containers • Uses wider variety of gestures to communicate wants and needs • Begins to say words for the most familiar thing or people • Follows simple directions, i.e. “Let’s go to the kitchen.”, “Find your shoes.” • Can correctly match sound to object, i.e. doorbell, telephone • Stands without support for brief periods • Walks independently with good quality, needs guidance to ascend/descend stairs on feet • Climbs up on couch or chair • Removes loose clothing partially or completely 	<ul style="list-style-type: none"> • Opens doors by handle/knob • Turning knobs on objects like radio or TV • Catching ball (by trapping against body) when playing with adult or peer • Knows where things are kept • Puts things away to help clean up • Uses non-verbal gestures and body language to express needs and feelings (hugs, hands on hips, etc.) • Progressively more articulate with language to express thoughts and desires • Walks up steps, alternating feet while holding rail or hand for support • Sits on riding toys and pushes with feet; may ride tricycle • Swings leg to kick stationary ball • Plays on outdoor play structures (climbing, sliding) • Attempts to jump with two feet together • Puts on socks, coat and shirt 	<ul style="list-style-type: none"> • Can problem solve and carry out a plan for getting something they need or want, i.e. while mom is distracted, gets forbidden marker out of desk drawer; prepares own simple snack like getting crackers and putting in bowl. • Follows simple rules • Separates easily from mother in familiar environment • Hops in place on one foot (either foot) three time without losing balance • Stands on one foot (either foot) for three seconds • Jumps over object, i.e. string/rope, that is two inches high • Walks upstairs alternating feet • Walks downstairs four steps without support, placing both feet on each step • Can dress and undress independently, including unbuttoning buttons, with few exceptions • Asserts food preferences and recognizes what they are and are not allowed to eat • Gets drink from fountain • Follows basic health practices when reminded (washing/drying hands, brushing teeth)

Outcome 3:

Taking Appropriate Actions to Meet Needs...

Children demonstrate age appropriate functioning by...

<u>Birth - 3 Months (continued)</u>	<u>7-9 Months (continued)</u>	<u>13-18 Months (continued)</u>	<u>25 – 30 Months (continued)</u>	<u>31 – 36 Months</u>
<ul style="list-style-type: none"> • Primary Standing-moving legs into extension for weight bearing when held upright (standing height) with feet contacting surface • Walking-reflexive stepping when held upright with feet contacting surface, lifts feet alternatively in walking-like motion • Kicks feet in bicycle motion when lying on back <p><u>4-6 Months</u></p> <ul style="list-style-type: none"> • Brings hands together in midline over chest when lying on back, i.e. places hands on bottle while eating, playing with own hands held together over chest • Begins to reach and grasp or bat at objects, shakes or bangs toys on surface • Brings objects to mouth, i.e. toys, pacifier, bottle (when not so full) • Moves objects back and forth from one hand to the other 	<ul style="list-style-type: none"> • Sitting on own once placed in that position to play • Begins to participate when being dressed, pulls off socks or hat • Grabs for spoon/cup when being fed <p><u>10-12 Months</u></p> <ul style="list-style-type: none"> • Points with index finger and activates toys using one finger • Begins to develop more refined grasp using tips of finger and thumb to pick up much smaller things with precision • Learns to voluntarily let go of what is being held, may throw objects • Raises arms up when wanting to be picked up • Expresses full range of emotion including resistive behavior • Raises self to sitting position • Creeps on hands and knees to get around • Pulls up on furniture • Cruises along furniture and/or walks with hands-on help 	<ul style="list-style-type: none"> • Practices using child-sized fork and spoon to eat (non-liquids) • Tries to help with tooth brushing <p><u>19-24 Months</u></p> <ul style="list-style-type: none"> • Tries to take things apart • May enjoy marking/drawing on paper with crayons or other writing tools • Begins to place objects in containers with smaller openings • Uses two word utterances, plus gestures, to express wants and needs • Can answer questions with “yes” or “no” using head shake, gestures or words • Expresses need for independence with doing things on own or asks for help when needed • Follows 2 or 3 step directions • Likes to imitate adult actions especially to “help out” 	<ul style="list-style-type: none"> • Takes off own shoes, socks, and some pants as well as other unfastened garments • Uses fork to spear bite sized chunks of food • Knows which faucet is hot and cold • Washes self in bath • Interested in trying potty while still predominantly wearing diapers 	<ul style="list-style-type: none"> • Verbalizes toilet needs fairly consistently • Shows daytime control of toileting needs with occasional accidents

Outcome 3:

Taking Appropriate Actions to Meet Needs...

Children demonstrate age appropriate functioning by...

<u>4-6 Months (continued)</u>	<u>10-12 Months</u>	<u>19-24 Months (continued)</u>	<u>25 – 30 Months (continued)</u>	<u>31 – 36 Months (continued)</u>
<ul style="list-style-type: none"> • Babbles with wide variety of sounds • Rolling-tummy to back (over either L/R side) often comes before back to tummy • Raises head and shoulders by resting on forearms/hands when on tummy to look around • Sits with less and less support, tries to prop forward on arms to stay sitting or tries to raise self to sitting when leaning back, as in the car seat • Reaches for and plays with feet • Holds head up well in many positions to be able to see all around • Enjoys bath-keeps eyes open and indicates pleasure when placed in warm water or plays by splashing 	<ul style="list-style-type: none"> • Tries to climb to get to higher surfaces, crawls up stairs • Fusses when uncomfortable in diaper • Feeds self with fingers/sippy cup and tries to use small utensils 	<ul style="list-style-type: none"> • Garners someone’s attention or takes someone’s hand to take them to something they want or want to show them • Demonstrates more advanced movement and motor skills such as running and more proficient climbing, i.e. climbing out of the crib • Attempts to jump down from step or raised surface • Positions body more automatically to help put on clothing • More developed skills with spoon and fork, less spilling • Tries to wash own hands and face, comb hair 		

ACTIVITY 5

Age-Expected Skills: 13-24 Months

Activity Purpose: The purpose of this activity is for participants to apply their knowledge of typical child development in relationship to the three Child Outcomes by organizing skills/milestones into the three Child outcome areas for children from 13-24 months.

***Note for facilitator:** use the document, *Developmental Milestones for Children 13-24 Months*, which contains the developmental milestones for children from 13-24 months from the *Larimer County Age Anchoring Tools*. Facilitator should cut out each milestone so that each one is on its own small strip of paper. There will be a total of 58 small pieces of paper (with one milestone on each) for each of the groups.

Difficulty Level: Introductory Level – Awareness & Intermediate Level – Application

Estimated Time: 45-60 minutes

Materials:

- TV/Computer
- Screen
- Internet access
- Audio for video
- Handouts:
 - *Developmental Progressions and the Child Outcome Summary (COS) Process 7-Point Rating Scale*
 - *Outcome 1 Larimer County Age Anchoring Tool*
 - *Outcome 2 Larimer County Age Anchoring Tool*
 - *Outcome 3 Larimer County Age Anchoring Tool*
 - Pre-cut strips from document titled, *Developmental Milestones*

Activity Instructions:

Part 1 – The Magic of Everyday Moments

1. Watch the following video from Zero to Three to get the conversation started related to development: <https://www.zerotothree.org/resources/192-development-from-12-to-24-months-old-strong-positive-connections-and-interactions-fuel-learning>
2. Consider the following discussion prompts:
 - a. What are some of the major developmental milestones related to social relationships that happens during this time?
 - b. What are some of the major developmental milestones related to independence that occur during this time?
 - c. What are some of the major developmental milestones related to acquiring new knowledge and skills that occur during this time?

- d. What is the significance of everyday interactions with caregivers? Routines with caregivers?

Part 2 – Age-Expected Skills Sort

1. Divide the large group into smaller groups.
2. Give each of the small groups the developmental skills (cut out individually, so each group will receive several small pieces of paper) for all three of the child outcomes for children 13-24 months.
3. Instruct the participants to work together in their groups to discuss and organize the developmental milestones/skills in the order in which they think the skills progress within the context of the three child outcomes. The facilitator might advise the participants to look at each milestone as a group and decide which one of the three outcomes it can be categorized under. Once this process has been complete for each outcome, then the participants may want to consider discussing and organizing the milestone in order in which they typically develop within each outcome area.
4. Come together as a large group once the small groups have finished. Pass out the handouts titled, *Larimer County Age Anchoring Tools* for Outcomes 1, 2 & 3, for participant to compare their results with the tool.
5. Consider the following prompts:
 - a. How did this task help you think about child development? Child outcomes?
 - b. What was the most meaningful part of this task for you?
 - c. What was the most difficult aspect of this task for you and/or your group?
 - d. How are these skills similar or different from formal assessment tools that you administer?
 - e. How did this task further your understanding of the relationship between foundational, immediate foundational, and age-expected skills?
 - f. What are other important pieces of information that are missing from the milestones that would inform you about a child this age and his/her functioning?

ACTIVITY 5

Developmental Milestones for Children 13-24 Months

***Note to facilitator:** cut out each milestone, so that each one is on its own strip of paper; milestones in this document contain skills for all three child outcomes; there should be 58 small strips of paper for each group.

Pretends to talk on phone, feed a baby, comfort a doll, clean a spill

Discriminate between familiar and unfamiliar people

Show awareness of the feelings of others

Initiate familiar turn- taking routines

Request assistance from an adult

Hug & kiss parents

Demonstrate a functional use of objects such as trying to use a brush or drinking from a toy cup

Gives a toy to caregiver spontaneously & upon request

Has temper tantrums when frustrated

Sometimes doing the opposite of what is asked of them

Shows a wide variety of emotions i.e., fear, anger, sympathy, modesty, guilt, joy, etc.

“Checks-in” with familiar adults while playing

Resists change, transitions are difficult

Shows jealousy of attention given to others, especially own family

Uses vocalizations and words during pretend play

Plays alone for short periods

Recognizes self in photograph

Uses concept “mine” to denote possessiveness

Explores the environment independent of caregiver

Turns the pages in a book

Looks at, points to, and names pictures in a book

Imitates scribbling motions

Begins to imitate sounds often, in turn taking conversational way

Hands a toy to an adult for assistance

Identifies six body parts

Chooses two familiar objects upon request

Sorts objects by type (i.e. kitchen vs. animals)

Follows two different directions with a toy (i.e. put it in, turn it over, etc.)

Asks, “What’s that?”

