

1.1. Planning for the COS - Buddy

Place a checkmark in the appropriate column to indicate the extent to which there is evidence that each quality practice is observed. 'No' indicates that the practice is not observed; 'partly' indicates that the practice is observed some of the time, or some, but not all, of the practice is observed; 'yes' indicates the practice is fully observed most or all of the time.

Quality Practices	No	Partly	Yes	Observation Notes
1. Providers review COS background information , including the meaning of the three outcomes, the rating criteria, the decision tree, the descriptor statements, and COS process (<i>as needed</i>).		X		Partly. This is not specifically addressed in the video, but providers appear to have requisite background knowledge. They use appropriate language and procedure.
2. Providers review age-expected growth and development for the age of the child (<i>as needed</i>).			X	Yes. There is a good deal of this conversation. Assessment tools, observations, and parent report are all reviewed to consider the child's functioning relative to same age peers.
3. Providers ensure that multiple sources of information about the child's functioning are available for review (<i>e.g., parent report, child care provider, observation, evaluation, progress reports, etc.</i>).			X	Yes. Providers list Present Levels of Development (PLOD); write-ups from the Routines Based Interview; the Measure of Engagement, Independence, and Social Relationships (MEISR); parent report; and their own observations to refer to during their discussions at the COS meeting..
4. Providers confirm there is information about the child's functioning for each of the three child outcomes .		X		Partly. There are comments made that a review was done in all areas and documented on the PLOD, using highlighted information that corresponds with age-expected (AE), immediate foundational (IF), and foundational (F) skills for each outcome (i.e., red highlight for foundational skills, yellow for immediate foundational and green for age-expected). However, the team discussion is specific to just one outcome and the use of tools is present for one outcome only.
5. Providers check for information about the child's current functioning across settings and situations .			X	Yes. Good conversations about home, playgroup, and assessment data.
6. Providers consider the child's functioning in terms of AE-IF-F with reference to age-anchoring tools and resources. (<i>AE- age-expected, IF- immediate foundational, F- foundational</i>)			X	Yes. Consistent references to this terminology and use of highlighting in all written documents to distinguish among age-appropriate, immediate foundational, and foundational skills. One provider can see immediately that there are no AE skills, and then conversation supports that with age anchoring.
7. Providers review plans for sharing information about the COS and how to engage the family in the COS decision-making process.	X			No. The providers reference information provided by the parent that was included in the review. They also discuss what additional information is needed from the family. However, there is no specific mention about how to engage the family in the discussion.

V. Interactive Practices - Buddy

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Quality Practices	No	Partly	Yes	Observation Notes
a. Providers share and/or synthesize information clearly and concisely .			X	Yes. There is a brief review between providers of information already collected (assessment, present levels of development, family input) and coding into outcome or developmental levels.
b. Providers display good affect (e.g., tone, facial expressions, responsiveness, etc.).			X	Yes. Professional conversation with collaborative tone. Consensus easily reached.
c. Providers give eye contact appropriately.			X	Yes. Eye contact is present throughout the meeting.
d. Providers do not use jargon and clearly explain technical terms .		X		Partly. Use of professional jargon evident but appears to be mutual understanding between professionals.
e. Providers actively include all team members in the discussions.			X	Yes. Both providers are active participants in the discussion. They refer to input from the family and others.
f. Providers show responsive behaviors that illustrate active listening and responding.			X	Yes. Back and forth conversation between providers demonstrating active listening through confirmation and clarifying explanations.
g. Providers let team members finish their thought before replying or moving on.			X	Yes.
h. Providers ask good follow-up questions to check for understanding or collect rich detail.			X	Yes. There seems to be a level of mutual understanding between professionals here. No one checks for understanding, which appears appropriate.
i. Providers use descriptive examples , paraphrasing, and summarizing to check understanding.			X	Yes. Providers share many rich descriptions of functional skills demonstrated by this child.
j. Providers listen empathetically , being sensitive to emotional needs and environmental demands (e.g., phone ringing, child fussing, etc.).		NA		NA. There is no need to address this interactive practice as there are no family members present or environmental distractions.
k. Providers acknowledge and respect family input about the child's functioning.			X	Yes. Providers include family input throughout their discussion. They acknowledge some different perspectives between providers and parent regarding the presence of some skills, yet they also do not make judgement statements about this.

