

Guiding Progress  
Shaping Futures

# ENTRY MATERIALS

## Parent Information Packet Quick Reference

*To Prepare for the Individual Family Service Plan Meeting Where Child  
Outcomes Will Be Discussed*



**New York State Department of Health**

## New York State Early Intervention Program Guiding Progress....Shaping Futures



You are getting this information because your child is going to have information collected on him or her that will be used to see how well Early Intervention services work. Information gathered from you and from other parents across the state will help improve Early Intervention services for all children with special needs.

### What Information Will be Collected?

You and people that have evaluated your child, will be asked about how your child does in the following three areas:

- ★ Positive social emotional skills
  - Playing with others (children and adults)
  - Expressing emotions and feelings
- ★ Acquiring and using knowledge and skills, including early language and communication
  - Imitation
  - Problem-solving skills
  - Attention
  - Communication skills
  - Memory
- ★ Use of appropriate behavior to meet needs (taking appropriate action to meet needs)
  - Getting help when needed
  - Adaptive skills (e.g., self-feeding, toileting, sleeping)



## How Will My Child's Abilities Be Measured?

- ★ A meeting will take place to complete a form that will assess how your child is doing in the three outcome areas listed on page 2.
  - The meeting will take place during your child's Individualized Family Service Plan (IFSP) meeting.
  - At the meeting, you and people who have evaluated your child will be asked about how your child is doing.
  - The information gathered from everyone at the meeting will be used to complete the COSF.



## What Should I Do to Get Ready for the Discussion?

- ★ Think about how your child is doing in the three outcome areas listed on page 2.
  - Think about how your child usually functions in different situations.
  - You should also think about whether your child is doing what other children his or her age are.



- ★ The **DEVELOPMENTAL MILESTONES CHECKLIST – PARENT EDITION** is also included in this packet to help you prepare for the meeting discussion.
  - This checklist shows a list of behaviors and the age by which they usually occur.
- ★ Completing this checklist and bringing it to the meeting will help you be a part of the discussion.



## Important Information for Parents

- ★ Participating in this process will not affect whether or not your child can get Early Intervention services.
- ★ Your child's individual information will be entered into a secure data system, but only total numbers will be reported.



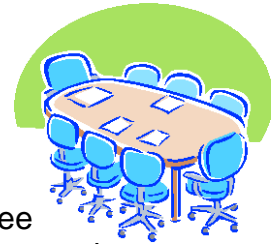
## Do I Have to Agree To Have the COSF Completed?

- ★ Parents are not required to complete the COSF.
- ★ However, reporting child outcomes is a federal requirement so we encourage parents to participate and help us collect this important information. To meet this Federal mandate, the COSF form must be completed for children involved in the process.
- ★ Your input is valued!
  - The information parents give will help improve Early Intervention services.

## Frequently Asked Questions

### • Who will be at the meeting?

- ★ People that might be involved in the meeting are:
  - You
  - Your child's evaluators
  - Your child's service coordinator
  - Your child's Early Intervention Official/Designee
  - And any other people that you have invited to attend



### • Who will be involved in the discussion about my child?

- ★ People that might be involved include:
  - You
  - Your child's evaluators
  - Your child's service coordinator
  - Your Early Intervention Official/Designee



- ★ At the meeting, everyone will be asked how he or she feels your child is currently doing.

★ **By reporting the information on the Early Intervention Program, will anyone find out how my child is doing?**

- ★ Your child's individual information will be entered into a secure data system, but only total numbers will be reported.

## What if I Still Have Questions?

If you have questions you can:

Log on to our website.

- ★ [https://www.health.ny.gov/community/infants\\_children/early\\_intervention/outcomes\\_survey/child/](https://www.health.ny.gov/community/infants_children/early_intervention/outcomes_survey/child/)



Email us with a question and we will get back to you as soon as possible.

- ★ BEIDataUnit@health.ny.gov



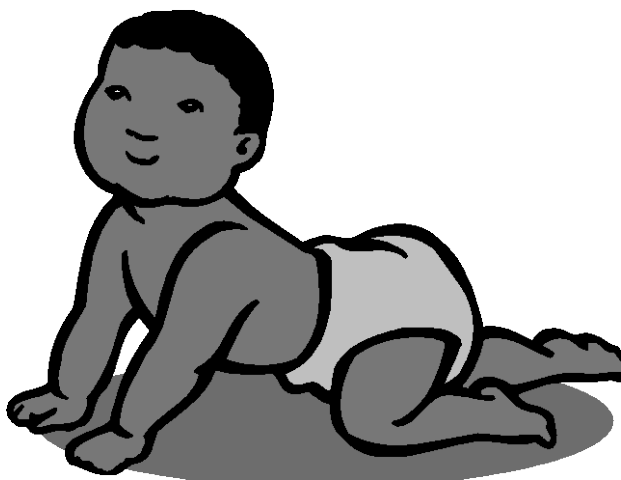
Call us with your questions.