Demonstrates symbolic play, using one object as a signifier for another object

Uses two-word utterance sometimes combined with gestures, to communicate

Uses three-word phrases occasionally

Imitates words overheard in conversation

Spontaneously names objects, person, and actions

Follows novel commands

Tells about a personal experience

Refers to self by name

Uses early pronouns occasionally

Removes objects while holding on to container

Places objects into large containers

Uses wider variety of gestures to communicate wants and needs

Correctly match sound to object, i.e. doorbell, telephone

Stands without support for brief periods

Walks independently with good quality, needs guidance to ascend/descend stairs on feet

Climbs up on couch or chair

Removes loose clothing partially or completely

Practices using child-sized fork and spoon to eat (non-liquids)

Tries to help with tooth brushing

Tries to take things apart

May enjoy marking/drawing on paper with crayons or other writing tools

Uses two word utterances, plus gestures, to express wants and needs

Can answer questions with “yes” or “no” using head shake, gestures or words

Expresses need for independence with doing things on own or asks for help when needed

Follows 2 or 3 step directions

Likes to imitate adult actions especially to “help out”

Garners someone’s attention or takes someone’s hand to take them to something they want or want to show them

Demonstrates more advanced movement and motor skills such as running and more proficient climbing, i.e. climbing out of the crib

Tries to wash own hands and face, comb hair

Developmental Progressions and the Child Outcome Summary (COS) Process 7-Point Rating Scale

The COS process uses a 7-point scale for rating a child's functioning in each of the three outcome areas. To determine a rating, the team must be familiar with the child's functioning in the outcome across a variety of situations and settings. The team needs to think about the many skills and behaviors that allow the child to function in an age-expected way in each outcome area. The team needs to understand the developmental progressions that lead to age-expected functioning, asking:

1. Are the skills and behaviors demonstrated what one would expect for a child this age?
2. If not, are they like those of a younger child? Are they the skills and behaviors that come just before the age-expected skills and behaviors?
3. If not, are they like those of a MUCH younger child? Are they farther away from age expected skills and behaviors? (much earlier or atypical skills and behaviors)

An important developmental concept for understanding how to use the COS 7-point scale is the concept of foundational skills. Some of the skills and behaviors that develop early serve as the foundation for later skills and behavior, or expressed another way; later skills build on earlier skills in predictable ways. Teachers and therapists can use the earlier skills to help children move to the next higher level of functioning developmentally. We refer to these earlier skills that serve as the base and are conceptually linked to the later skills, as "**foundational skills**." For example, children play along side one another before they interact in play. Development in the early childhood years proceeds through several levels of foundational skills with skills and behavior becoming more complex and more proficient as children get older. All skills that lead to higher levels of functional are foundational skills, however, the set of skills and behavior that occur developmentally *just prior* to age-expected functioning can be described as the **immediate foundational skills** in that they are the most recent set of foundational skills that children master and move beyond.

A child whose functioning is like that of a younger child is probably showing **immediate foundational skills**. Her functioning does not meet age expectations, but she demonstrates skills and behaviors that occur developmentally just prior to age expected functioning and are the basis *on which to build* age-expected functioning.

A child whose functioning might be described as like that of a MUCH younger child does not meet age expectations, nor does she demonstrate skills and behaviors that immediately precede age-expected functioning. She has foundational skills, but not yet at an **immediate foundational** level.

It is important to note that some foundational skills get replaced by newer skills whereas others continue in children's (and adult's) repertoires throughout life. The nature of interacting with other children changes fundamentally as children get older. On the other hand, skills like making eye contact, turn-taking, and eating with a fork get incorporated into more sophisticated routines but never disappear. To identify whether functioning that continues throughout life constitutes an immediate foundational skill, ask yourself at what age one would first expect to see this functioning and how close is that to the child's current age. For instance, being able to make eye contact is not an **immediate** foundational skill for a three year old.

Example 1: Chrissa is 30 months (2 ½ years) old. Although she does not play with other children, she watches them with great interest. A child who is 30 months of age or so should play with other children, even taking turns. A younger child (18-24 months or so) would play alone, but would be very aware of other children, such as the toys another child is using, and may snatch a toy away from another child. A much younger child (12 months or so) would stay very close to his or her primary caregiver, showing early awareness of other children. Chrissa is more than aware of other children, she visually follows their play with enthusiasm. She has immediate foundational skills on which to build the next level of relationships with peers, which would involve playing with other children and turn taking.

Because it is a continuum, developmental expectations vary by age.

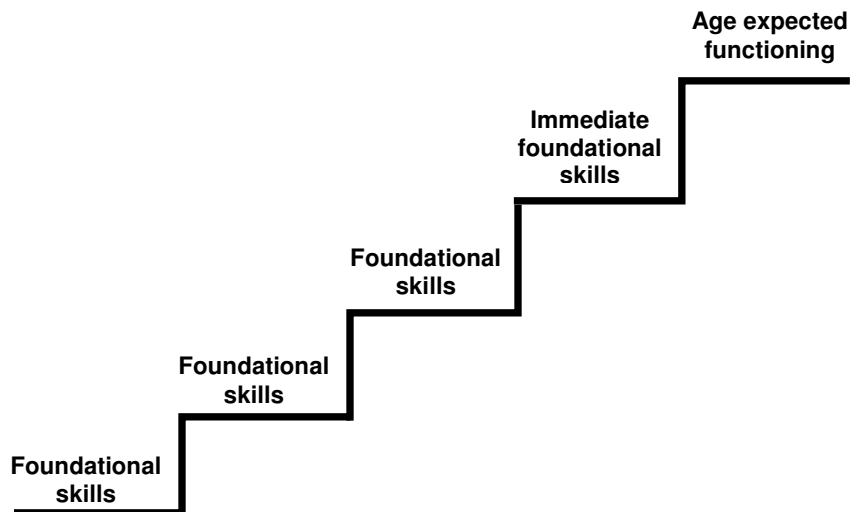
- What if Chrissa were 12 months old?
- How would you answer questions 1-3, above?
- What if Chrissa were 48 months old?

Why this is hard: child development does not progress in a neat and tidy sequence. Children spend various amounts of time in any one stage of development. Areas of development may overlap with one another. It's impossible to pin down the exact age at which every child will have achieved a specific milestone. Children manifest developmental expectations in different ways. All children follow general sequences but each child will develop in unique ways, depending upon the child's personality, context, and experiences. In determining the extent to which a child's functioning meets age expectations, the team must look at an overall pattern, rather than specific fragments, of development.

Example 2: Justin is 24 months (2 years) old. He uses a spoon, but often spills the food before it gets to his mouth. Without his mom's help he wouldn't get much to eat at mealtime. A child who is 2 should be able to meet his feeding needs without much help, using various kinds of tools, including his fingers. The younger child (toddler) experiments with tool use, but with limited success. The much younger child (infant) participates in feeding by opening his mouth, but does not attempt to feed himself.

- How would you describe Justin's skills and behaviors? Are they age-expected? Immediate foundational? Or not yet?
- What if Justin were 12 months old? How would you describe his skills and behaviors? What if he were 36 months old?

How Foundational Skills Lead to Age-Expected Functioning



Larimer County Age Anchoring Tool

Outcome 1:

Positive Social Emotional Skills....

Children demonstrate age appropriate functioning by....

<u>0-3 Months</u>	<u>7-9 Months</u>	<u>13-18 Months</u>	<u>25 – 30 Months</u>	<u>31 – 36 Months</u>
<ul style="list-style-type: none"> • Fixating on the human face and maintaining gaze with caregiver • Turning their head and eyes in the direction of the parent voice • Being comforted and appearing to enjoy touch and being held by a familiar adult • Draws attention to self when in distress <p><u>4-6 Months</u></p> <ul style="list-style-type: none"> • Anticipating being lifted or fed and moving body toward adult when being approached • Smiling spontaneously to human contact, smiling in play, and smiling at self in mirror • Vocalizes to express pleasure & displeasure sounds in addition to crying/cooing • Is able to stop unexplained crying • Enjoying games with others such as “Where is your nose?” and “So Big!” 	<ul style="list-style-type: none"> • Smiling and laughing during turn-taking • Participating in simple games (pat-a-cake, peek-a-boo) • Demonstrating anticipation of play activities • Exhibiting anxious behavior around unfamiliar adults • Using gestures and vocalizing to protest • Shouting or vocalizing to gain attention • Shows anxiety over separation from parents • Repeating a behavior (shows off) to maintain adult attention <p><u>10-12 Months</u></p> <ul style="list-style-type: none"> • Imitating familiar words in turn-taking • Showing sensitivity to the mood of others • Performing for social attention • Responding to a request of “come here” • Stopping when name is called • Maintaining attention to speaker 	<ul style="list-style-type: none"> • Pretending to talk on phone, feed a baby, comfort a doll, clean a spill • Discriminating between familiar and unfamiliar people • Showing awareness of the feelings of others • Initiating familiar turn-taking routines • Requesting assistance from an adult • Hugs & kisses parents • Demonstrating a functional use of objects such as trying to use a brush or drinking from a toy cup • Gives a toy to caregiver spontaneously & upon request • Having temper tantrums when frustrated • Sometimes doing the opposite of what is asked of them <p><u>19-24 Months</u></p> <ul style="list-style-type: none"> • Shows a wide variety of emotions i.e., fear, anger, sympathy, modesty, guilt, joy 	<ul style="list-style-type: none"> • Being apt to snatch, push, kick, rather than give and take in polite fashion • Throwing tantrums when frustrated • Showing facial expression and behavior indicating pity, shame and modesty • Being restless, rebellious and very active at times • Becoming resistant and dawdling at times • Separates easily in familiar surroundings • Wanting to do favorite activities over and over again • Continuing to try a difficult task for a brief period of time (building with blocks for 3 to 5 minutes) • Insisting on some choices (food, clothing, appearance) • Seeking and accepting assistance when encountering difficulties • Inventing new uses for everyday materials with assistance (using a box for a house) • May develop sudden fears (i.e. large animals) 	<ul style="list-style-type: none"> • Observing other children at play; may join in for a few minutes • Playing well with two or three children in group • Having difficulty sharing • Showing facial expressions and behaviors indicating pity, shame, modesty • Sometimes being restless, rebellious, very active • Becoming resistant, dawdles • Throwing tantrums when thwarted or unable to express urgent needs • Objecting to major changes in routines • Verbalizing play plan for assigned role (“I am mother” “You be baby” “I cook” “You watch TV”) • Verbalizing play plan and using pretend props which are identified for benefit of adult (“This is our house (box)”) • Following simple rules • Taking turns in games • Listening and participating in group activities with adult supervision • Enjoying opportunities for pretend play and creating things (crafts, art)

Outcome 1:

Positive Social Emotional Skills....

Children demonstrate age appropriate functioning by...

<u>4-6 Months (continued)</u>	<u>10-12 Months (continued)</u>	<u>19-24 Months (continued)</u>	<u>25-30 Months (continued)</u>	<u>31-36 Months (continued)</u>
<ul style="list-style-type: none"> • Vocalizing in response to babbling behavior, vocalizations and speech produced by an adult 	<ul style="list-style-type: none"> • Responding with gesture to “come up” or “want up” • Waving in response to “bye-bye” • Saying “mama” or “dada” meaningfully • Using a word to call a person • Pushing or pulling an adult’s hand to have a behavior instigated or repeated • Showing attachment to favorite toy or blanket • Expressing two or more emotions (pleasure, fear, sadness) • Briefly stopping behavior when told “no” 	<ul style="list-style-type: none"> • “Checking-in” with familiar adults while playing • Resisting change, transitions are difficult • Show jealousy of attention given to others, especially own family • Using vocalizations and words during pretend play • Playing alone for short periods • Recognizes self in photograph • Uses concept “mine” to denote possessiveness 	<ul style="list-style-type: none"> • Displaying understanding of how objects work together (gets the dustpan when adult is sweeping the floor) • Substituting similar objects (uses boxes for blocks) • Realizing that behaviors can precede events (if mom takes things out the refrigerator and turns on the stove, she is going to cook lunch) • Attempting to comfort others in distress • Addressing listener appropriately to get attention (uses child’s or adult’s name to get attention) 	<ul style="list-style-type: none"> • Altering behavior based on a past event and builds on it (“this didn’t work, so I will try this”) • Relating an experience today to one that happened in the past (i.e. when Grandma comes over the dog has to be in the crate) • Saying “please” and “thank you” when reminded • Stating whether they are a boy or a girl • Begins to obey and respect simple rules • Takes pride in achievements • Resists change, may want things done the same way • May be able to participate in games that involve following simple directions and taking turns (i.e. “Duck, Duck, Goose”)

Larimer County Age Anchoring Tool

Outcome 2:

Acquiring and Using Knowledge and Skills....

Children demonstrate age appropriate functioning by....

