

NH State Systemic Improvement Plan (SSIP)

I. State: New Hampshire

II. Part C Family Centered Early Supports and Services (FCESS)

III. State SSIP Planning Team Members and Organization Represented

| SSIP Planning Team | Organization |
|-------------------------------------|--|
| Part C Coordinator | DHHS-BFCS-FCESS |
| Part C Program Specialist | DHHS-BFCS-FCESS |
| Part C Data Manager | DHHS-BDS |
| Master Cadre State Leadership Teams | NH FCESS programs and NH area agencies |
| | |

IV. State-Identified Measurable Result(s)

The percent of infants and toddlers with IFSPs who demonstrate improved acquisition and use of knowledge and skills (including early language/communication) will increase.

V. Broad Improvement Strategies

1. Sustainable Early Education for Change (SEE Change) – Establishing program-wide supports to implement DEC Recommended Practices on child and family engagement is expected to increase the capacity of providers to engage children and their families. The Comprehensive System of Professional Development (CSPD) framework created by this project is expected to enhance the capacity of NH Part C FCESS system to implement and scale up recommended practices statewide.
2. Diversity & Cultural Competence (D&CC) – Implementing program-wide supports to reduce provider bias and increase skills related to diversity and cultural competencies is expected to reduce differences in child outcomes for boys and for minority children.
3. Child Outcomes Summary (COS) – Improvements to training and supports around collection of and need for Child Outcomes data is expected to increase buy in, common understanding, and uniformity of practices related to Child Outcomes process, data, and data based decision-making.

VI. SEE Change Improvement Strategy and Evaluation Details

A. Improvement

1. SEE Change – Establishing program-wide supports to implement DEC Recommended Practices on child and family engagement is expected to increase the capacity of providers to engage children and their families. The CSPD framework created by this project is expected to enhance the capacity of NH FCESS system to implement and scale up recommended practices statewide.

B. Key State Improvement Plans or Initiatives That Align With This Improvement Strategy

Intensive TA initiative with the ECTA Center in partnership with 619/Early Childhood Special Education. Part C and Part B engaged in State systemic Improvement planning that includes the DEC Recommended Practices in 2015. Coaching across early childhood settings is a way to enhance CSPD systems. The SEE Change project incorporates coaching and evaluation of coaching practices and outcomes.

C. Improving Infrastructure and/or Practice

1. Is this improvement strategy intended to improve one or more infrastructure components?

| | | |
|------------|---------------------|----------------------------|
| Governance | Accountability | Professional development X |
| Data X | Quality standards X | Technical assistance X |

2. Is this strategy intended to directly improve practices? Yes X No

Sustainable Early Engagement for Change (SEE Change)

D. Intended Outcomes

| Type of Outcome | Outcome Description |
|---------------------|---|
| Short-term | a. SLT understands process of data-based decision making, including using tools to measure change in practice and program implementation |
| | b. SEE Change Master Cadre (SCMC) members have the skills to train local program staff on SEE Change. |
| | c. SCMC coordinator and members have the skills to provide coaching to local program staff. |
| | d. Providers know how to implement evidence based practices (EBPs) sustainably and with fidelity |
| Intermediate | a. SLT uses data to make decisions. |
| | b. State CSPD system infrastructure in place to implement and scale-up EBPs. |
| | c. Providers implement EBPs with families |
| | d. Families use of EBPs in natural environments and daily routines increases over time. |
| Long-term | a. Child engagement in natural environments and routines will increase. |
| | b. Children will meet IFSP goals. |
| | c. The percent of infants and toddlers with IFSPs who demonstrate improved acquisition and use of knowledge and skills (including early language/communication) will increase, specifically among boys for SS1 and SS2, and racial/ethnic minorities for SS2. |