II.1 Explaining the COS Process to Families - Alyssa

Place a checkmark in the appropriate column to indicate the extent to which there is evidence that each quality practice is observed. 'No' indicates that the practice is not observed; 'partly' indicates that the practice is observed some of the time, or some, but not all, of the practice is observed; 'yes' indicates the practice is fully observed most or all of the time.

Quality Practices	No	Partly	Yes	Observation Notes
1. Providers explain to the family why outcomes data are collected and how they are used.		X		Partly. Provider explains how the outcomes data help us see Alyssa's progress in early intervention. There is, however, no mention of how the outcomes data help inform program progress, or how data are used.
2. Providers describe the three child outcomes that are measured.			X	Yes. Provider indicates that the COS tells us how Alyssa is doing in each of the three child outcome areas and where she is with respect to other children her age. Descriptions are simplified and free of jargon.
3. Providers describe how the outcome data are collected.		X		Partly. Through a collection of information from the parents and a conversation that the provider had with another provider regarding the child's assessment, the team will determine where Alyssa is relative to other children who are three years old.
4. Providers check for family understanding before moving on.		X		Provider briefly stops and asks (a closed-ended question), "Does that make sense?" Parents nod their heads and she continues.

V. Interactive Practices - Alyssa

Place a checkmark in the appropriate column to indicate the extent to which there is evidence that each quality practice is observed. 'No' indicates that the practice is not observed; 'partly' indicates that the practice is observed some of the time, or some, but not all, of the practice is observed; 'yes' indicates the practice is fully observed most or all of the time.

Quality Practices	No	Partly	Yes	Observation Notes
a. Providers share and/or synthesize information clearly and concisely .		X		Partly. Provider describes outcomes and explains how they are used.
b. Providers display good affect (e.g., tone, facial expressions, responsiveness, etc.).			X	Yes. Provider has a pleasant tone and gives encouraging smiles.
c. Providers give eye contact appropriately.			X	Yes. Provider makes a conscious effort to look at parents while talking.
d. Providers do not use jargon and clearly explain technical terms .			X	Yes. There is no evidence of jargon. For instance, she says "areas" instead of "outcomes."
e. Providers actively include all team members in the discussions.		X		Partly. Both parents are included, but the provider is talking more than the parents because she is explaining the process. Yet, there are missed opportunities to seek their input and/or understanding. Provider mentions a conversation she had with the other provider involved in COS process (not present).
f. Providers show responsive behaviors that illustrate active listening and responding.		X		Partly. Provider asks parents if something makes sense. This could have been stated as an open-ended question instead.
g. Providers let team members finish their thought before replying or moving on.			X	Yes. Provider waits for both parents to respond in the affirmative before moving on.
h. Providers ask good follow-up questions to check for understanding or collect rich detail.		X		Partly. The provider asks a question to check family understanding ("Does that make sense?"). However, this question is stated as a closed-ended question that does not facilitate further input from the family to check their understanding.
i. Providers use descriptive examples , paraphrasing, and summarizing to check understanding.	NA			This is not part of this video example.
j. Providers listen empathetically , being sensitive to emotional needs and environmental demands (e.g., phone ringing, child fussing, etc.).			X	Yes. The provider shares information and demonstrates listening when the family shares information. The provider also demonstrates good eye contact. This clip doesn't include any distractions.
k. Providers acknowledge and respect family input about the child's functioning.	NA			This is not part of this video example.

II.2 Explaining the COS Process to Families - Braylon

Place a checkmark in the appropriate column to indicate the extent to which there is evidence that each quality practice is observed. 'No' indicates that the practice is not observed; 'partly' indicates that the practice is observed some of the time, or some, but not all, of the practice is observed; 'yes' indicates the practice is fully observed most or all of the time.

