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# Best practices of Individual Family Service Plans and analyses regarding quality outcomes

Ashley M. Andrew

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BEST PRACTICES OF INDIVIDUAL FAMILY SERVICE  
PLANS AND ANALYSES REGARDING  
QUALITY OUTCOMES

An Abstract of a Thesis  
Submitted  
in Partial Fulfillment  
of the Requirements for the Degree  
Educational Specialist

Ashley M. Andrew  
University of Northern Iowa

July 2012

## ABSTRACT

This quantitative research study provides information regarding best practices of Individual Family Service Plans (IFSPs). Research on the content, family-centeredness, and outcomes in IFSPs will be discussed. Evidence suggests that although expected content within IFSPs are clearly defined by the Individuals with Disabilities Education Act (IDEA), professionals have a lack of consensus on what IFSPs should include, lack family-centeredness, and have minimal understanding of a clearly defined outcome according to IDEA. In addition, this study provides additional data regarding quality outcomes. The researcher rated 120 outcomes in IFSPs against a state rubric. Data indicated that although empirical research states there is room for professionals to grow in their practice when constructing IFSP outcomes, an area education agency in Iowa writes outcomes with quality. The data elicited information pertaining to areas needing improvement including writing outcomes that target behaviors needed to complete all or most daily activities and a class of responses.

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## THESIS APPROVAL PAGE

This Study by: Ashley Andrew

Entitled: Best Practices of Individual Family Service Plans and Analysis Regarding Quality Outcomes

has been approved as meeting the thesis requirement for the

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## CHAPTER 1

### QUALITY OUTCOMES IN INDIVIDUAL FAMILY SERVICES PLANS

#### Introduction/Statement of the Problem

Children under the age of three who exhibit a disability in any of the following areas qualify for early intervention services: health, vision, hearing, social and emotional skills, cognitive development, motor skills, or communication skills (James, 2008). Children and their families are provided these services through the Individuals with Disabilities Education Act (IDEA). These services are designed to close the gap in developmental and physical disabilities in infants and toddlers as quickly as possible (James, 2008); thus, helping children to have more academically successful educational experiences later in life. However, since the implementation of P.L. 99-457, which contributed to the institution of Individual Family Service Plans (IFSPs), many issues have arisen (Beckman & Bristol, 1991). These issues include varying compliance, lack of family-centeredness, and lack of quality outcomes.

The literature describes data in the United States indicating that IFSPs do not meet the content criteria outlined by IDEA. Knowledge of this issue comes with the understanding that IFSPs are out of compliance with this federal law and implemented without best practice. However, the overall compliance with IDEA in Iowa ranges from 93.33-100% on all indicators (Iowa Department of Education, 2011). On an annual basis, each Area Education Agency (AEA) in Iowa participates in a self-assessment

indicating their overall compliance with IDEA requirements on randomly selected IFSPs via the Iowa Department of Education. The results of these self-assessments indicate that AEA's in Iowa write IFSPs that are in compliance with IDEA guidelines.

In addition to content compliance across the United States, family-centeredness in IFSPs is an area needing improvement. IFSPs are designed to serve families and their children. The literature on IFSPs indicates professionals do not always incorporate family-centeredness. The literature does, however, indicate that more professionals are exploring the level of family-centeredness within IFSPs.

Bailey and Bruder (2005) state that outcomes in IFSPs have not been analyzed as in depth as other areas of IFSPs (i.e. programs enhancing child development). They hypothesized that: (a) individuals assume that the most important goal of early intervention is to help children; (b) that there are inconsistent patterns in desired outcomes for families; (c) and there are a lack of measurement tools utilized to determine quality of family outcomes.

The purpose of this thesis was to provide a review of the literature on best practices in the construction of Individual Family Service Plans (IFSPs). The review includes law requirements, content requirements, family-centeredness in IFSPs, and research on appropriately defined outcomes. I then reviewed and analyzed data on the extent to which outcomes in IFSPs are written with quality within an area education agency in Iowa. In short, this thesis answers the following questions: (1) What are the

best practices of constructing IFSPS? (2) To what extent are a sample of outcomes written with quality?

The limitations of this study include the lack of recent empirically based research within the literature. This study also does not rate the level of family-centeredness or the content of previously written IFSPs, which were areas of concern within the literature. In addition, the quantitative study only utilizes a sample of outcomes in Iowa which may not be a true indication of the overall quality of outcomes across multiple area education agencies and states.

## CHAPTER 2

### LITERATURE REVIEW

Chapter 2 includes an overview of the literature pertaining to best practices in constructing IFSPs. The chapter begins by describing background knowledge essential in understanding the development of IFSPs including: (a) policy and law implementations that impact and influence the content requirements in IFSPs; (b) an overview of the family-centeredness within IFSPs; (c) information pertaining to quality outcomes within IFSPs.

#### Policy and Law Implementations

In 1975, the Education for All Handicapped Children Act (P.L. 94-142) was implemented to provide “a free, appropriate public education for every child between the ages of 3 and 21.” This law was the first federal mandate that stated the right of students with disabilities to a free and appropriate education (FAPE). P.L. 94-142 requires (a) an Individualized Education Plan be developed for each child that is eligible for special education services; (b) children identified as having a disability will be educated in the least restrictive environment; (c) parents obtain the right to participate in decision-making regarding their child; and (d) parents have the right to appeal any decisions that they do not agree with regarding their child.