E. Evaluation Plan

1. Evaluation of Improvement Strategy Implementation

| Outputs | Evaluation Questions E.g., Was the training held? Held according to plan? Are practices changing? | How Will We Know the Activity Happened According to the Plan? (performance indicator) | Measurement/Data Collection Methods | Who is Responsible & Timeline (projected initiation and completion dates) |
|---|---|---|--|---|
| 1a. SLT meets quarterly | Did the SLT meet at least quarterly? | SLT meeting records indicate the team meets at least quarterly. | Meeting notes with dates and attendees listed. | SEE Change Coordinator. |
| 1b. Resources to support SCMC members | Were adequate resources to support SCMC members identified? | <ul style="list-style-type: none"> • 100% of local program staff teams have at least one MC member working with them. • 100% of Coordinating Council (ICC) engages in data analysis, infrastructure analysis, and evaluation to provide informed advice to NH FCESS. • All SSIP initiatives have project budgets • Each initiative coordinator has tools, processes, and a plan to organize and report back data to SLTs, ICC, and broad public | <ul style="list-style-type: none"> • FCESS CSPD Budget tracking tool • Team budget documentation | <ul style="list-style-type: none"> • Teams will collect data with tools provided • Master cadre will collect data from teams and share with Part C office • Coordinator will track, combine and report project wide data back to local teams, master cadre, and stakeholders |
| 1c. SCMC application/selection process. | Was SCMC application and selection process formalized? | Formal application/selection process is in writing | Document on file In place 2017 | Coordinator (on file from SEE Change initial project). |

Sustainable Early Engagement for Change (SEE Change)

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| 1d. SCMC members selected | Were SCMC members selected using the process? | 90% of SCMC members were selected using the formal process. | Documentation of the process implementation and decision for each SCMC member Achieved for 1 program 2015, 3 programs FFY19, 5 programs FFY 21 | Coordinator (on file from SEE Change initial project). |
| 1e. Implementation program sites application/selection process | Was implementation program site application and selection process formalized? | Formal site application/selection process is in writing. | Document on file. | Coordinator (on file from SEE Change initial project) |
| 1f. Implementation program site(s) selected. | Were implementation program sites selected using the process? | 100% of implementation sites were selected using the process. | Documentation of the process implementation and decision for each implementation site Achieved for NHS 2015. Three programs began FFY19. Five additional programs selected to begin FFY21 | Coordinator (on file from initial SEE Change project.) |
| 1g. Updated SEE Change Action plan. | When barriers or things that worked were identified, was SEE Change action plan updated? | State and 100% of local SEE Change action plans are modified annually to include lessons learned from barriers or facilitators. | <ul style="list-style-type: none"> Action plan and SLT meeting notes In place 2017 Addressed as barriers arise changes are made to address barriers. | Coordinator (on file from initial SEE Change project). Notes maintained |
| 2a. SCMC coordinator and members meet quarterly | Did SMCM coordinator and members meet quarterly? | SCMC coordinator and 90% of members meet 4 times per year. | In place and documentation of meeting notes | Coordinator will convene quarterly |
| 2b. SCMC members trained to train and coach local program staff. | Are SCMC members trained in coaching? | <ul style="list-style-type: none"> Training description Attendance of SCMC members 90% of SCMC members attend trainings on coaching. | <ul style="list-style-type: none"> Log of Master Cadre work on when they are engaging and with whom Attendance documents maintained | Coordinator |
| 2c. SCMC members attend program leadership team meetings(s) at least quarterly. | Are SCMC members attending program leadership mtngs. Quarterly? | 80% of SCMC members attend 4 program leadership meetings each year. | SCMC contact log with local programs. Notes of attending meetings maintained | Coordinator collects contact logs. |
| 2d. SCMC member coach program peer coaches quarterly. | Did SCMC coach peer coaches quarterly? | 90% of peer coaches have coaching meetings with SCMC at least 4 times a year. | Coaching data logged at local program level. | Coordinator maintains program data of peer |

Sustainable Early Engagement for Change (SEE Change)

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| | | | | coaching. |
| 2e. SCMC and local program training and coaching evaluation data. | Did SCMC and coaching evaluation get completed? | Training and coaching evaluations are on file. | Evaluation document In place | Coordinator will keep on file. |
| 3a. List of current program leadership teams and peer coaches. | Does each program have an identified leadership team? | 90% of programs have an identified leadership team | List of current program leadership teams & coaches. | Coordinator will keep on file. |
| 3b. Local program staff trained in SEE Change. | Have local staff been trained in SEE Change? | All local program staff will be trained in SEE Change. 100% of local program staff attend 75% of SEE Change training(s) | Attendance list from Program Wide trainings; Meeting notes and sign-in sheets. | Coordinator will keep on file. |
| 3c. Program leadership teams meet monthly & include SCMC quarterly | <ul style="list-style-type: none"> • Did the program leadership teams meet monthly? • Was SCMC included quarterly? | <ul style="list-style-type: none"> • Programs will meet monthly • 100% of program leadership teams meet 12 times a year • SCMC will be included quarterly | <ul style="list-style-type: none"> • Calendar of meetings • Attendance and notes | Coordinator will collect for program level. |
| 3f. Providers participate in coaching | <ul style="list-style-type: none"> • Did providers participate in coaching as planned? | <ul style="list-style-type: none"> • 90% of providers participated in their coaching plans with 100% fidelity | <ul style="list-style-type: none"> • Coaching logs • Engagement scales • Data on coaching implementation and practice changes. • Program peer coach contact log with providers | Program will maintain data sheets and submit excel workbook to Coordinator. |

