



Monitoring Progress on Family Guided Routines Based Intervention

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

Monitoring progress on child or family outcomes embedded in daily routines and play can be challenging. By definition, in family guided routines based intervention opportunities are dispersed throughout the day and often occur across a variety of locations with different caregivers. Without a specific time and place for instruction, the use of a traditional trial-by-trial data collection procedure or data form is unrealistic. Data collection, most likely, would turn into a game of "hide and seek" to find the form or become a "memory game" when the caregiver tries to recall the responses and record them later. Either option can result in frustration or forgetting important observations.

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



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

Data is a Four Letter Word

- Determine targets
- Allocate time and personnel
- Take it!
- Analyze and use it!

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

Data Analysis

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

"Taking" the data is the critical next step. Data should be collected across a variety of daily activities and caregiving routines. If the child is learning a variety of targets, it will be helpful for the caregiver to monitor progress in different routines. For example, the child may practice requesting more and holding his cup during snack and may practice turn taking and rolling a ball at play time. While it's likely the caregiver would observe turn-taking at snack time also, it may be easier to focus data collection on individual targets during specific routines to increase accuracy of the observations. The caregiver and interventionist should review the data collected and problem solve ways and places for data collection to be sure the targets are being used consistently throughout the day.

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

Making Data FUMM

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

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

- Be easy and quick to use. Use a fill-in-the-blank, checklist, or circle-the-response format as often as possible. Leave space for comments or notes. Include the caregiver's input about when and how often the data should be collected. More isn't better, if the data isn't accurate.



Caregivers, especially in childcare settings, find using the schedule matrix an efficient format for data collection. Whatever form or format used must be comfortable and accommodating to the caregiver. Data collection can be more than a form. Some caregivers find it easier to keep the video camera

handy and capture snippets of video to monitor progress. Video documentation provides an excellent, up to the minute review for the interventionist and an ongoing record for the family. Caregivers can use smart phones to record a child in a routine. Photographs of the child using the target as it occurs serves both as data collection and celebration of progress.

Collecting data during a home visit supports immediate feedback and joint problem solving. In group settings the process may necessitate planning for team members including the parent to have time to participate. The team will want to discuss the quantity, quality, accuracy and frequency of the responses. When analyzing the data, it is important to review the same variables (targets, opportunities, facilitators, etc.) used in planning the intervention. Observations of the child in more than one activity are usually necessary prior to making changes in the program. Involvement of caregivers in the analysis facilitates their role as "guides" for the program and helps them make informed decisions about service delivery.

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

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

Special Instruction Activity Chart **Arrianna's Outcomes:**

Daily Activities	Using Eye Gaze to Indicate Choice	Reaching and Grasping/ Goal Directed Movements
Free Play	Present two toys to Arrianna and ask which she wants. Once she looks at one for several seconds, use that object to interact with her. For example, show her a doll and a ball. If she chooses the doll, have the doll kiss her cheek.	Hold an interesting toy within Arrianna's reach. Encourage her to reach towards it. For example, build a small tower with blocks and demonstrate how to knock it down. Encourage her to take a turn.
Outside Play	Show Arrianna two items in outdoor activities (possibly bubbles and a radio). Once she chooses by directing her eye gaze, begin the activity. After several minutes of play, stop the activity and present the choice again.	While playing games outside, encourage Arrianna to use her arms and hands. Give her toys to hold and present items for her to reach towards. For example, while blowing bubbles, hold one on the stick and encourage Arrianna to pop it, or place a ball in front of her to kick.

Examples of "FUMM" Data Collection



NOTE: Marvin and his brother, Michael (age 6), played with interactive app to increase his turn taking and social responses. Michael, who was learning to write numbers in kindergarten, wrote down the number of pieces Marvin placed without help each day as they played after school. This was a **FUNCTIONAL** play activity for both Marvin and Michael to engage while traveling home from childcare and school.

Anthony's Good and Bad Hair Days

Did Anthony...

request?  

use the brush?  1 2 3 4 5

put the brush away?  

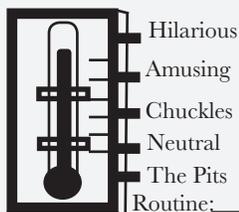
Note: This data form was roughly the size of an index card and was kept in the pocket of Anthony's diaper bag along with his hairbrush. Progress on multiple targets across domains (i.e., requesting to continue interaction, functional use of objects, placing objects in a defined space) was collected quickly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

Fun - O - Meter

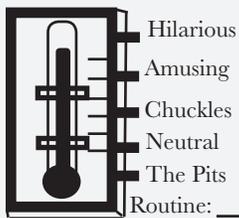
Careprovider: _____
 Child: _____
 Week of: _____

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

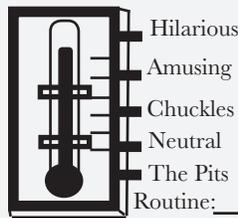
Monday



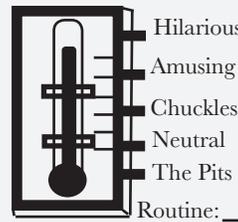
Tuesday



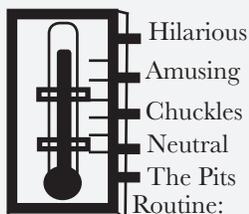
Wednesday



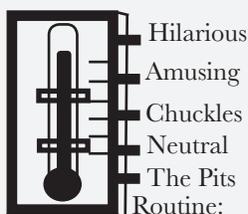
Thursday



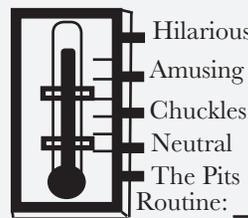
Friday



Saturday



Sunday



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

Dusty's Signs During Routines

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

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

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

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

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