<u>Birth – 3 Months</u>	<u>7-9 Months</u>	<u>13- 18 Months</u>	<u>25 – 30 Months</u>	<u>31 – 36 Months</u>
<ul style="list-style-type: none"> • Lifts head while on tummy • Clasping hands together and hands to mouth • Grasping finger if placed in palm • Kicking legs while lying on back • Begins cooing <p><u>4-6 months</u></p> <ul style="list-style-type: none"> • Beginning to reach for objects • Looking to place on body where being touched • Trying to cause things to happen such as kicking a mobile and smiling • Dropping a ball and observing the fall • Developing more precise imitation skills of facial movements and speech sounds • Securing an object that is partially hidden with a cloth • Pushing up through extended arms while on tummy 	<ul style="list-style-type: none"> • Shows desire to get to things that are not within reach • Sitting unsupported while playing with toys • Plays 2-3 minutes with a single toy • Reaching for and grasping blocks or other small toys • Reaching for objects while on tummy <p><u>10-12 months</u></p> <ul style="list-style-type: none"> • Pointing with index finger • Imitating behaviors initiated by caregiver (playing peek-a-boo; smiling and laughing during turn-taking; or attempting to name pictures and objects) • Banging blocks and other small toys together • Repeatedly throwing or dropping objects to watch the movement • Stirring with a spoon in a cup • Banging a spoon on inverted cup or tabletop 	<ul style="list-style-type: none"> • Explores the environment independent of caregiver • Turning the pages in a book • Looking at, pointing to, and naming pictures in a book • Imitating scribbling motions • Initiating familiar turn-taking routines • Begins to imitate sounds often, in turn taking conversational way • Pointing to two action words in pictures • Pointing to, showing, and giving an object • Handing a toy to an adult for assistance <p><u>19-24 months</u></p> <ul style="list-style-type: none"> • Identifying six body parts • Choosing two familiar objects upon request • Sorts objects by type (i.e. kitchen vs. animals) • Can follow two different directions with a toy (i.e. put it in, turn it over, etc) 	<ul style="list-style-type: none"> • Liking to take things apart and put them together again (puzzles, toys) • Following caregiver around the house and copying domestic activities in simultaneous play • Identifying boy or girl in picture book • Making doll/toy act on self as though capable of performing actions independent of child (placing brush in doll’s arms, than moving the doll’s arm as if doll is combing hair) • Communicating about the actions of others • Answering simple “what”, “where” questions about familiar people or things • Asking increasing numbers of questions (“where/what”) • Understanding negatives (no, not, can’t, don’t) • Formulating negative judgments (“spoon, not fork”) • Recognizes at least one color correctly 	<ul style="list-style-type: none"> • Understanding concepts of “mine” and “his/hers” • Telling gender when asked • Sometimes labeling and talking about own drawings when asked • Giving first and last name when asked • Using several verb forms correctly to describe a variety of actions (i.e. ing, ed) • Expanding use of prepositions (under, in front of, behind) • Understanding common adjectives of color, size, and shape • Showing interest in explanations that involve “why” and “how” • Using 4 to 6 word phrases or sentences • Making negative statements (“Can’t open it,” “Don’t touch”) • Beginning to use contractions (can’t, we’ll, won’t) • Using some plural forms correctly in speech • Using the past tense • Dictating a story for adult to write out

Outcome 2:

Acquiring and Using Knowledge and Skills...

Children demonstrate age appropriate functioning by....

<u>4-6 Months (continued)</u>	<u>10-12 Months (continued)</u>	<u>19-24 Months (continued)</u>	<u>25-30 Months (continued)</u>	<u>31-36 Months (continued)</u>
<ul style="list-style-type: none"> ● Repeating arm movements to keep a toy activated, keep mom singing, or causal event ● Visually studies hands and objects, looks at mirror image 	<ul style="list-style-type: none"> ● Demonstrates emerging problem solving skills such as (placing objects in the mouth and mouthing; pushing or pulling adult's hands to have a behavior instigated or repeated; turning a picture or mirror over to view the functional side; rotating three-dimensional objects to view the functional side; using a hammer or stick to play a xylophone ● Singing along with a familiar song ● Using gestures and/or vocalizing (grunts/whines) to protest ● Shouting or vocalizing to gain attention ● Responding to a request to "come here" ● Maintaining attention to speaker ● Responding with gesture to "come up" or "want up" 	<ul style="list-style-type: none"> ● Asking "What's that?" ● Demonstrating symbolic play, using one object as a signifier for another object ● Attempting to repair broken toys ● Choosing one object from a group of five upon verbal request ● Stacking 5 or 6 blocks ● Using two word utterance sometimes combined with gestures, to communicate ● Using three-word phrases occasionally ● Imitating words overheard in conversation ● Naming 5 to 7 objects upon request ● Using new words regularly (adding 2 to 5 words a week) ● Spontaneously naming objects, person, and actions ● Following novel commands ● Tells about a personal experience 	<ul style="list-style-type: none"> ● Understanding simple possessive forms (daddy's shirt) ● Understanding complex sentences ("when we get to the store, I'll buy you an ice cream cone") ● Pointing to smaller parts of the body when asked (chin, elbow) ● Recognizing and identifying general family names/categories (Grandma, Uncle) ● Recognizing the names and pictures of most common objects ● Understanding word association through functional association ("what do you drink with?", "What do you sleep on?", "What do you brush your teeth with?") ● Understanding size difference (little dog, large dog) ● Following directions involving common prepositions (in, on, behind, out) ● Enjoying finger plays (songs and games that use hands) 	<ul style="list-style-type: none"> ● Performing multi-step tasks when playing (takes money, rings cash register, puts money in drawer) ● Beginning to use inductive reasoning (if you do this, that happens) ● Expressing understanding of cause and effect (it's quiet because you turned off the music) ● Copying a circle ● Drawing a simple face ● Matching three colors ● Matching objects by color, shape and size

Outcome 2:

Acquiring and Using Knowledge and Skills...

Children demonstrate age appropriate functioning by....

<u>4-6 Months (continued)</u>	<u>10-12 Months (continued)</u>	<u>19-24 Months (continued)</u>	<u>25-30 Months (continued)</u>	<u>31-36 Months (continued)</u>
	<ul style="list-style-type: none"> • Waving in response to “bye-bye” • Saying “mama” or “dada” meaningfully • Imitating consonant and vowel combinations • Imitating non-speech sounds • Vocalizing with intent frequently • Using a word to call a person • Giving objects upon verbal request • Performing a routine activity upon verbal request • Looking at familiar objects and people when named • Understanding simple questions • Identifying two body parts on self • Demonstrating intense attention to adult language 	<ul style="list-style-type: none"> • Referring to self by name • Using early pronouns occasionally • Engaging in adult-like dialogue • Uses speech understood by others 50% of the time • Using sentence-like intonation patterns • Makes a horizontal and vertical stroke with crayon 	<ul style="list-style-type: none"> • Attempting to locate objects when they are discussed by others • Speaking in 2 or 3 word sentences; jargon and speaking by imitation only are almost gone • Often using personal pronouns (I, you, he, it, me) correctly • Using regular plurals (cats, dogs, balls) • Beginning to recall parts of a previously heard story • Requesting to hear familiar stories • Changing intonation and tone to communicate meaning • Understanding “one”, “all” (“Give me one block”) • Matching an object to a picture • Matching simple shapes such as a circle, square and triangle 	

Larimer County Age Anchoring Tool

Outcome 3:

Taking Appropriate Actions to Meet Needs....

Children demonstrate age appropriate functioning by....

<u>0-3 Months</u>	<u>7-9 Months</u>	<u>13-18 Months</u>	<u>25 – 30 Months</u>	<u>31 – 36 Months</u>
<ul style="list-style-type: none"> • Hands begin to open more and rest in open position • Holds small objects or toys when placed in hand • Follows moving object in range of 30 degrees either side of midline (object 10-12” away from baby’s face) • Responds to loud noise with startle or upset • Responds to human voice more readily than any other sound • Begins to produce different cries for different reasons • Turning head to either side when lying on back • Rooting-reflexive turning of mouth toward hand rubbing cheek • Lifting and rotating head when lying on tummy or when held at shoulder 	<ul style="list-style-type: none"> • Holds an object in each hand and bangs them together • Reaches for objects with either hand, one at a time, when lying on tummy • Rakes at tinier objects with fingers • Turns to look when name is called • Begins to imitate sounds, often in turn-taking, conversational way • Moves body to music • Shows desire to get to things that are not within reach • Rolling in both directions and may use sequential rolling to get somewhere • Crawling on belly using both arms and legs symmetrically to propel 3+ feet • Pulls up into standing position when helped with your hands and supports all of weight on legs 	<ul style="list-style-type: none"> • Able to pick up objects of all sorts of sizes and weights using either hand and precision with fingers • Removes objects while holding on to container • Places objects into large containers • Uses wider variety of gestures to communicate wants and needs • Begins to say words for the most familiar thing or people • Follows simple directions, i.e. “Let’s go to the kitchen.”, “Find your shoes.” • Can correctly match sound to object, i.e. doorbell, telephone • Stands without support for brief periods • Walks independently with good quality, needs guidance to ascend/descend stairs on feet • Climbs up on couch or chair • Removes loose clothing partially or completely 	<ul style="list-style-type: none"> • Opens doors by handle/knob • Turning knobs on objects like radio or TV • Catching ball (by trapping against body) when playing with adult or peer • Knows where things are kept • Puts things away to help clean up • Uses non-verbal gestures and body language to express needs and feelings (hugs, hands on hips, etc.) • Progressively more articulate with language to express thoughts and desires • Walks up steps, alternating feet while holding rail or hand for support • Sits on riding toys and pushes with feet; may ride tricycle • Swings leg to kick stationary ball • Plays on outdoor play structures (climbing, sliding) • Attempts to jump with two feet together • Puts on socks, coat and shirt 	<ul style="list-style-type: none"> • Can problem solve and carry out a plan for getting something they need or want, i.e. while mom is distracted, gets forbidden marker out of desk drawer; prepares own simple snack like getting crackers and putting in bowl. • Follows simple rules • Separates easily from mother in familiar environment • Hops in place on one foot (either foot) three time without losing balance • Stands on one foot (either foot) for three seconds • Jumps over object, i.e. string/rope, that is two inches high • Walks upstairs alternating feet • Walks downstairs four steps without support, placing both feet on each step • Can dress and undress independently, including unbuttoning buttons, with few exceptions • Asserts food preferences and recognizes what they are and are not allowed to eat • Gets drink from fountain • Follows basic health practices when reminded (washing/drying hands, brushing teeth)

Outcome 3:

Taking Appropriate Actions to Meet Needs...

Children demonstrate age appropriate functioning by...

<u>Birth - 3 Months (continued)</u>	<u>7-9 Months (continued)</u>	<u>13-18 Months (continued)</u>	<u>25 – 30 Months (continued)</u>	<u>31 – 36 Months</u>
<ul style="list-style-type: none"> • Primary Standing-moving legs into extension for weight bearing when held upright (standing height) with feet contacting surface • Walking-reflexive stepping when held upright with feet contacting surface, lifts feet alternatively in walking-like motion • Kicks feet in bicycle motion when lying on back <p><u>4-6 Months</u></p> <ul style="list-style-type: none"> • Brings hands together in midline over chest when lying on back, i.e. places hands on bottle while eating, playing with own hands held together over chest • Begins to reach and grasp or bat at objects, shakes or bangs toys on surface • Brings objects to mouth, i.e. toys, pacifier, bottle (when not so full) • Moves objects back and forth from one hand to the other 	<ul style="list-style-type: none"> • Sitting on own once placed in that position to play • Begins to participate when being dressed, pulls off socks or hat • Grabs for spoon/cup when being fed <p><u>10-12 Months</u></p> <ul style="list-style-type: none"> • Points with index finger and activates toys using one finger • Begins to develop more refined grasp using tips of finger and thumb to pick up much smaller things with precision • Learns to voluntarily let go of what is being held, may throw objects • Raises arms up when wanting to be picked up • Expresses full range of emotion including resistive behavior • Raises self to sitting position • Creeps on hands and knees to get around • Pulls up on furniture • Cruises along furniture and/or walks with hands-on help 	<ul style="list-style-type: none"> • Practices using child-sized fork and spoon to eat (non-liquids) • Tries to help with tooth brushing <p><u>19-24 Months</u></p> <ul style="list-style-type: none"> • Tries to take things apart • May enjoy marking/drawing on paper with crayons or other writing tools • Begins to place objects in containers with smaller openings • Uses two word utterances, plus gestures, to express wants and needs • Can answer questions with “yes” or “no” using head shake, gestures or words • Expresses need for independence with doing things on own or asks for help when needed • Follows 2 or 3 step directions • Likes to imitate adult actions especially to “help out” 	<ul style="list-style-type: none"> • Takes off own shoes, socks, and some pants as well as other unfastened garments • Uses fork to spear bite sized chunks of food • Knows which faucet is hot and cold • Washes self in bath • Interested in trying potty while still predominantly wearing diapers 	<ul style="list-style-type: none"> • Verbalizes toilet needs fairly consistently • Shows daytime control of toileting needs with occasional accidents

Outcome 3:

Taking Appropriate Actions to Meet Needs...