2. Evaluation of Intended Outcomes

| Type of Outcome | Outcome Description | How Will We Know the Intended Outcome Was Achieved? (performance indicator) | Measurement/Data Collection Method | Timeline (projected initiation and completion dates) |
|---------------------|--|---|--|---|
| Short term | a. SLT understands process of data-based decision making, including using the tools to measure change in practice and program implementation | 75% of the SLT reports that they understand the process of data-based decision-making | <ul style="list-style-type: none"> Survey or interview with SLT members | In place Meet with programs for discussion and training regarding data |
| | b. SEE Change Master Cadre (SCMC) members have the skills to train local program staff on SEE Change. | 100% of SCMC members attend trainings on adult learning strategies, facilitation techniques, and SEE Change EBPs. | <ul style="list-style-type: none"> Training calendar and description Training attendance | In place for currently engaged programs |
| | c. SCMC coordinator and members have the skills to provide coaching to local program staff. | 100% of SCMC attend coaching and adult learning strategies training | <ul style="list-style-type: none"> Training calendar and description Training attendance | In place for currently engaged programs |
| | d. Providers know how to implement evidence based practices (EBPs) sustainably and with fidelity | 100% of providers attend EBP, SEE change, and data-based decision-making trainings | <ul style="list-style-type: none"> Training calendar and description Training attendance | In place for currently engaged programs |
| Intermediate | a. SLT uses data to make decisions. | State reviews data with stakeholders and obtains input | <ul style="list-style-type: none"> COS data comparing local programs | In place meetings with ICC and program directors quarterly. |
| | b. State CSPD system infrastructure in place to implement and scale-up EBPs. | State demonstrates progress as the number of local programs engaged and implementing DEC RPs increases yearly. | Local programs attend Adult Learning Strategies training and NH SEE Change trainings | 2021 nine local programs are implementing DEC RPs through SEE Change |
| | c. Providers implement EBPs with families | 75% of time providers document EBP use on Observation Scale tool | Observation scale forms | In place Data submitted to state office and shared with stakeholders |
| | d. Families use of EBPs in natural environments and daily routines increases over time. | 75% of families document the use of EBPs in natural environments and routines | Documentation within individual child records | In place |

Sustainable Early Engagement for Change (SEE Change)

| Type of Outcome | Outcome Description | How Will We Know the Intended Outcome Was Achieved? (performance indicator) | Measurement/Data Collection Method | Timeline (projected initiation and completion dates) |
|------------------------|---|---|--|---|
| Long term | a. Child engagement in natural environments and routines will increase. | 75% of children will exhibit an increase on the child engagement scale | Child Engagement Scale | In place Data submitted to state office and shared with stakeholders |
| | b. Children will meet IFSP goals. | 75% of children will meet IFSP goals related to knowledge and skills within planned timelines | IFSP Further discussion and exploration for best way to assess | Discussion of how to incorporate IFSP monitoring into SEE Change efforts continue |
| | c. The percent of infants and toddlers with IFSPs who demonstrate improved acquisition and use of knowledge and skills (including early language/communication) will increase, specifically among boys for SS1 and SS2, and racial/ethnic minorities for SS2. | Trend line COS data will be reviewed for all children and specifically among boys for SS1 and SS2, and racial/ethnic minorities for SS2". | Programs as compared to the state have reduced racial/ethnic and gender disparities in COS ratings. Measurement: Show more consistent patterns | Incorporating COS ratings and IFSP progress |