- ★ (518) 473 - 7016

**THANK YOU FOR YOUR HELP AND PARTICIPATION!**



# Developmental Milestones Checklist - Parent Edition



## How do I Complete the Developmental Milestones Checklist?

- To complete the **DEVELOPMENTAL MILESTONES CHECKLIST**:
  - ★ Start at the 3-month age level and check one box (yes, no, or inconsistent) for each behavior listed.
  - ★ Check the “Yes” box if your child usually shows the behavior or skill in different settings and situations.
  - ★ Check the “No” box if your child does not show the behavior or skill.
  - ★ Check the “Inconsistent” box if your child shows the behavior or skill in **SOME** situations or settings but not all situations or settings.
  
- Complete this step for every age level until you have completed the checklist items for your child’s current age.
  
- Do this for all three checklists.
  
- The table below is an example of how to complete the checklist:

Age	Outcome 1: Positive Social Emotional Skills	Has Child Attained Milestone?		
		Yes	No	Inconsistent
<b>by 3 months</b>	Smile	✓	<input type="checkbox"/>	<input type="checkbox"/>
	Make cooing sounds		<input type="checkbox"/>	✓
	Enjoy playing with people	✓	<input type="checkbox"/>	<input type="checkbox"/>
<b>by 6 months</b>	Recognize familiar faces	✓	<input type="checkbox"/>	<input type="checkbox"/>
	Babble	<input type="checkbox"/>	<input type="checkbox"/>	✓
	Smile at self in mirror	<input type="checkbox"/>	✓	<input type="checkbox"/>

## Developmental Milestones Checklist – Parent Edition

Age	Outcome 1: Positive Social Emotional Skills	Has Child Attained Milestone?		
		Yes	No	Inconsistent
<b>by 3 months</b>	Smile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Make cooing sounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Enjoy playing with people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>by 6 months</b>	Recognize familiar faces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Babble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Smile at self in mirror	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>by 12 months</b>	Wave bye - bye	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Know five of six words	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Play peek-a-boo and patty cake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Repeat sounds or gestures for attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>by 18 months</b>	Follow simple directions (e.g., "Bring the ball")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Act out a familiar activity in play (e.g., taking a bath)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Bring toys to share with parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>by 24 months</b>	Use two-to-three word sentences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Likes to imitate their parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Show affection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Play alone (independently)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Comfort a distressed friend or parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>by 36 months</b>	Play with other children for a few minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Use three-to-five word sentences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Understands the concept of 'mine'	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Spontaneously shows affection for familiar playmates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Takes turns in a game	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Imitates adults and playmates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Age	Outcome 2: Acquiring and Using Knowledge and Skills	Has Child Attained Milestone?		
		Yes	No	Inconsistent
<b>by 3 months</b>	Turns their heads toward bright colors and lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Move both eyes in the same direction together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Recognize bottle or breast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	React to sudden sounds or voices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Make fists with both hands to grasp toys or hair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>by 6 months</b>	Recognize familiar faces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Follow moving objects with eyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Turn toward the source of normal sound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Play with their toys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>by 12 months</b>	Stack two blocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Put objects in a container	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>by 18 months</b>	Like to pull, push, and dump things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>by 24 months</b>	Say names of toys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Recognize familiar pictures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Identify hair, eyes, ears and nose by pointing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Turn 2-3 pages at a time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Build a tower of four blocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>by 36 months</b>	Turn one page at a time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Name at least one color correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Repeat common rhymes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Age	Outcome 3: Taking Appropriate to Meet Needs	Has Child Attained Milestone?		
		Yes	No	Inconsistent
by 3 months	Lift Head and chest when on stomach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Recognize bottle or breast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Wiggle and kick arms and legs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
by 6 months	Reach for objects and pick them up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Switch toys from one hand to the other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Help hold the bottle during feeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
by 12 months	Sit without support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Pull to a standing position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Drink from a cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Hold out their arms and legs while being dressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Know five of six words	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
by 18 months	Pull off shoes, socks, and mittens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Feed themselves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Make marks on paper with crayon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Walk without help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Step off a low object and keep balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
by 24 months	Use two-to-three word sentences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Carry something while walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Feed themselves with a spoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
by 36 months	Walk up steps (alternating feet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Put on their shoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Open door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Use three-to-five word sentences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are toilet trained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Ride a tricycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>