Children demonstrate age appropriate functioning by...

<u>4-6 Months (continued)</u>	<u>10-12 Months</u>	<u>19-24 Months (continued)</u>	<u>25 – 30 Months (continued)</u>	<u>31 – 36 Months (continued)</u>
<ul style="list-style-type: none"> • Babbles with wide variety of sounds • Rolling-tummy to back (over either L/R side) often comes before back to tummy • Raises head and shoulders by resting on forearms/hands when on tummy to look around • Sits with less and less support, tries to prop forward on arms to stay sitting or tries to raise self to sitting when leaning back, as in the car seat • Reaches for and plays with feet • Holds head up well in many positions to be able to see all around • Enjoys bath-keeps eyes open and indicates pleasure when placed in warm water or plays by splashing 	<ul style="list-style-type: none"> • Tries to climb to get to higher surfaces, crawls up stairs • Fusses when uncomfortable in diaper • Feeds self with fingers/sippy cup and tries to use small utensils 	<ul style="list-style-type: none"> • Garners someone’s attention or takes someone’s hand to take them to something they want or want to show them • Demonstrates more advanced movement and motor skills such as running and more proficient climbing, i.e. climbing out of the crib • Attempts to jump down from step or raised surface • Positions body more automatically to help put on clothing • More developed skills with spoon and fork, less spilling • Tries to wash own hands and face, comb hair 		

ACTIVITY 6

Age-Expected Skills: 25-36 Months

Activity Purpose: The purpose of this activity is for participants to continue to apply their knowledge of typical child development in relationship to the three Child Outcomes for a child between the ages of 25-36 months. Furthermore, this activity will promote and/or refine the participants' understanding of how to use the Age Anchoring Tools to support the process of determining a rating.

Difficulty Level: Introductory Level – Awareness & Intermediate Level – Application

Estimated Time: 30-45 minutes

Materials:

- Handouts:
 - *Case Study – Kayla*
 - *Developmental Progressions and the Child Outcome Summary (COS) Process 7-Point Rating Scale*
 - *Outcome 1 Larimer County Age Anchoring Tool*
 - *Outcome 2 Larimer County Age Anchoring Tool*
 - *Outcome 3 Larimer County Age Anchoring Tool*
 - *Understanding Child Functioning Reflection*

Activity Instructions:

Part 1 – Kayla

1. Pass out the following handouts to the participants:
 - a. *Case Study – Kayla*
 - b. *Developmental Progressions and the Child Outcome Summary (COS) Process 7-Point Rating Scale*
 - c. *Larimer County Age Anchoring Tools* for Outcomes 1, 2 & 3
2. Instruct the participants to read over the case study and then get into pairs.
3. Ask each pair to complete the application questions within the case study document.
4. Reconvene as a large group and consider asking the following questions:
 - a. What questions might you want to ask the caregiver and early intervention professionals?
 - b. What conclusions did you come to for each of the three Child Outcomes?
 - c. Walk us through the process that led you to your conclusion for each of the outcomes.
 - d. How were the resources helpful?

***Note to facilitator:** save the group's consensus (foundational, immediate foundational or age-expected) for each of the three outcomes as you will revisit this case study in a future session.

Part 2 – Reflection

1. Pass out the corresponding reflection handout titled, *Understanding Child Functioning Reflection*.
2. Encourage participants to individually reflect on their understanding of the importance of child functioning, terminology, such as foundational, immediate foundational and age-expected, as well as the three Child Outcomes.
3. The results of these reflections will inform how the facilitator/s adjust future sessions to provide individualized support for their specific provider group.

ACTIVITY 6

Case Study -- Kayla

Kayla is 32 months old and has been receiving early intervention services since shortly after her birth. She was found eligible for services as a result of being born prematurely and a mild to moderate bilateral hearing loss. Kayla received her hearing aids at eight months of age and wears them consistently throughout the day. Kayla has made great progress since starting services: she originally required the support of oxygen when she was a baby, had difficulties feeding and was often got sick. However, Kayla has been relatively healthy in the last 6 months, only experiencing a few colds and ear infections, which she recently received pressure equalization tubes as a result. Kayla is a funny little girl with an infectious smile. She has a loving supportive family (which includes a 5-year-old sister, Maddy) and close, extended family. Kayla's family would like for Kayla to be able to communicate with her family as well as her peers in the community. They would also like for Kayla to be able to be independent.

At Home:

Kayla is learning how to interact with her family throughout her daily interactions. She is using several spoken words for the purposes of greeting, requesting, commenting, protesting, making choices and responding to some basic questions, as well as asking, "what's dat?" She recently started combine words together, creating a few simple phrases, such as "more cookie" and "mama help". In addition to spoken words, Kayla uses some gestures and even actions to have her needs met. For instance, she will go into the refrigerator and get a juice box for herself when she is thirsty. Kayla is expressing a wide array of emotions, such as happiness, sadness and frustration. She is developing preferences and becomes upset when she is unable to get what she wants, especially her favorite toys, food and clothing items.

During mealtimes, Kayla will use spoken words to indicate her preferences related to what she wants to eat/drink. She is feeding herself finger foods as well as using forks to feed herself. Furthermore, she uses Sippy cups and drinks from open cups with some assistance. She seems to enjoy eating a variety of table foods, such as fruits, vegetables, cheese, beans, rice, and pasta. When she is finished eating, with assistance, she will get down from her chair at the table and place her utensils and plate in the sink.

Kayla's mom has noticed Kayla playing with toys in different ways, taking care of her baby dolls by feeding and wrapping them up with her blankets. Kayla is very persistent with tasks that she seems to enjoy, such as playing with puzzles, her babies, some art-related activities and looking at books. For instance, Kayla will complete eight-piece puzzles, persisting for several minutes and problem solving until all the pieces fit into the puzzle accordingly. Additionally, Kayla's mother caught Kayla trying to reach her favorite fruit snacks in the cupboard by pushing a stool over to the countertop, so that she could climb up on the counter and reach the cupboard, all to eat her favorite snack.

When getting ready for bed at night, Kayla will attempt to undress and dress, requiring some assistance from her parents. Kayla and her dad will typically read Kayla's favorite book as she listens attentively, pointing to pictures and asking, "what's dat?" Just before Kayla goes to sleep at night, her father takes her hearing aids off, while Kayla places them in her hearing aid box. Just this week, Kayla's dad has noticed Kayla has been more resistant to bedtime, having tantrums when asked to start getting ready for bed by brushing her teeth after dinnertime.

In the Community:

Kayla's family goes to several places in the community, such as the grocery store, church, family members' homes, the soccer field for Maddy's games, out to eat, and the library – just to name a few places. Kayla especially enjoys going to the park and music class. When Kayla's family visits the park, she and her big sister, Maddy, run around, chasing each other, playing on the swings, slides and climbing. Kayla is beginning to follow some basic safety rules, while walking to the park, such as "you need to hold mommy's hand" and "wait to cross" when her mother uses visuals such as gesturing to help her understand.

Kayla and her mom attend weekly music class with other families in their neighborhood. While it takes Kayla a few minutes to warm up each week, once she feels comfortable, she enjoys interacting with the other children and participating in class by shaking the musical instruments, sometimes offering the other children these instruments and singing songs. She especially loves participating in the song *If You're Happy and You Know It* by performing the physical actions that correspond with this song as well as singing a few words.

Application Questions:

1. Based on the information above, what other questions might you have for Kayla's family and early intervention team?
2. Using the anchoring tools, how would you classify Kayla's functional skills for Child Outcomes 1, 2 and 3 (foundational, immediate foundational and age-expected)? Explain the rationale for your decisions.
3. Identify the skills that came before Kayla's current skills/behaviors for each outcome area and the skills/behaviors that will come after.

Developmental Progressions and the Child Outcome Summary (COS) Process 7-Point Rating Scale

The COS process uses a 7-point scale for rating a child's functioning in each of the three outcome areas. To determine a rating, the team must be familiar with the child's functioning in the outcome across a variety of situations and settings. The team needs to think about the many skills and behaviors that allow the child to function in an age-expected way in each outcome area. The team needs to understand the developmental progressions that lead to age-expected functioning, asking:

1. Are the skills and behaviors demonstrated what one would expect for a child this age?
2. If not, are they like those of a younger child? Are they the skills and behaviors that come just before the age-expected skills and behaviors?
3. If not, are they like those of a MUCH younger child? Are they farther away from age expected skills and behaviors? (much earlier or atypical skills and behaviors)

An important developmental concept for understanding how to use the COS 7-point scale is the concept of foundational skills. Some of the skills and behaviors that develop early serve as the foundation for later skills and behavior, or expressed another way; later skills build on earlier skills in predictable ways. Teachers and therapists can use the earlier skills to help children move to the next higher level of functioning developmentally. We refer to these earlier skills that serve as the base and are conceptually linked to the later skills, as "**foundational skills**." For example, children play along side one another before they interact in play. Development in the early childhood years proceeds through several levels of foundational skills with skills and behavior becoming more complex and more proficient as children get older. All skills that lead to higher levels of functional are foundational skills, however, the set of skills and behavior that occur developmentally *just prior* to age-expected functioning can be described as the **immediate foundational skills** in that they are the most recent set of foundational skills that children master and move beyond.

A child whose functioning is like that of a younger child is probably showing **immediate foundational skills**. Her functioning does not meet age expectations, but she demonstrates skills and behaviors that occur developmentally just prior to age expected functioning and are the basis *on which to build* age-expected functioning.

A child whose functioning might be described as like that of a MUCH younger child does not meet age expectations, nor does she demonstrate skills and behaviors that immediately precede age-expected functioning. She has foundational skills, but not yet at an **immediate foundational** level.

It is important to note that some foundational skills get replaced by newer skills whereas others continue in children's (and adult's) repertoires throughout life. The nature of interacting with other children changes fundamentally as children get older. On the other hand, skills like making eye contact, turn-taking, and eating with a fork get incorporated into more sophisticated routines but never disappear. To identify whether functioning that continues throughout life constitutes an immediate foundational skill, ask yourself at what age one would first expect to see this functioning and how close is that to the child's current age. For instance, being able to make eye contact is not an **immediate** foundational skill for a three year old.

Example 1: Chrissa is 30 months (2 ½ years) old. Although she does not play with other children, she watches them with great interest. A child who is 30 months of age or so should play with other children, even taking turns. A younger child (18-24 months or so) would play alone, but would be very aware of other children, such as the toys another child is using, and may snatch a toy away from another child. A much younger child (12 months or so) would stay very close to his or her primary caregiver, showing early awareness of other children. Chrissa is more than aware of other children, she visually follows their play with enthusiasm. She has immediate foundational skills on which to build the next level of relationships with peers, which would involve playing with other children and turn taking.