VII. SSIP Improvement Strategy and Evaluation Details

A. Improvement Strategy

COS

B. Key State Improvement Plans or Initiatives That Align With This Improvement Strategy

C. Improving Infrastructure and/or Practice

1. Is this improvement strategy intended to improve one or more infrastructure components? If so, check all that apply.

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|-------------------|----------|--------------------------|--|---------------------------------|----------|
| Governance | | Accountability | | Professional development | X |
| Data | X | Quality standards | | Technical assistance | X |
| Finance | | | | | |

2. Is this strategy intended to directly improve practices? Yes X No _____

D. Intended Outcomes

| Type of Outcome | Outcome Description |
|------------------------|---|
| Short term | a. SLT understands how to use data for decision making for infrastructure development and implementation of COS practices |
| | b. COSMC members have the skills to train local program staff on the COS process |
| | c. COSMC members have the skills to provide coaching to local program staff. |
| | d. Program staff understand functional outcomes |
| | e. Program staff understand why and how COS data is collected trainings conducted FFY17 |
| | f. Families understand functional outcomes use of new integrated IFSP and process begins FFY17 |
| | g. Families understand why and how COS data are collected New brochure and new IFSP and process begins FFY17 |
| Intermediate | a. SLT uses data to make decisions. |
| | b. COSMC infrastructure and supports are in place. |
| | c. Providers team with each other and parents in COS rating. |

| Type of Outcome | Outcome Description |
|------------------|--|
| | d. Program staff use multiple sources of data in COS ratings |
| | e. Families participate in the COS process |
| | f. Program staff use understanding of child's functioning to select EBPs to support children's functioning |
| | g. Providers implement EBPs with families. |
| Long term | h. Families use of EBPs in natural environments and daily routines increases over time. |
| | a. Child engagement in natural environments and routines will increase. |
| | b. Children will meet IFSP goals. c. The percent of infants and toddlers with IFSPs who demonstrate improved acquisition and use of knowledge and skills (including early language/communication) will increase, specifically among boys for SS1 and SS2, and racial/ethnic minorities for SS2. |

E. Evaluation Plan

1. Evaluation of Improvement Strategy Implementation

| Outputs | How Will We Know the Activity Happened According to the Plan? (performance indicator) | Measurement/Data Collection Methods | Timeline (projected initiation and completion dates) |
|---|---|--|---|
| 1a. Monthly system planning team meetings | 75% of meetings will happen according to plan | Agenda, notes, attendance | Completed |
| 1b. Monthly SLT meetings; quarterly F2F. | 75% of meetings will happen according to plan | Agenda, notes, attendance | Completed |
| 1c. Resources to support COSMC members. | Sustainable resources are identified and articulated in writing. | State action plan updated annually | Completed |
| 1d. COSMC is trained in COS curriculum and adult learning strategies. | 100% of COSMC members attend trainings in COS curriculum and adult learning strategies. | State action plan updated annually | Completed |
| 1e. Analyses of practices & program-wide COS process implementation, including review of COS ratings. | Analysis has been conducted. | Articulation in writing of analysis. | Completed |
| 1f. COS program action plan updated as needed. | Action plan updated at least annually | Action plan updates in writing | Completed |
| 2a. Program staff receive initial training | 100% of local program staff attended initial COS training. | Attendance | Completed 2018 |
| 2b. Program self-assessment data reports | Each program will have self-assessment data on COS practices before and after initial training. | Before and after assessments | Completed 2018 -19 |
| 2c. Local program COS action plans | Each program will have an action plan. | Action plan document | Completed 2018 |
| 2d. Coaching follow up support for all program staff | Assignment of coach for each program in writing | List with SLT | Completed 2018 |