Quality Practices	No	Partly	Yes	Observation Notes
1. Providers explain to the family why outcomes data are collected and how they are used.			X	Yes. One provider explains how measuring outcomes helps us know how Braylon is doing and about the early intervention program as a whole. She states that by measuring outcomes we will have a picture of what kind of progress was made relative to same-age peers. Information about measuring the three outcomes for all children in early intervention is also provided.
2. Providers describe the three child outcomes that are measured.			X	Yes. There is a brief explanation of all three outcomes.
3. Providers describe how the outcome data are collected.			X	Yes. One provider describes the discussions that occur during the beginning and the end of early intervention services. She states that understanding whether Braylon's skills are age-expected at both times is important for helping to determine results of early intervention.
4. Providers check for family understanding before moving on.		X		Partly. Parent understanding is shared and acknowledged several times, but it is not explicitly asked about by the providers.

V. Interactive Practices - Braylon

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Quality Practices	No	Partly	Yes	Observation Notes
a. Providers share and/or synthesize information clearly and concisely .			X	Yes. Some brief explanations are given by one provider.
b. Providers display good affect (e.g., tone, facial expressions, responsiveness, etc.).			X	Yes. The meeting has a friendly tone.
c. Providers give eye contact appropriately.			X	Yes. The provider speaking to the parent maintains eye contact with the parent even though there are multiple distractions during the conversation.
d. Providers do not use jargon and clearly explain technical terms .			X	Yes. No jargon is used.
e. Providers actively include all team members in the discussions.	X			No. One provider interacts with the child throughout the meeting. There is no evidence of her participation in the discussion in this clip.
f. Providers show responsive behaviors that illustrate active listening and responding.		X		Partly. Parent has very short responses and there is little encouragement to elaborate.
g. Providers let team members finish their thought before replying or moving on.		X		Partly. Parent has very short responses. No contribution from one of the providers during the discussion.
h. Providers ask good follow-up questions to check for understanding or collect rich detail.		X		Partly. Provider primarily shares information and misses some opportunities to ask for further detail or pause to encourage the parent to continue. The family indicates understanding by adding on to what the provider shares.
i. Providers use descriptive examples, paraphrasing, and summarizing to check understanding.			X	Yes. Descriptive examples of the outcomes are shared with the family. The family is not heard sharing much because the provider is sharing information. However, the provider does respond "right" in response to the parent's comment as a way to acknowledge her understanding.
j. Providers listen empathetically , being sensitive to emotional needs and environmental demands (e.g., phone ringing, child fussing, etc.).			X	Yes. One provider interacts with the child the entire time so that the other provider can explain the COS process. The provider speaking pauses sometimes to allow for parent-child interaction.
k. Providers acknowledge and respect family input about the child's functioning.			X	Yes. Both providers confirm parent's understanding of Braylon's progress.

III.1 Understanding Child Functioning - Lucas Outcome 3

Place a checkmark in the appropriate column to indicate the extent to which there is evidence that each quality practice is observed. 'No' indicates that the practice is not observed; 'partly' indicates that the practice is observed some of the time, or some, but not all, of the practice is observed; 'yes' indicates the practice is fully observed most or all of the time.