Because it is a continuum, developmental expectations vary by age.

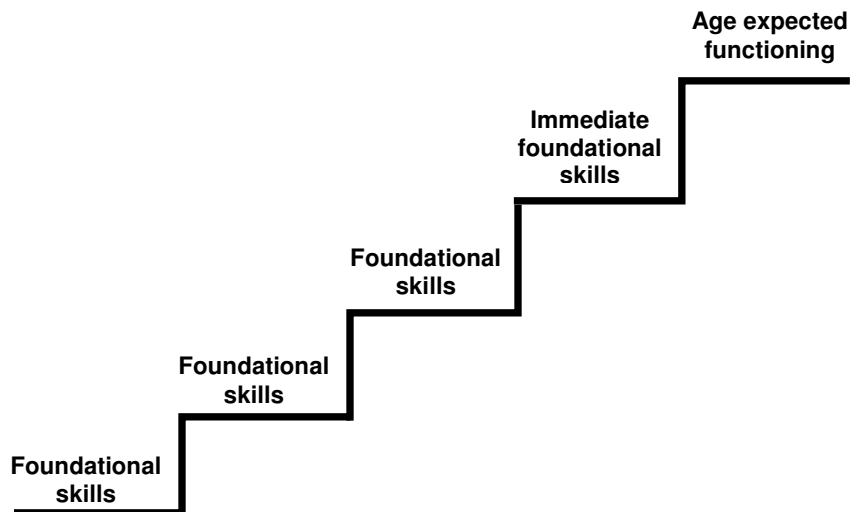
- What if Chrissa were 12 months old?
- How would you answer questions 1-3, above?
- What if Chrissa were 48 months old?

Why this is hard: child development does not progress in a neat and tidy sequence. Children spend various amounts of time in any one stage of development. Areas of development may overlap with one another. It's impossible to pin down the exact age at which every child will have achieved a specific milestone. Children manifest developmental expectations in different ways. All children follow general sequences but each child will develop in unique ways, depending upon the child's personality, context, and experiences. In determining the extent to which a child's functioning meets age expectations, the team must look at an overall pattern, rather than specific fragments, of development.

Example 2: Justin is 24 months (2 years) old. He uses a spoon, but often spills the food before it gets to his mouth. Without his mom's help he wouldn't get much to eat at mealtime. A child who is 2 should be able to meet his feeding needs without much help, using various kinds of tools, including his fingers. The younger child (toddler) experiments with tool use, but with limited success. The much younger child (infant) participates in feeding by opening his mouth, but does not attempt to feed himself.

- How would you describe Justin's skills and behaviors? Are they age-expected? Immediate foundational? Or not yet?
- What if Justin were 12 months old? How would you describe his skills and behaviors? What if he were 36 months old?

How Foundational Skills Lead to Age-Expected Functioning



Larimer County Age Anchoring Tool

Outcome 1:

Positive Social Emotional Skills....

Children demonstrate age appropriate functioning by....

<u>0-3 Months</u>	<u>7-9 Months</u>	<u>13-18 Months</u>	<u>25 – 30 Months</u>	<u>31 – 36 Months</u>
<ul style="list-style-type: none"> • Fixating on the human face and maintaining gaze with caregiver • Turning their head and eyes in the direction of the parent voice • Being comforted and appearing to enjoy touch and being held by a familiar adult • Draws attention to self when in distress <p><u>4-6 Months</u></p> <ul style="list-style-type: none"> • Anticipating being lifted or fed and moving body toward adult when being approached • Smiling spontaneously to human contact, smiling in play, and smiling at self in mirror • Vocalizes to express pleasure & displeasure sounds in addition to crying/cooing • Is able to stop unexplained crying • Enjoying games with others such as “Where is your nose?” and “So Big!” 	<ul style="list-style-type: none"> • Smiling and laughing during turn-taking • Participating in simple games (pat-a-cake, peek-a-boo) • Demonstrating anticipation of play activities • Exhibiting anxious behavior around unfamiliar adults • Using gestures and vocalizing to protest • Shouting or vocalizing to gain attention • Shows anxiety over separation from parents • Repeating a behavior (shows off) to maintain adult attention <p><u>10-12 Months</u></p> <ul style="list-style-type: none"> • Imitating familiar words in turn-taking • Showing sensitivity to the mood of others • Performing for social attention • Responding to a request of “come here” • Stopping when name is called • Maintaining attention to speaker 	<ul style="list-style-type: none"> • Pretending to talk on phone, feed a baby, comfort a doll, clean a spill • Discriminating between familiar and unfamiliar people • Showing awareness of the feelings of others • Initiating familiar turn-taking routines • Requesting assistance from an adult • Hugs & kisses parents • Demonstrating a functional use of objects such as trying to use a brush or drinking from a toy cup • Gives a toy to caregiver spontaneously & upon request • Having temper tantrums when frustrated • Sometimes doing the opposite of what is asked of them <p><u>19-24 Months</u></p> <ul style="list-style-type: none"> • Shows a wide variety of emotions i.e., fear, anger, sympathy, modesty, guilt, joy 	<ul style="list-style-type: none"> • Being apt to snatch, push, kick, rather than give and take in polite fashion • Throwing tantrums when frustrated • Showing facial expression and behavior indicating pity, shame and modesty • Being restless, rebellious and very active at times • Becoming resistant and dawdling at times • Separates easily in familiar surroundings • Wanting to do favorite activities over and over again • Continuing to try a difficult task for a brief period of time (building with blocks for 3 to 5 minutes) • Insisting on some choices (food, clothing, appearance) • Seeking and accepting assistance when encountering difficulties • Inventing new uses for everyday materials with assistance (using a box for a house) • May develop sudden fears (i.e. large animals) 	<ul style="list-style-type: none"> • Observing other children at play; may join in for a few minutes • Playing well with two or three children in group • Having difficulty sharing • Showing facial expressions and behaviors indicating pity, shame, modesty • Sometimes being restless, rebellious, very active • Becoming resistant, dawdles • Throwing tantrums when thwarted or unable to express urgent needs • Objecting to major changes in routines • Verbalizing play plan for assigned role (“I am mother” “You be baby” “I cook” “You watch TV”) • Verbalizing play plan and using pretend props which are identified for benefit of adult (“This is our house (box)”) • Following simple rules • Taking turns in games • Listening and participating in group activities with adult supervision • Enjoying opportunities for pretend play and creating things (crafts, art)

Outcome 1:

Positive Social Emotional Skills....

Children demonstrate age appropriate functioning by...

<u>4-6 Months (continued)</u>	<u>10-12 Months (continued)</u>	<u>19-24 Months (continued)</u>	<u>25-30 Months (continued)</u>	<u>31-36 Months (continued)</u>
<ul style="list-style-type: none"> • Vocalizing in response to babbling behavior, vocalizations and speech produced by an adult 	<ul style="list-style-type: none"> • Responding with gesture to “come up” or “want up” • Waving in response to “bye-bye” • Saying “mama” or “dada” meaningfully • Using a word to call a person • Pushing or pulling an adult’s hand to have a behavior instigated or repeated • Showing attachment to favorite toy or blanket • Expressing two or more emotions (pleasure, fear, sadness) • Briefly stopping behavior when told “no” 	<ul style="list-style-type: none"> • “Checking-in” with familiar adults while playing • Resisting change, transitions are difficult • Show jealousy of attention given to others, especially own family • Using vocalizations and words during pretend play • Playing alone for short periods • Recognizes self in photograph • Uses concept “mine” to denote possessiveness 	<ul style="list-style-type: none"> • Displaying understanding of how objects work together (gets the dustpan when adult is sweeping the floor) • Substituting similar objects (uses boxes for blocks) • Realizing that behaviors can precede events (if mom takes things out the refrigerator and turns on the stove, she is going to cook lunch) • Attempting to comfort others in distress • Addressing listener appropriately to get attention (uses child’s or adult’s name to get attention) 	<ul style="list-style-type: none"> • Altering behavior based on a past event and builds on it (“this didn’t work, so I will try this”) • Relating an experience today to one that happened in the past (i.e. when Grandma comes over the dog has to be in the crate) • Saying “please” and “thank you” when reminded • Stating whether they are a boy or a girl • Begins to obey and respect simple rules • Takes pride in achievements • Resists change, may want things done the same way • May be able to participate in games that involve following simple directions and taking turns (i.e. “Duck, Duck, Goose”)

Larimer County Age Anchoring Tool

Outcome 2:

Acquiring and Using Knowledge and Skills....

Children demonstrate age appropriate functioning by....

<u>Birth – 3 Months</u>	<u>7-9 Months</u>	<u>13- 18 Months</u>	<u>25 – 30 Months</u>	<u>31 – 36 Months</u>
<ul style="list-style-type: none"> • Lifts head while on tummy • Clasping hands together and hands to mouth • Grasping finger if placed in palm • Kicking legs while lying on back • Begins cooing <p><u>4-6 months</u></p> <ul style="list-style-type: none"> • Beginning to reach for objects • Looking to place on body where being touched • Trying to cause things to happen such as kicking a mobile and smiling • Dropping a ball and observing the fall • Developing more precise imitation skills of facial movements and speech sounds • Securing an object that is partially hidden with a cloth • Pushing up through extended arms while on tummy 	<ul style="list-style-type: none"> • Shows desire to get to things that are not within reach • Sitting unsupported while playing with toys • Plays 2-3 minutes with a single toy • Reaching for and grasping blocks or other small toys • Reaching for objects while on tummy <p><u>10-12 months</u></p> <ul style="list-style-type: none"> • Pointing with index finger • Imitating behaviors initiated by caregiver (playing peek-a-boo; smiling and laughing during turn-taking; or attempting to name pictures and objects) • Banging blocks and other small toys together • Repeatedly throwing or dropping objects to watch the movement • Stirring with a spoon in a cup • Banging a spoon on inverted cup or tabletop 	<ul style="list-style-type: none"> • Explores the environment independent of caregiver • Turning the pages in a book • Looking at, pointing to, and naming pictures in a book • Imitating scribbling motions • Initiating familiar turn-taking routines • Begins to imitate sounds often, in turn taking conversational way • Pointing to two action words in pictures • Pointing to, showing, and giving an object • Handing a toy to an adult for assistance <p><u>19-24 months</u></p> <ul style="list-style-type: none"> • Identifying six body parts • Choosing two familiar objects upon request • Sorts objects by type (i.e. kitchen vs. animals) • Can follow two different directions with a toy (i.e. put it in, turn it over, etc) 	<ul style="list-style-type: none"> • Liking to take things apart and put them together again (puzzles, toys) • Following caregiver around the house and copying domestic activities in simultaneous play • Identifying boy or girl in picture book • Making doll/toy act on self as though capable of performing actions independent of child (placing brush in doll’s arms, than moving the doll’s arm as if doll is combing hair) • Communicating about the actions of others • Answering simple “what”, “where” questions about familiar people or things • Asking increasing numbers of questions (“where/what”) • Understanding negatives (no, not, can’t, don’t) • Formulating negative judgments (“spoon, not fork”) • Recognizes at least one color correctly 	<ul style="list-style-type: none"> • Understanding concepts of “mine” and “his/hers” • Telling gender when asked • Sometimes labeling and talking about own drawings when asked • Giving first and last name when asked • Using several verb forms correctly to describe a variety of actions (i.e. ing, ed) • Expanding use of prepositions (under, in front of, behind) • Understanding common adjectives of color, size, and shape • Showing interest in explanations that involve “why” and “how” • Using 4 to 6 word phrases or sentences • Making negative statements (“Can’t open it,” “Don’t touch”) • Beginning to use contractions (can’t, we’ll, won’t) • Using some plural forms correctly in speech • Using the past tense • Dictating a story for adult to write out

Outcome 2:

Acquiring and Using Knowledge and Skills...