2. Evaluation of Intended Outcomes

| Type of Outcome | Outcome Description | How Will We Know the Intended Outcome Was Achieved? (performance indicator) | Measurement/Data Collection Method | Timeline (projected initiation and completion dates) |
|---------------------|---|--|--|---|
| Short term | a. SLT understands how to use data for decision making for infrastructure development and implementation of COS practices | SLT member report that they understand how t use data for decision making for infrastructure development and implementation of COS practices. | Interview | Completed 2018 |
| | b. COSMC members have the skills to train local program staff on the COS process | 100% of COSMC will have skills needed to train local staff on the COS process. | COSMC pre/post assessment | Completed 2018 |
| | c. COSMC members have the skills to provide coaching to local program staff. | 100% of COSMC will have skills needed to coach local staff on the COS process. | Pre/post regarding coaching training books | Completed 2018 |
| | d. Program staff understand functional outcomes | 75% of program staff demonstrate understanding of functional outcomes. | Staff pre/post assessment | Completed 2018 |
| | e. Program staff understand why and how COS data is collected | 75% of program staff demonstrate understanding of why COS is collected. | Staff pre/post assessment | Completed 2018 |
| | f. Families understand functional outcomes | 75% of families demonstrate a basic understanding of functional outcomes. | Family survey | Completed 2018 |
| | g. Families understand why and how COS data are collected | 75% of families demonstrate understanding of why COS data are collected. | Family survey | Completed 2018 |
| Intermediate | a. SLT uses data to make decisions. | SLT bases decisions on data | Agenda, notes, attendance | Completed 2018 |
| | b. COSMC infrastructure and supports are in place. | <ul style="list-style-type: none"> • 4 qualified trainers are in place to train and coach programs. • One coordinator is in place for this initiative. • Funding is set aside specifically for this initiative in the CSPD budget of Part C NH. | SSIP | Completed 2018 and maintained each fiscal year for continued support to programs and training new FCESS hires |
| | c. Providers team with each other and parents in COS rating | 90% COS forms will show documentation of teaming. | COS rating form | Completed 2018 |
| | d. Program staff use multiple sources of data in COS ratings | 90% COS forms will show documentation of multiple sources. | COS rating form | Completed 2018 |
| | e. Families participate in the COS process | 90% COS forms will show documentation of family participation | COS rating form | Completed 2018 |

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| | f. Program staff use understanding of child’s functioning to select EBPs to support children’s functioning | 70% IFSPs will show evidence of functioning, and EBP use. | IFSP Pull samples with state and coach | Completed 2018 |
| | g. Providers implement EBPs with families. | Providers implement EBPs 50% of the time or children meet IFSP goals 70% of the time. | IFSP, and visit summaries | Completed 2018 |
| | h. Families use of EBPs in natural environments and daily routines increases over time. | 75% of families show increase of EBPs in natural environment and daily routine | IFSP, visit summary, parent report | Completed 2018 |
| Long term | (same as for SEE Change, see evaluation plan in that section) | (same as for SEE Change, see evaluation plan in that section) | (same as for SEE Change, see evaluation plan in that section) | (same as for SEE Change, see evaluation plan in that section) COS and FOS data collected at state level will be analyzed with ICC and stakeholders. |

VIII. SSIP Improvement Strategy and Evaluation Details

A. Improvement Strategy (identify one)

Diversity & Cultural Competence

B. Key State Improvement Plans or Initiatives That Align With This Improvement Strategy

C. Improving Infrastructure and/or Practice

1. Is this improvement strategy intended to improve one or more infrastructure components? If so, check all that apply.

| | | | |
|-------------------|--------------------------|---------------------------------|----------|
| Governance | Accountability | Professional development | X |
| Data | Quality standards | Technical assistance | |
| Finance | | | |

2. Is this strategy intended to directly improve practices? Yes **X**___ No _____

D. Intended Outcomes

| Type of Outcome | Outcome Description |
|------------------------|--|
| Short term | a. SLT understands how to use data for decision making for infrastructure development related to cultural competence |
| | b. CC Facilitators members have the skills to train local program staff on cultural competence |
| | c. CC Facilitators have the skills to provide coaching to local program staff. |
| | d. Local program staff have increased awareness of diversity and culture. |
| Intermediate | a. SLT uses data to make decisions. |
| | b. CC Facilitators infrastructure and supports are in place. |
| | c. Providers team with each other and parents in COS rating |

| | |
|------------------|---|
| | e. Families participate in the COS process |
| | f. Local program staff use knowledge / awareness of families' cultures in writing IFSP goals |
| | g. Local program staff use knowledge / awareness of families' cultures in implementing EBPs. |
| Long term | a. Child engagement in natural environments and routines will increase. |
| | b. Children will meet IFSP goals. |
| | c. The percent of infants and toddlers with IFSPs who demonstrate improved acquisition and use of knowledge and skills (including early language/communication) will increase, specifically among boys for SS1 and SS2, and racial/ethnic minorities for SS2. |