Quality Practices	O3 No	O3 Partly	O3 Yes	Observation Notes
1. Team members discuss the full breadth of each outcome (i.e., across the range of functioning pertinent to each outcome).			X	Yes. Provider reviews outcome content briefly and accurately with those at the meeting. Parent and providers do talk about the child's current functioning fully for all the skills discussed. Yet, there is limited mention of his use of communication to get his needs met.
2. Providers invite the family to share information about their child's functioning for each outcome area.			X	Yes. Provider asks parent, "Why don't you tell us how he's doing with all those kinds of things?" Lucas's mom shares her perspective and the provider reinforces the mother's speaking and encourages her to continue.
3. Team members discuss the child's current functioning in each outcome area.	X			No. Provider and parent talk, but provider only facilitates parent input; she misses opportunities to add information, discuss what other people have seen, or reference assessment tools, etc.
4. Team members discuss information from multiple sources (e.g., family input, other observations, assessments, progress monitoring, child care providers, specialists, neighbors) for each outcome.	X			No. There is no discussion of sources of information (assessments, observations, other providers) other than the parent's viewpoint and observations at the meeting.
5. Team members discuss the child's functioning across settings and situations .	X			No. In this video, there is no discussion of settings and situations other than the home.
6. Team members discuss the child's functioning for each outcome in sufficient depth to describe how the child uses skills in meaningful ways.			X	Yes. In the context of what they discuss, (behavior at home) there is depth in discussion of all the areas.
7. Team members focus on the child's functional use of skills versus discrete skills.			X	Yes. Parent shares child's functioning as functional use of skills within daily routines. "He can use a knife and cut with it. He cuts onions and strawberries with me."
8. Team members discuss skills the child has and has not yet mastered .		X		Partly. Parent shares that "The only thing he is still struggling with is the potty training. We are taking a break for a little while." She also shares that Lucas does not tell when he is wet. There is good discussion about Lucas's skills but little reference to skills not yet mastered/expected for a child his age.
9. Team members discuss how the child's current use of skills relates to age-expected development (AE-IF-F).		X		Partly. When the mother shares about Lucas's use of utensils and mealtime behaviors, one of the team members comments that that all the examples are "typical behavior" for a three-year-old. There are no other references to how his skills relate to age-expected development.

V. Interactive Practices - Lucas Outcome 3

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Quality Practices	No	Partly	Yes	Observation Notes
a. Providers share and/or synthesize information clearly and concisely .			X	Yes. Right away the provider gives a brief explanation of Outcome 3 with specific examples.
b. Providers display good affect (e.g., tone, facial expressions, responsiveness, etc.).			X	Yes. Provider remains cheerful, responsive, and supportive throughout, presenting a positive attitude.
c. Providers give eye contact appropriately.			X	Yes. Eye contact is appropriate and shifts appropriately between mother, child, and other provider.
d. Providers do not use jargon and clearly explain technical terms .			X	Yes. Explanation of Outcome and clarifying questions are clear and jargon-free.
e. Providers actively include all team members in the discussions.		X		Partly. The provider invites the mother to share her observations: "Tell us what it looks like...." Other provider (not on camera) volunteers observations, but is not specifically invited to share.
f. Providers show responsive behaviors that illustrate active listening and responding.			X	Yes. The provider nods head and smiles in response, and also asks clarifying questions to the parent, which support active listening techniques.
g. Providers let team members finish their thought before replying or moving on.			X	Yes. This happens many times as there are frequent interruptions to the conversation. Provider is patient and sometimes supports completion of a thought.
h. Providers ask good follow-up questions to check for understanding or collect rich detail.			X	Yes. There is evidence of many instances of this practice, such as asking about details and underlying routines (toileting, dressing, etc.).
i. Providers use descriptive examples , paraphrasing, and summarizing to check understanding.			X	Yes. An excellent example of this is the provider paraphrasing the parent's challenges with leaving the house versus coming back inside. Parent affirms the provider's paraphrasing.
j. Providers listen empathetically , being sensitive to emotional needs and environmental demands (e.g., phone ringing, child fussing, etc.).			X	Yes. Provider is able to support the parent despite an active child who needs attention due to safety concerns. She is willing to keep the yoga mat on her lap, interacts with the child appropriately, and keeps the meeting on track.
k. Providers acknowledge and respect family input about the child's functioning.			X	Yes. Parent is the primary source of information in this meeting. There is clear evidence of the parent being the expert on her child from all involved.

III.2 Understanding Child Functioning - Jeremiah Outcome 2

Place a checkmark in the appropriate column to indicate the extent to which there is evidence that each quality practice is observed. 'No' indicates that the practice is not observed; 'partly' indicates that the practice is observed some of the time or some, but not all, of the practice is observed; 'yes' indicates the practice is fully observed most or all of the time.