Children demonstrate age appropriate functioning by....

<u>4-6 Months (continued)</u>	<u>10-12 Months (continued)</u>	<u>19-24 Months (continued)</u>	<u>25-30 Months (continued)</u>	<u>31-36 Months (continued)</u>
<ul style="list-style-type: none"> • Repeating arm movements to keep a toy activated, keep mom singing, or causal event • Visually studies hands and objects, looks at mirror image 	<ul style="list-style-type: none"> • Demonstrates emerging problem solving skills such as (placing objects in the mouth and mouthing; pushing or pulling adult's hands to have a behavior instigated or repeated; turning a picture or mirror over to view the functional side; rotating three-dimensional objects to view the functional side; using a hammer or stick to play a xylophone • Singing along with a familiar song • Using gestures and/or vocalizing (grunts/whines) to protest • Shouting or vocalizing to gain attention • Responding to a request to "come here" • Maintaining attention to speaker • Responding with gesture to "come up" or "want up" 	<ul style="list-style-type: none"> • Asking "What's that?" • Demonstrating symbolic play, using one object as a signifier for another object • Attempting to repair broken toys • Choosing one object from a group of five upon verbal request • Stacking 5 or 6 blocks • Using two word utterance sometimes combined with gestures, to communicate • Using three-word phrases occasionally • Imitating words overheard in conversation • Naming 5 to 7 objects upon request • Using new words regularly (adding 2 to 5 words a week) • Spontaneously naming objects, person, and actions • Following novel commands • Tells about a personal experience 	<ul style="list-style-type: none"> • Understanding simple possessive forms (daddy's shirt) • Understanding complex sentences ("when we get to the store, I'll buy you an ice cream cone") • Pointing to smaller parts of the body when asked (chin, elbow) • Recognizing and identifying general family names/categories (Grandma, Uncle) • Recognizing the names and pictures of most common objects • Understanding word association through functional association ("what do you drink with?", "What do you sleep on?", "What do you brush your teeth with?") • Understanding size difference (little dog, large dog) • Following directions involving common prepositions (in, on, behind, out) • Enjoying finger plays (songs and games that use hands) 	<ul style="list-style-type: none"> • Performing multi-step tasks when playing (takes money, rings cash register, puts money in drawer) • Beginning to use inductive reasoning (if you do this, that happens) • Expressing understanding of cause and effect (it's quiet because you turned off the music) • Copying a circle • Drawing a simple face • Matching three colors • Matching objects by color, shape and size

Outcome 2:

Acquiring and Using Knowledge and Skills...

Children demonstrate age appropriate functioning by....

<u>4-6 Months (continued)</u>	<u>10-12 Months (continued)</u>	<u>19-24 Months (continued)</u>	<u>25-30 Months (continued)</u>	<u>31-36 Months (continued)</u>
	<ul style="list-style-type: none"> • Waving in response to “bye-bye” • Saying “mama” or “dada” meaningfully • Imitating consonant and vowel combinations • Imitating non-speech sounds • Vocalizing with intent frequently • Using a word to call a person • Giving objects upon verbal request • Performing a routine activity upon verbal request • Looking at familiar objects and people when named • Understanding simple questions • Identifying two body parts on self • Demonstrating intense attention to adult language 	<ul style="list-style-type: none"> • Referring to self by name • Using early pronouns occasionally • Engaging in adult-like dialogue • Uses speech understood by others 50% of the time • Using sentence-like intonation patterns • Makes a horizontal and vertical stroke with crayon 	<ul style="list-style-type: none"> • Attempting to locate objects when they are discussed by others • Speaking in 2 or 3 word sentences; jargon and speaking by imitation only are almost gone • Often using personal pronouns (I, you, he, it, me) correctly • Using regular plurals (cats, dogs, balls) • Beginning to recall parts of a previously heard story • Requesting to hear familiar stories • Changing intonation and tone to communicate meaning • Understanding “one”, “all” (“Give me one block”) • Matching an object to a picture • Matching simple shapes such as a circle, square and triangle 	

Larimer County Age Anchoring Tool

Outcome 3:

Taking Appropriate Actions to Meet Needs....

Children demonstrate age appropriate functioning by....

<u>0-3 Months</u>	<u>7-9 Months</u>	<u>13-18 Months</u>	<u>25 – 30 Months</u>	<u>31 – 36 Months</u>
<ul style="list-style-type: none"> • Hands begin to open more and rest in open position • Holds small objects or toys when placed in hand • Follows moving object in range of 30 degrees either side of midline (object 10-12” away from baby’s face) • Responds to loud noise with startle or upset • Responds to human voice more readily than any other sound • Begins to produce different cries for different reasons • Turning head to either side when lying on back • Rooting-reflexive turning of mouth toward hand rubbing cheek • Lifting and rotating head when lying on tummy or when held at shoulder 	<ul style="list-style-type: none"> • Holds an object in each hand and bangs them together • Reaches for objects with either hand, one at a time, when lying on tummy • Rakes at tinier objects with fingers • Turns to look when name is called • Begins to imitate sounds, often in turn-taking, conversational way • Moves body to music • Shows desire to get to things that are not within reach • Rolling in both directions and may use sequential rolling to get somewhere • Crawling on belly using both arms and legs symmetrically to propel 3+ feet • Pulls up into standing position when helped with your hands and supports all of weight on legs 	<ul style="list-style-type: none"> • Able to pick up objects of all sorts of sizes and weights using either hand and precision with fingers • Removes objects while holding on to container • Places objects into large containers • Uses wider variety of gestures to communicate wants and needs • Begins to say words for the most familiar thing or people • Follows simple directions, i.e. “Let’s go to the kitchen.”, “Find your shoes.” • Can correctly match sound to object, i.e. doorbell, telephone • Stands without support for brief periods • Walks independently with good quality, needs guidance to ascend/descend stairs on feet • Climbs up on couch or chair • Removes loose clothing partially or completely 	<ul style="list-style-type: none"> • Opens doors by handle/knob • Turning knobs on objects like radio or TV • Catching ball (by trapping against body) when playing with adult or peer • Knows where things are kept • Puts things away to help clean up • Uses non-verbal gestures and body language to express needs and feelings (hugs, hands on hips, etc.) • Progressively more articulate with language to express thoughts and desires • Walks up steps, alternating feet while holding rail or hand for support • Sits on riding toys and pushes with feet; may ride tricycle • Swings leg to kick stationary ball • Plays on outdoor play structures (climbing, sliding) • Attempts to jump with two feet together • Puts on socks, coat and shirt 	<ul style="list-style-type: none"> • Can problem solve and carry out a plan for getting something they need or want, i.e. while mom is distracted, gets forbidden marker out of desk drawer; prepares own simple snack like getting crackers and putting in bowl. • Follows simple rules • Separates easily from mother in familiar environment • Hops in place on one foot (either foot) three time without losing balance • Stands on one foot (either foot) for three seconds • Jumps over object, i.e. string/rope, that is two inches high • Walks upstairs alternating feet • Walks downstairs four steps without support, placing both feet on each step • Can dress and undress independently, including unbuttoning buttons, with few exceptions • Asserts food preferences and recognizes what they are and are not allowed to eat • Gets drink from fountain • Follows basic health practices when reminded (washing/drying hands, brushing teeth)

Outcome 3:

Taking Appropriate Actions to Meet Needs...

Children demonstrate age appropriate functioning by...

<u>Birth - 3 Months (continued)</u>	<u>7-9 Months (continued)</u>	<u>13-18 Months (continued)</u>	<u>25 – 30 Months (continued)</u>	<u>31 – 36 Months</u>
<ul style="list-style-type: none"> • Primary Standing-moving legs into extension for weight bearing when held upright (standing height) with feet contacting surface • Walking-reflexive stepping when held upright with feet contacting surface, lifts feet alternatively in walking-like motion • Kicks feet in bicycle motion when lying on back <p><u>4-6 Months</u></p> <ul style="list-style-type: none"> • Brings hands together in midline over chest when lying on back, i.e. places hands on bottle while eating, playing with own hands held together over chest • Begins to reach and grasp or bat at objects, shakes or bangs toys on surface • Brings objects to mouth, i.e. toys, pacifier, bottle (when not so full) • Moves objects back and forth from one hand to the other 	<ul style="list-style-type: none"> • Sitting on own once placed in that position to play • Begins to participate when being dressed, pulls off socks or hat • Grabs for spoon/cup when being fed <p><u>10-12 Months</u></p> <ul style="list-style-type: none"> • Points with index finger and activates toys using one finger • Begins to develop more refined grasp using tips of finger and thumb to pick up much smaller things with precision • Learns to voluntarily let go of what is being held, may throw objects • Raises arms up when wanting to be picked up • Expresses full range of emotion including resistive behavior • Raises self to sitting position • Creeps on hands and knees to get around • Pulls up on furniture • Cruises along furniture and/or walks with hands-on help 	<ul style="list-style-type: none"> • Practices using child-sized fork and spoon to eat (non-liquids) • Tries to help with tooth brushing <p><u>19-24 Months</u></p> <ul style="list-style-type: none"> • Tries to take things apart • May enjoy marking/drawing on paper with crayons or other writing tools • Begins to place objects in containers with smaller openings • Uses two word utterances, plus gestures, to express wants and needs • Can answer questions with “yes” or “no” using head shake, gestures or words • Expresses need for independence with doing things on own or asks for help when needed • Follows 2 or 3 step directions • Likes to imitate adult actions especially to “help out” 	<ul style="list-style-type: none"> • Takes off own shoes, socks, and some pants as well as other unfastened garments • Uses fork to spear bite sized chunks of food • Knows which faucet is hot and cold • Washes self in bath • Interested in trying potty while still predominantly wearing diapers 	<ul style="list-style-type: none"> • Verbalizes toilet needs fairly consistently • Shows daytime control of toileting needs with occasional accidents

Outcome 3:

Taking Appropriate Actions to Meet Needs...

Children demonstrate age appropriate functioning by...

<u>4-6 Months (continued)</u>	<u>10-12 Months</u>	<u>19-24 Months (continued)</u>	<u>25 – 30 Months (continued)</u>	<u>31 – 36 Months (continued)</u>
<ul style="list-style-type: none"> • Babbles with wide variety of sounds • Rolling-tummy to back (over either L/R side) often comes before back to tummy • Raises head and shoulders by resting on forearms/hands when on tummy to look around • Sits with less and less support, tries to prop forward on arms to stay sitting or tries to raise self to sitting when leaning back, as in the car seat • Reaches for and plays with feet • Holds head up well in many positions to be able to see all around • Enjoys bath-keeps eyes open and indicates pleasure when placed in warm water or plays by splashing 	<ul style="list-style-type: none"> • Tries to climb to get to higher surfaces, crawls up stairs • Fusses when uncomfortable in diaper • Feeds self with fingers/sippy cup and tries to use small utensils 	<ul style="list-style-type: none"> • Garners someone’s attention or takes someone’s hand to take them to something they want or want to show them • Demonstrates more advanced movement and motor skills such as running and more proficient climbing, i.e. climbing out of the crib • Attempts to jump down from step or raised surface • Positions body more automatically to help put on clothing • More developed skills with spoon and fork, less spilling • Tries to wash own hands and face, comb hair 		

ACTIVITY 7

Foundational, Immediate Foundational or Age-Expected?

Activity Purpose: The purpose of this activity is to give participants the opportunity to apply their understanding of foundational, immediate foundational and age-expected skills for outcomes 1, 2, and 3 given various scenarios. This activity can provide participants with additional practice if needed.