E. Evaluation Plan

1. Evaluation of Improvement Strategy Implementation

| Outputs | How Will We Know the Activity Happened According to the Plan? (performance indicator) | Measurement/Data Collection Methods | Timeline (projected initiation and completion dates) |
|---|---|---|--|
| 1a. Monthly SLT meetings; quarterly F2F trainers circle. | 75% of CC Facilitators attend 75% of monthly meetings and trainers circles. | Attendance records maintained by CC coordinator | Completed 2018 |
| 1b. Resources to support SLT and CC Facilitators | Resources identified in writing | SSIP | Completed 2018 |
| 1c. CC Facilitators are trained in cultural competence & adult learning strategies. | 100% of CC Facilitators attend trainings in CC and Adult learning strategies. | Attendance and training descriptions. | Completed 2018 |
| 1d. Analyses of disparities in COS ratings by gender and race/ethnicity | Analysis completed | Analysis in writing | Completed 2018 |
| 1e. Cultural Competence action plan updated as needed. | Action plan updated annually | SSIP and action plan | Completed 2018 |
| 2a. Facilitation teams. | Facilitation teams chosen form first trainings. | List maintained by CC Coordinator | Completed 2018 |
| 2b. Program training order | Order will be in writing | SLT notes and decision | Completed 2018 |
| 2c. Program staff are trained on cultural competence. | 100% of program staff attend CC training | Attendance record | Completed 2018 |
| 2d. Program self-assessment reports | Programs will self-assess to determine follow up needs at least annually. | Collect pre – post data regarding diversity and cultural awareness and changes to practice. | Completed 2018 |
| 2e. Local program CC action plans | Programs will self-assess to determine follow up needs at least annually. | Collect pre – post data regarding diversity and cultural awareness and changes to practice. | Completed 2018 |
| 2f. Coaching follow up support for all program staff | 75% of programs will self-assess with coaching support from CC Facilitator, to determine follow up needs at least annually. | Collect pre – post data regarding diversity and cultural awareness and changes to practice. | Completed 2018 and maintained within CSPD Budget |

2. Evaluation of Intended Outcomes

| Type of Outcome | Outcome Description | How Will We Know the Intended Outcome Was Achieved? (performance indicator) | Measurement/Data Collection Method | Timeline (projected initiation and completion dates) |
|---------------------|--|--|--|--|
| Short term | a. SLT understands how to use data for decision making for infrastructure development related to cultural competence | SLT member report that they understand how to use data for decision making for infrastructure development and implementation of COS practices. | Interview | Completed 2018 |
| | b. CC Facilitators have the skills to train local program staff on cultural competence | 100% of CC Facilitators will have the skills to train local program staff on CC | Pre/post assessment of CC Facilitators | Completed 2018 |
| | c. CC Facilitators have the skills to provide coaching to local program staff. | 100% of CC Facilitators will have the skills to coach local program staff on CC | Pre/post assessment of CCMC | Completed 2018 |
| | d. Local program staff have increased awareness of diversity and culture. | 75% of local program staff demonstrate an increased awareness of diversity and culture | Evaluation survey/assessments | Completed 2018 |
| Intermediate | a. SLT uses data to make decisions. | SLT bases 50% of decisions on collected data | Agenda, notes, attendance | Completed 2018 |
| | b. CC Facilitators infrastructure and supports are in place. | Infrastructure articulated | SSIP | Completed 2018 |
| | c. Providers team with each other and parents in COS rating | For 75% of children with initial IFSPs, team members from multiple disciplines are articulated in Child Outcome Surveys | Monitoring Review of charts | Completed 2018 |
| | e. Families participate in the COS process | For 75% of children with initial IFSPs, family names are articulated in Child Outcome Surveys as team members | Monitoring Review of charts | Completed 2018 |
| | f. Local program staff use knowledge / awareness of families' cultures in writing IFSP goals | 75% of providers record consideration of family beliefs/values in development of IFSP outcomes | Monitoring Review of charts; analysis by white/non-white | Completed 2018 |
| | g. Local program staff use knowledge / awareness of families' cultures in implementing EBPs. | Assessments and IFSPs incorporate family/child beliefs and values in determining age appropriate functioning | Monitoring Review of charts | Completed 2018 |
| | h. Families use of EBPs in natural environments and daily routines increases over time. | 75% of families show increase of EBPs in natural environment and daily routine | IFSP, visit summary, parent report | Completed 2018 |
| | Long term | (same as for SEE Change, see evaluation plan in that section) | | |