Quality Practices	O2 No	O2 Partly	O2 Yes	Observation Notes
1. Team members discuss the full breadth of each outcome (i.e., across the range of functioning pertinent to each outcome).		X		Partly. In this video, team members only discuss the talking and understanding skills as part of Outcome 2. Although other parts of the video touch on other portions of the outcome, the full breadth of the outcome was not addressed.
2. Providers invite the family to share information about their child's functioning for each outcome area.			X	Yes. Jeremiah's mother is invited to share which words Jeremiah seems to understand and how he uses the language he has in different settings.
3. Team members discuss the child's current functioning in each outcome area.			X	Yes. Both providers and the mother contribute to a picture of the child's current functioning by giving examples of specific skills.
4. Team members discuss information from multiple sources (e.g., family input, other observations, assessments, progress monitoring, child care providers, specialists, neighbors) for each outcome.		X		Partly. There is no discussion of additional sources of information (assessments, neighbors, etc.) but all team members present contribute.
5. Team members discuss the child's functioning across settings and situations .			X	Yes. The providers elicit this information and Jeremiah's mother explains that he is less likely to act out at home and shares how he runs around with other children at the park or friends' houses.
6. Team members discuss the child's functioning for each outcome in sufficient depth to describe how the child uses skills in meaningful ways.			X	Yes. In the context of what the team discussed (i.e., understanding and using language), there is depth.
7. Team members focus on the child's functional use of skills versus discrete skills.			X	Yes. Parent shares child's functioning as functional use of skills within daily routines. "He will say, 'boo' now when playing peek-a-boo." He also responds to consistent warnings.
8. Team members discuss skills the child has and has not yet mastered.			X	Yes. Parent is very clear about what child cannot do yet in regards to using language. One of the providers also indicates that he looks more frequently at mother when she is talking to him.
9. Team members discuss how the child's current use of skills relates to age-expected development (AE-IF-F).			X	Yes. There is an explanatory conversation between the mother and the providers regarding the difference between age expectations for a twenty-four-month-old and a thirty-two-month-old.

V. Interactive Practices - Jeremiah Outcome 2

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Quality Practices	No	Partly	Yes	Observation Notes
a. Providers share and/or synthesize information clearly and concisely .		X		Partly. For example, at one point there is a reference to Outcome 2 but no explanation of the outcome. The providers share other information but miss opportunities to pause and synthesize what is shared.
b. Providers display good affect (e.g., tone, facial expressions, responsiveness, etc.).			X	Yes. Provider remains cheerful, responsive, and supportive throughout, presenting a positive attitude.
c. Providers give eye contact appropriately.			X	Yes. Both providers are mostly focused on the parent. There are some times when everyone is focused on the child. The camera lens makes this very difficult to observe.
d. Providers do not use jargon and clearly explain technical terms .			X	Yes. No jargon is used and clarification of age expectation for child is appropriate.
e. Providers actively include all team members in the discussions.		X		Partly. Parent is asked about skills and different settings. But it is not apparent that both providers invite each other's input. At different points the provider farthest from the camera speaks up to add to the conversation.
f. Providers show responsive behaviors that illustrate active listening and responding.		X		Partly. One provider nods head and smiles in response, and also asks clarifying questions to the parent, which support active listening techniques. Yet, there are missed opportunities to pause and paraphrase to check understanding.
g. Providers let team members finish their thought before replying or moving on.			X	Yes. This happens many times as there are frequent interruptions to the conversation.
h. Providers ask good follow-up questions to check for understanding or collect rich detail.			X	Yes. There is evidence of this practice, asking the parent about specific details and additional settings.
i. Providers use descriptive examples , paraphrasing, and summarizing to check understanding.			X	Yes. One provider indicates that the child needs a bit of a cue to understand some direction language. This summarizes language the parent has used to explain that the child doesn't understand more than one word at a time.
j. Providers listen empathetically , being sensitive to emotional needs and environmental demands (e.g., phone ringing, child fussing, etc.).		X		Partly. Both providers are able to support the parent despite active children in the room who need attention due to safety concerns. The meeting continues, despite the mother eating her breakfast. Yet, there are missed opportunities to check in regarding the parent's feelings. The pace is pretty rapid and more pauses could have been offered.
k. Providers acknowledge and respect family input about the child's functioning.			X	Yes. Parent is the primary source of information in this meeting.