Difficulty Level: Introductory Level – Awareness & Intermediate Level – Application

Estimated Time: 30-45 minutes

Materials:

- TV/Computer screen
- Internet & Audio Access
- Video Downloaded Titled, *Mom Playing with Toddler*
- Handouts:
 - *Outcome 1 Larimer County Age Anchoring Tool*
 - *Outcome 2 Larimer County Age Anchoring Tool*
 - *Outcome 3 Larimer County Age Anchoring Tool*

Activity Instructions:

Part 1 – Foundational, Immediate Foundational or Age-Expected?

1. View one or all the following videos:
 - a. Profit: https://www.youtube.com/watch?time_continue=23&v=YIEPryVTkSs
 - b. Owen: <https://www.youtube.com/watch?v=PYrq2QBITPI>
 - c. Mom playing with toddler
2. After viewing each video, ask the participants to individually reflect and consider what kind of skills and behaviors each child is demonstrating for each of the three child outcomes.
3. After each participant has had the opportunity to individually complete the task, come together as a large group. Consider asking the following questions:
 - a. Based on the video clips and the kinds of skills and behaviors you observed, which outcome/s were you able to consider?
 - b. Would you consider the skills and behaviors foundational, immediate foundational or age-expected for outcome 1? Outcome 2? Outcome 3? Why? What was your rationale?
 - c. What additional questions might you have for the caregiver/s about this child's functioning?
 - d. What did you notice about this child's personality/temperament?

- e. How did your perspective, experiences and/or background/discipline impact what you observed and how you might have considered the child's skills and behaviors?

Part 2 – Discussing Child Functioning

1. In preparation for section four regarding reaching consensus, watch the following video -- *Lucas – Outcome 3*: http://olms.cte.jhu.edu//olms2/COSTC_SectionIII
2. After watching the video, consider the following discussion prompts to review all the content up until this point:
 - a. How did the professional explain outcome 3 to this mother?
 - b. How did the professional include the mother in this COS discussion?
 - c. What did you notice about the relationships the caregiver has with the professionals?
 - d. What skills and behaviors did you hear mom explain regarding his functional skills?
 - e. What skills did you see that you think were foundational? Immediate foundational? Age-expected?
 - f. How long did this conversation take?
 - g. Who do you think did most of the talking?
 - h. What are your thoughts about the breadth of this outcome? Do you feel as though the team went deep enough with this outcome?
 - i. How did the team talk about his strengths, abilities, etc.?
 - j. What are the sources of information the team is using to gain an understanding of his functioning?
 - k. How does the team discuss the skills that he has not yet mastered?
 - l. Do you think the skills they are discussing are functional or discrete?
 - m. Are there any other thoughts or observations about this video that you would like to share?

Part 3 – Group Reflection

1. As the participant to get into small groups. Encourage the groups to reflect by answering the following question:
 - a. How does the child functioning discussion related to the child outcomes we just watched compare with how you typically engage in discussions with families?
 - b. How might you align your discussions with child functioning (versus discrete skills) in the future? What steps do you need to take?

Larimer County Age Anchoring Tool

Outcome 1:

Positive Social Emotional Skills....

Children demonstrate age appropriate functioning by....

<u>0-3 Months</u>	<u>7-9 Months</u>	<u>13-18 Months</u>	<u>25 – 30 Months</u>	<u>31 – 36 Months</u>
<ul style="list-style-type: none"> • Fixating on the human face and maintaining gaze with caregiver • Turning their head and eyes in the direction of the parent voice • Being comforted and appearing to enjoy touch and being held by a familiar adult • Draws attention to self when in distress <p><u>4-6 Months</u></p> <ul style="list-style-type: none"> • Anticipating being lifted or fed and moving body toward adult when being approached • Smiling spontaneously to human contact, smiling in play, and smiling at self in mirror • Vocalizes to express pleasure & displeasure sounds in addition to crying/cooing • Is able to stop unexplained crying • Enjoying games with others such as “Where is your nose?” and “So Big!” 	<ul style="list-style-type: none"> • Smiling and laughing during turn-taking • Participating in simple games (pat-a-cake, peek-a-boo) • Demonstrating anticipation of play activities • Exhibiting anxious behavior around unfamiliar adults • Using gestures and vocalizing to protest • Shouting or vocalizing to gain attention • Shows anxiety over separation from parents • Repeating a behavior (shows off) to maintain adult attention <p><u>10-12 Months</u></p> <ul style="list-style-type: none"> • Imitating familiar words in turn-taking • Showing sensitivity to the mood of others • Performing for social attention • Responding to a request of “come here” • Stopping when name is called • Maintaining attention to speaker 	<ul style="list-style-type: none"> • Pretending to talk on phone, feed a baby, comfort a doll, clean a spill • Discriminating between familiar and unfamiliar people • Showing awareness of the feelings of others • Initiating familiar turn-taking routines • Requesting assistance from an adult • Hugs & kisses parents • Demonstrating a functional use of objects such as trying to use a brush or drinking from a toy cup • Gives a toy to caregiver spontaneously & upon request • Having temper tantrums when frustrated • Sometimes doing the opposite of what is asked of them <p><u>19-24 Months</u></p> <ul style="list-style-type: none"> • Shows a wide variety of emotions i.e., fear, anger, sympathy, modesty, guilt, joy 	<ul style="list-style-type: none"> • Being apt to snatch, push, kick, rather than give and take in polite fashion • Throwing tantrums when frustrated • Showing facial expression and behavior indicating pity, shame and modesty • Being restless, rebellious and very active at times • Becoming resistant and dawdling at times • Separates easily in familiar surroundings • Wanting to do favorite activities over and over again • Continuing to try a difficult task for a brief period of time (building with blocks for 3 to 5 minutes) • Insisting on some choices (food, clothing, appearance) • Seeking and accepting assistance when encountering difficulties • Inventing new uses for everyday materials with assistance (using a box for a house) • May develop sudden fears (i.e. large animals) 	<ul style="list-style-type: none"> • Observing other children at play; may join in for a few minutes • Playing well with two or three children in group • Having difficulty sharing • Showing facial expressions and behaviors indicating pity, shame, modesty • Sometimes being restless, rebellious, very active • Becoming resistant, dawdles • Throwing tantrums when thwarted or unable to express urgent needs • Objecting to major changes in routines • Verbalizing play plan for assigned role (“I am mother” “You be baby” “I cook” “You watch TV”) • Verbalizing play plan and using pretend props which are identified for benefit of adult (“This is our house (box)”) <ul style="list-style-type: none"> • Following simple rules • Taking turns in games • Listening and participating in group activities with adult supervision • Enjoying opportunities for pretend play and creating things (crafts, art)

Outcome 1:

Positive Social Emotional Skills....

Children demonstrate age appropriate functioning by...

<u>4-6 Months (continued)</u>	<u>10-12 Months (continued)</u>	<u>19-24 Months (continued)</u>	<u>25-30 Months (continued)</u>	<u>31-36 Months (continued)</u>
<ul style="list-style-type: none"> • Vocalizing in response to babbling behavior, vocalizations and speech produced by an adult 	<ul style="list-style-type: none"> • Responding with gesture to “come up” or “want up” • Waving in response to “bye-bye” • Saying “mama” or “dada” meaningfully • Using a word to call a person • Pushing or pulling an adult’s hand to have a behavior instigated or repeated • Showing attachment to favorite toy or blanket • Expressing two or more emotions (pleasure, fear, sadness) • Briefly stopping behavior when told “no” 	<ul style="list-style-type: none"> • “Checking-in” with familiar adults while playing • Resisting change, transitions are difficult • Show jealousy of attention given to others, especially own family • Using vocalizations and words during pretend play • Playing alone for short periods • Recognizes self in photograph • Uses concept “mine” to denote possessiveness 	<ul style="list-style-type: none"> • Displaying understanding of how objects work together (gets the dustpan when adult is sweeping the floor) • Substituting similar objects (uses boxes for blocks) • Realizing that behaviors can precede events (if mom takes things out the refrigerator and turns on the stove, she is going to cook lunch) • Attempting to comfort others in distress • Addressing listener appropriately to get attention (uses child’s or adult’s name to get attention) 	<ul style="list-style-type: none"> • Altering behavior based on a past event and builds on it (“this didn’t work, so I will try this”) • Relating an experience today to one that happened in the past (i.e. when Grandma comes over the dog has to be in the crate) • Saying “please” and “thank you” when reminded • Stating whether they are a boy or a girl • Begins to obey and respect simple rules • Takes pride in achievements • Resists change, may want things done the same way • May be able to participate in games that involve following simple directions and taking turns (i.e. “Duck, Duck, Goose”)

Larimer County Age Anchoring Tool

Outcome 2:

Acquiring and Using Knowledge and Skills....

Children demonstrate age appropriate functioning by...

<u>Birth – 3 Months</u>	<u>7-9 Months</u>	<u>13- 18 Months</u>	<u>25 – 30 Months</u>	<u>31 – 36 Months</u>
<ul style="list-style-type: none"> • Lifts head while on tummy • Clasping hands together and hands to mouth • Grasping finger if placed in palm • Kicking legs while lying on back • Begins cooing <p><u>4-6 months</u></p> <ul style="list-style-type: none"> • Beginning to reach for objects • Looking to place on body where being touched • Trying to cause things to happen such as kicking a mobile and smiling • Dropping a ball and observing the fall • Developing more precise imitation skills of facial movements and speech sounds • Securing an object that is partially hidden with a cloth • Pushing up through extended arms while on tummy 	<ul style="list-style-type: none"> • Shows desire to get to things that are not within reach • Sitting unsupported while playing with toys • Plays 2-3 minutes with a single toy • Reaching for and grasping blocks or other small toys • Reaching for objects while on tummy <p><u>10-12 months</u></p> <ul style="list-style-type: none"> • Pointing with index finger • Imitating behaviors initiated by caregiver (playing peek-a-boo; smiling and laughing during turn-taking; or attempting to name pictures and objects) • Banging blocks and other small toys together • Repeatedly throwing or dropping objects to watch the movement • Stirring with a spoon in a cup • Banging a spoon on inverted cup or tabletop 	<ul style="list-style-type: none"> • Explores the environment independent of caregiver • Turning the pages in a book • Looking at, pointing to, and naming pictures in a book • Imitating scribbling motions • Initiating familiar turn-taking routines • Begins to imitate sounds often, in turn taking conversational way • Pointing to two action words in pictures • Pointing to, showing, and giving an object • Handing a toy to an adult for assistance <p><u>19-24 months</u></p> <ul style="list-style-type: none"> • Identifying six body parts • Choosing two familiar objects upon request • Sorts objects by type (i.e. kitchen vs. animals) • Can follow two different directions with a toy (i.e. put it in, turn it over, etc) 	<ul style="list-style-type: none"> • Liking to take things apart and put them together again (puzzles, toys) • Following caregiver around the house and copying domestic activities in simultaneous play • Identifying boy or girl in picture book • Making doll/toy act on self as though capable of performing actions independent of child (placing brush in doll’s arms, than moving the doll’s arm as if doll is combing hair) • Communicating about the actions of others • Answering simple “what”, “where” questions about familiar people or things • Asking increasing numbers of questions (“where/what”) • Understanding negatives (no, not, can’t, don’t) • Formulating negative judgments (“spoon, not fork”) • Recognizes at least one color correctly 	<ul style="list-style-type: none"> • Understanding concepts of “mine” and “his/hers” • Telling gender when asked • Sometimes labeling and talking about own drawings when asked • Giving first and last name when asked • Using several verb forms correctly to describe a variety of actions (i.e. ing, ed) • Expanding use of prepositions (under, in front of, behind) • Understanding common adjectives of color, size, and shape • Showing interest in explanations that involve “why” and “how” • Using 4 to 6 word phrases or sentences • Making negative statements (“Can’t open it,” “Don’t touch”) • Beginning to use contractions (can’t, we’ll, won’t) • Using some plural forms correctly in speech • Using the past tense • Dictating a story for adult to write out

Outcome 2:

Acquiring and Using Knowledge and Skills...

Children demonstrate age appropriate functioning by....

<u>4-6 Months (continued)</u>	<u>10-12 Months (continued)</u>	<u>19-24 Months (continued)</u>	<u>25-30 Months (continued)</u>	<u>31-36 Months (continued)</u>
<ul style="list-style-type: none"> ● Repeating arm movements to keep a toy activated, keep mom singing, or causal event ● Visually studies hands and objects, looks at mirror image 	<ul style="list-style-type: none"> ● Demonstrates emerging problem solving skills such as (placing objects in the mouth and mouthing; pushing or pulling adult's hands to have a behavior instigated or repeated; turning a picture or mirror over to view the functional side; rotating three-dimensional objects to view the functional side; using a hammer or stick to play a xylophone ● Singing along with a familiar song ● Using gestures and/or vocalizing (grunts/whines) to protest ● Shouting or vocalizing to gain attention ● Responding to a request to "come here" ● Maintaining attention to speaker ● Responding with gesture to "come up" or "want up" 	<ul style="list-style-type: none"> ● Asking "What's that?" ● Demonstrating symbolic play, using one object as a signifier for another object ● Attempting to repair broken toys ● Choosing one object from a group of five upon verbal request ● Stacking 5 or 6 blocks ● Using two word utterance sometimes combined with gestures, to communicate ● Using three-word phrases occasionally ● Imitating words overheard in conversation ● Naming 5 to 7 objects upon request ● Using new words regularly (adding 2 to 5 words a week) ● Spontaneously naming objects, person, and actions ● Following novel commands ● Tells about a personal experience 	<ul style="list-style-type: none"> ● Understanding simple possessive forms (daddy's shirt) ● Understanding complex sentences ("when we get to the store, I'll buy you an ice cream cone") ● Pointing to smaller parts of the body when asked (chin, elbow) ● Recognizing and identifying general family names/categories (Grandma, Uncle) ● Recognizing the names and pictures of most common objects ● Understanding word association through functional association ("what do you drink with?", "What do you sleep on?", "What do you brush your teeth with?") ● Understanding size difference (little dog, large dog) ● Following directions involving common prepositions (in, on, behind, out) ● Enjoying finger plays (songs and games that use hands) 	<ul style="list-style-type: none"> ● Performing multi-step tasks when playing (takes money, rings cash register, puts money in drawer) ● Beginning to use inductive reasoning (if you do this, that happens) ● Expressing understanding of cause and effect (it's quiet because you turned off the music) ● Copying a circle ● Drawing a simple face ● Matching three colors ● Matching objects by color, shape and size

Outcome 2:

Acquiring and Using Knowledge and Skills...

Children demonstrate age appropriate functioning by....

<u>4-6 Months (continued)</u>	<u>10-12 Months (continued)</u>	<u>19-24 Months (continued)</u>	<u>25-30 Months (continued)</u>	<u>31-36 Months (continued)</u>
	<ul style="list-style-type: none"> • Waving in response to “bye-bye” • Saying “mama” or “dada” meaningfully • Imitating consonant and vowel combinations • Imitating non-speech sounds • Vocalizing with intent frequently • Using a word to call a person • Giving objects upon verbal request • Performing a routine activity upon verbal request • Looking at familiar objects and people when named • Understanding simple questions • Identifying two body parts on self • Demonstrating intense attention to adult language 	<ul style="list-style-type: none"> • Referring to self by name • Using early pronouns occasionally • Engaging in adult-like dialogue • Uses speech understood by others 50% of the time • Using sentence-like intonation patterns • Makes a horizontal and vertical stroke with crayon 	<ul style="list-style-type: none"> • Attempting to locate objects when they are discussed by others • Speaking in 2 or 3 word sentences; jargon and speaking by imitation only are almost gone • Often using personal pronouns (I, you, he, it, me) correctly • Using regular plurals (cats, dogs, balls) • Beginning to recall parts of a previously heard story • Requesting to hear familiar stories • Changing intonation and tone to communicate meaning • Understanding “one”, “all” (“Give me one block”) • Matching an object to a picture • Matching simple shapes such as a circle, square and triangle 	

Larimer County Age Anchoring Tool

Outcome 3:

Taking Appropriate Actions to Meet Needs....

Children demonstrate age appropriate functioning by....

<u>0-3 Months</u>	<u>7-9 Months</u>	<u>13-18 Months</u>	<u>25 – 30 Months</u>	<u>31 – 36 Months</u>
<ul style="list-style-type: none"> • Hands begin to open more and rest in open position • Holds small objects or toys when placed in hand • Follows moving object in range of 30 degrees either side of midline (object 10-12” away from baby’s face) • Responds to loud noise with startle or upset • Responds to human voice more readily than any other sound • Begins to produce different cries for different reasons • Turning head to either side when lying on back • Rooting-reflexive turning of mouth toward hand rubbing cheek • Lifting and rotating head when lying on tummy or when held at shoulder 	<ul style="list-style-type: none"> • Holds an object in each hand and bangs them together • Reaches for objects with either hand, one at a time, when lying on tummy • Rakes at tinier objects with fingers • Turns to look when name is called • Begins to imitate sounds, often in turn-taking, conversational way • Moves body to music • Shows desire to get to things that are not within reach • Rolling in both directions and may use sequential rolling to get somewhere • Crawling on belly using both arms and legs symmetrically to propel 3+ feet • Pulls up into standing position when helped with your hands and supports all of weight on legs 	<ul style="list-style-type: none"> • Able to pick up objects of all sorts of sizes and weights using either hand and precision with fingers • Removes objects while holding on to container • Places objects into large containers • Uses wider variety of gestures to communicate wants and needs • Begins to say words for the most familiar thing or people • Follows simple directions, i.e. “Let’s go to the kitchen.”, “Find your shoes.” • Can correctly match sound to object, i.e. doorbell, telephone • Stands without support for brief periods • Walks independently with good quality, needs guidance to ascend/descend stairs on feet • Climbs up on couch or chair • Removes loose clothing partially or completely 	<ul style="list-style-type: none"> • Opens doors by handle/knob • Turning knobs on objects like radio or TV • Catching ball (by trapping against body) when playing with adult or peer • Knows where things are kept • Puts things away to help clean up • Uses non-verbal gestures and body language to express needs and feelings (hugs, hands on hips, etc.) • Progressively more articulate with language to express thoughts and desires • Walks up steps, alternating feet while holding rail or hand for support • Sits on riding toys and pushes with feet; may ride tricycle • Swings leg to kick stationary ball • Plays on outdoor play structures (climbing, sliding) • Attempts to jump with two feet together • Puts on socks, coat and shirt 	<ul style="list-style-type: none"> • Can problem solve and carry out a plan for getting something they need or want, i.e. while mom is distracted, gets forbidden marker out of desk drawer; prepares own simple snack like getting crackers and putting in bowl. • Follows simple rules • Separates easily from mother in familiar environment • Hops in place on one foot (either foot) three time without losing balance • Stands on one foot (either foot) for three seconds • Jumps over object, i.e. string/rope, that is two inches high • Walks upstairs alternating feet • Walks downstairs four steps without support, placing both feet on each step • Can dress and undress independently, including unbuttoning buttons, with few exceptions • Asserts food preferences and recognizes what they are and are not allowed to eat • Gets drink from fountain • Follows basic health practices when reminded (washing/drying hands, brushing teeth)

Outcome 3:

Taking Appropriate Actions to Meet Needs...

Children demonstrate age appropriate functioning by...

<u>Birth - 3 Months (continued)</u>	<u>7-9 Months (continued)</u>	<u>13-18 Months (continued)</u>	<u>25 – 30 Months (continued)</u>	<u>31 – 36 Months</u>
<ul style="list-style-type: none"> • Primary Standing-moving legs into extension for weight bearing when held upright (standing height) with feet contacting surface • Walking-reflexive stepping when held upright with feet contacting surface, lifts feet alternatively in walking-like motion • Kicks feet in bicycle motion when lying on back <p><u>4-6 Months</u></p> <ul style="list-style-type: none"> • Brings hands together in midline over chest when lying on back, i.e. places hands on bottle while eating, playing with own hands held together over chest • Begins to reach and grasp or bat at objects, shakes or bangs toys on surface • Brings objects to mouth, i.e. toys, pacifier, bottle (when not so full) • Moves objects back and forth from one hand to the other 	<ul style="list-style-type: none"> • Sitting on own once placed in that position to play • Begins to participate when being dressed, pulls off socks or hat • Grabs for spoon/cup when being fed <p><u>10-12 Months</u></p> <ul style="list-style-type: none"> • Points with index finger and activates toys using one finger • Begins to develop more refined grasp using tips of finger and thumb to pick up much smaller things with precision • Learns to voluntarily let go of what is being held, may throw objects • Raises arms up when wanting to be picked up • Expresses full range of emotion including resistive behavior • Raises self to sitting position • Creeps on hands and knees to get around • Pulls up on furniture • Cruises along furniture and/or walks with hands-on help 	<ul style="list-style-type: none"> • Practices using child-sized fork and spoon to eat (non-liquids) • Tries to help with tooth brushing <p><u>19-24 Months</u></p> <ul style="list-style-type: none"> • Tries to take things apart • May enjoy marking/drawing on paper with crayons or other writing tools • Begins to place objects in containers with smaller openings • Uses two word utterances, plus gestures, to express wants and needs • Can answer questions with “yes” or “no” using head shake, gestures or words • Expresses need for independence with doing things on own or asks for help when needed • Follows 2 or 3 step directions • Likes to imitate adult actions especially to “help out” 	<ul style="list-style-type: none"> • Takes off own shoes, socks, and some pants as well as other unfastened garments • Uses fork to spear bite sized chunks of food • Knows which faucet is hot and cold • Washes self in bath • Interested in trying potty while still predominantly wearing diapers 	<ul style="list-style-type: none"> • Verbalizes toilet needs fairly consistently • Shows daytime control of toileting needs with occasional accidents

Outcome 3:

Taking Appropriate Actions to Meet Needs...

Children demonstrate age appropriate functioning by...

<u>4-6 Months (continued)</u>	<u>10-12 Months</u>	<u>19-24 Months (continued)</u>	<u>25 – 30 Months (continued)</u>	<u>31 – 36 Months (continued)</u>
<ul style="list-style-type: none"> • Babbles with wide variety of sounds • Rolling-tummy to back (over either L/R side) often comes before back to tummy • Raises head and shoulders by resting on forearms/hands when on tummy to look around • Sits with less and less support, tries to prop forward on arms to stay sitting or tries to raise self to sitting when leaning back, as in the car seat • Reaches for and plays with feet • Holds head up well in many positions to be able to see all around • Enjoys bath-keeps eyes open and indicates pleasure when placed in warm water or plays by splashing 	<ul style="list-style-type: none"> • Tries to climb to get to higher surfaces, crawls up stairs • Fusses when uncomfortable in diaper • Feeds self with fingers/sippy cup and tries to use small utensils 	<ul style="list-style-type: none"> • Garners someone’s attention or takes someone’s hand to take them to something they want or want to show them • Demonstrates more advanced movement and motor skills such as running and more proficient climbing, i.e. climbing out of the crib • Attempts to jump down from step or raised surface • Positions body more automatically to help put on clothing • More developed skills with spoon and fork, less spilling • Tries to wash own hands and face, comb hair 		