IV.1 Building Consensus for a High-Quality COS Rating - Lucas

Place a checkmark in the appropriate column to indicate the extent to which there is evidence that each quality practice is observed. 'No' indicates that the practice is not observed; 'partly' indicates that the practice is observed some of the time or some, but not all, of the practice is observed; 'yes' indicates the practice is fully observed most or all of the time.

Quality Practices	O3 No	O3 Partly	O3 Yes	Observation Notes
1. Team members discuss key decisions about the child's functioning shown on the decision tree using all they know about the child's mix of skills.		X		Partly. Provider points to the decision tree and says to the parent, "When we are up here, what do you think?" The parent shares what she believes is appropriate and the provider agrees, but there is limited discussion of two different possible ratings.
2. Team members discuss the rating for each outcome in descriptive terms , not simply as a number.		X		Partly. While a combination of numbers and descriptive terms are used (They describe the numbers in descriptive terms, e.g., "A 5 would have more of the age-expected, and a 4 would have more of the immediate foundational."), it would be best not to reference the number at all.
3. Team members reach consensus for each outcome rating.			X	Yes. Provider agrees with parent's input. Parent agrees with the other provider's rationale for the rating.
4. The COS ratings are consistent with rating criteria for all the information shared and discussed.			X	Yes. One team member points out at the end how many age-expected skills the child has, and that only some are in the immediate foundational range, leading them to decide on a rating.

V. Interactive Practices - Lucas

Place a checkmark in the appropriate column to indicate the extent to which there is evidence that each quality practice is observed. 'No' indicates that the practice is not observed; 'partly' indicates that the practice is observed some of the time or some, but not all, of the practice is observed; 'yes' indicates the practice is fully observed most or all of the time.

Quality Practices	No	Partly	Yes	Observation Notes
a. Providers share and/or synthesize information clearly and concisely .	X			No. There is little evidence of synthesizing information from the decision tree and the ratings.
b. Providers display good affect (e.g., tone, facial expressions, responsiveness, etc.).			X	Yes. This is consistent; the providers are positive and supportive.
c. Providers give eye contact appropriately.			X	Yes, is made.
d. Providers do not use jargon and clearly explain technical terms .			X	Yes. COS language is used freely, such as immediate foundational and age-expected skills. The parent seems to understand from previous explanations.
e. Providers actively include all team members in the discussions.			X	Yes. After hearing the parent's input on the rating, the provider clearly looks to the other team member (off camera) to include her perspective.
f. Providers show responsive behaviors that illustrate active listening and responding.			X	Yes. Team members attend to one another and ask appropriate questions.
g. Providers let team members finish their thought before replying or moving on.		X		Partly. There is at least one instance of the provider moving forward before the parent is finished speaking.
h. Providers ask good follow-up questions to check for understanding or collect rich detail.		X		Partly. Parent is asked if she understands the difference between a rating of 4 and 5, and her response indicates that she does. Supporting skills are repeated for emphasis; however, there are no follow-up questions asked.
i. Providers use descriptive examples , paraphrasing, and summarizing to check understanding.			X	Yes. The off-camera provider summarizes the information shared about the child with good examples and affirms the rating decision of a 5.
j. Providers listen empathetically , being sensitive to emotional needs and environmental demands (e.g., phone ringing, child fussing, etc.).			X	Yes, the provider maintained her focus on the family.
k. Providers acknowledge and respect family input about the child's functioning.			X	Yes. The providers encourage the parent to fully participate in the rating process and give her decision first, before the providers support her decision, and consensus is reached.

IV.2 Building Consensus for a High-Quality COS Rating - Jeremiah Outcome 2

Place a checkmark in the appropriate column to indicate the extent to which there is evidence that each quality practice is observed. 'No' indicates that the practice is not observed; 'partly' indicates that the practice is observed some of the time, or some, but not all, of the practice is observed; 'yes' indicates the practice is fully observed most or all of the time.

Quality Practices	O2 No	O2 Partly	O2 Yes	Observation Notes
1. Team members discuss key decisions about the child's functioning shown on the decision tree using all they know about the child's mix of skills.		X		Partly. The team uses the decision tree and addresses each question in the decision tree. At times they could have provided more explicit examples when working through the decision tree questions.
2. Team members discuss the rating for each outcome in descriptive terms , not simply as a number.			X	Yes. In this example, numbers are not used at all when discussing the different ratings. Both the parent and one of the providers use the terms "nearly" and "consistently."
3. Team members reach consensus for each outcome rating.			X	Yes. One provider indicates that she feels that there might be skills the child has that are "nearly" at an age-expected level. Through a rich discussion of the child's play and language skills, and the parent's comments about the child's functioning, the team concurs that the child has more skills like those of a younger child. For example at one point the parent shares that the child's listening skills are closer to those of a one-year-old child.
4. The COS ratings are consistent with rating criteria for all the information shared and discussed.			X	Yes. The team agrees that the child demonstrates more foundational skills for his age and no true age-expected skills. The team reaches consensus on a rating that reflects the midway point of "not yet" and "nearly," as even the "emerging skills" are not consistently seen every day. The team also illustrates debating over two rating possibilities before landing on the one they all agree upon. Input from all team members is instrumental in their ability to reach consensus.

V. Interactive Practices - Jeremiah

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Quality Practices	No	Partly	Yes	Observation Notes
a. Providers share and/or synthesize information clearly and concisely .			X	Yes. The providers indicate all the appropriate areas of Outcome 2. Limited references to specific skills are made. One provider redirects the conversation when the parent speaks to skills related to Outcome 1.
b. Providers display good affect (e.g., tone, facial expressions, responsiveness, etc.).			X	Yes. The tone and responsiveness of the providers were appropriate. One provider uses humor when she needs her glasses to see the decision tree. Both providers share observations that are accepted by the mother.
c. Providers give eye contact appropriately.		X		Partly. The providers give excellent eye contact to the parent when she is speaking, but the providers rarely make eye contact with each other.
d. Providers do not use jargon and clearly explain technical terms .			X	Yes. There is no use of jargon or technical terms.
e. Providers actively include all team members in the discussions.			X	Yes. There are several instances where each member of the team encourages participation by other members (e.g., "Does that sound accurate?").
f. Providers show responsive behaviors that illustrate active listening and responding.			X	Yes. There are some instances of providers giving details of previous knowledge to confirm what the parent is saying.
g. Providers let team members finish their thought before replying or moving on.		X		Partly. There are several instances when providers talk over each other, especially when trying to come to a consensus over the rating. The parent sometimes talks over the providers when she is trying to make a point or ask for clarification.
h. Providers ask good follow-up questions to check for understanding or collect rich detail.			X	Yes. Both of the providers ask the parent to clarify why she is choosing a rating of 2 rather than 3.
i. Providers use descriptive examples , paraphrasing, and summarizing to check understanding.			X	Yes. When explaining why they think the child is not on the age-expected side of the decision tree for this outcome, the providers use multiple specific examples (e.g., not being able to follow directions to retrieve a shoe).
j. Providers listen empathetically , being sensitive to emotional needs and environmental demands (e.g., phone ringing, child fussing, etc.).			X	Yes. The parent is able to eat her breakfast during the meeting and one provider interacts with a child coming in and out of the room. In another part of this meeting, the parent is asked if she wants to take a break and she is fine to continue.
k. Providers acknowledge and respect family input about the child's functioning.			X	Yes. The parent is asked what she thinks, and she is encouraged to give more information about why she thinks her child should be rated a 2, rather than a 3. Consensus is reached between the providers and parent.