Parents, whom have the right to due process, are also protected by laws. In 1983 an amendment was made to the Education for All Handicapped Children Act entitled P.L. 98-199. This amendment provided funding for parental education

regarding advocating and protecting their rights provided by P.L. 94-142. Further parental support was provided by the Handicapped Children's Protection Act, P.L. 99-372 implemented in 1986. This amendment stated that a parent could be reimbursed for legal costs if they went to court and won the claim of insufficient services for their child with a disability.

The next law directly impacting the Individual Family Service Plan is the 1986 amendment to the Education for All Handicapped Children Act. This amendment, P.L. 99-457, was the basis for providing services to children age three to five who have an educational disability. A key purpose of this amendment was to provide a free and appropriate public education (FAPE) to this age range of children. This amendment was also designed to provide early intervention services for children between the ages of birth to three years who have an identified or suspected disability. This law was the first that states there should be an Individual Family Service Plan for each family that has an infant or toddler with a disability.

In 1990, the Education for All Handicapped Children Act was renamed Individuals with Disabilities Education Act (IDEA). This law extended services and made changes to the Education of the Handicapped Act. First, IDEA replaced the word "handicapped" with the word "disabled." IDEA also required the provision of transition services to students with disabilities by age 16. IDEA extended disability services to students who were identified as having autism and traumatic brain injury. IDEA defined the least restrictive environment (LRE) to include children with disabilities shall be

educated with children who do not have disabilities as deemed appropriate. IDEA was renamed Individuals with Disabilities Education Improvement Act (IDEIA) in 2004.

Policy and law implementations provide the foundation of early intervention services as well as ensure that each child (regardless of their abilities) have access to FAPE. Our legal system has come a long way in order to meet every child's needs, which inevitably impacted service delivery in our education system. Without these laws guiding early intervention services, the IFSP would not be implemented and therefore students with educational disabilities would not have full access to the provision of services in natural environments.

### Content Requirements

Individual Family Service Plans are created by professionals with parents in order to support growth development and learning as well as carry out parent desires for their child or children. Within the IFSP, the team must include all necessary components per IDEA. James (2008), Noonan and McCormick (1993), Bruder (2000) and Brown (1991) explained the federal laws that mandate content in an IFSP. Their interpretations of the content requirements, the actual IDEA mandates will be provided, the authors' interpretations will be compared to one another, and to the IDEA mandates, and then implications will be discussed.

According to James (2008), the IFSP should include the child's basic information. This includes assessment results, family concerns and strengths, and the child's strengths and needs. The outcomes the family would like to achieve should be clearly

stated, as well as how to achieve these goals. Services provided to the child and family should be thoroughly described. This includes duration of services, service providers, when the services will occur and the setting in which they will take place. In addition, the name of the services coordinator or the designated individual who is in charge of helping develop the plan, ensuring it is being carried out, and making sure the family's rights are protected should be clearly described. All team members, their roles, and how to contact them should be included. Lastly, James (2008) believes the next steps should be in the IFSP, including when the team will meet and how to transition from early intervention services.

According to Noonan and McCormick (1993), the IFSP must contain a statement of the child's present level of functioning in the following areas: cognitive development, communication development, social/emotional development, physical development, and adaptive development. The IFSP must include a description of the family's resources, priorities, and concerns related to their child's suspected disability. The expected intervention outcomes must be clearly defined with procedures and timelines. The early intervention services provided to the family should be described, including a statement of where the intervention will be taking place. Noonan and McCormick (1993) state that the law mandates intervention services to take place in the child's natural environments. The dates of services should be mentioned, including when services will start and its duration. The service coordinator who will carry out the

responsibilities of the IFSP should be included. Lastly, a description of the transition from infant/toddler services to preschool should be included.

Bruder (2000) argued that the child's present levels of physical development, cognitive development, communication development, social/emotional development, and adaptive development should be discussed. The family's resources, priorities, and concerns should be discussed. Outcomes should be clearly defined including the procedures, a timeline, and the criteria. Early interventions that are used to meet the outcomes should be discussed. This includes the frequency, intensity, and method of delivery. The natural environment where the early intervention services are going to be provided should be described. The duration of services should be mentioned as well. The service coordinator's name should be on the IFSP. Finally, the child's transition from early intervention services to preschool should be described.

Brown (1991) included the IDEA laws that mandate what should be included in an IFSP in her research on the implementation of P.L. 99-457. Information about the child's status, including the child's present level of physical development (including hearing, vision, and health), cognitive development, language and speech development, and self-help skills. This information should be based on objective criteria. The IFSP must include the outcomes of the child, including the criteria, procedures, and timelines. Additional information regarding outcomes and how they will be achieved through any modifications are necessary. The IFSP must include the specific early intervention services provided to the family and child, including the



frequency, intensity, location, and method of delivery for the early intervention services. Also, the duration of services should be mentioned as well as the payment arrangement for services. The family's strengths and needs related to the child with a disability should be described. The case manager responsible for the implementation of the IFSP and coordination with other agencies and persons should be mentioned. The IFSP must include other services that the family and child need, but are not available through early intervention services. A description of how these services will be provided to the family and child through public or private resources should be mentioned. The IFSP must include how the child will transition at the age of two years eleven months from early intervention services to preschool or future placements, including how the IFSP will prepare the child for changes in service delivery and steps to help the child successfully function in a new environment.

After considering James' (2008), Noonan and McCormick's (1993), Bruder's (2000), and Brown's (1991) interpretations of IDEA requirements for the content of the IFSP and comparing them to the actual IDEA requirements, differing perceptions. Table 1 describes the differences between the three authors and their interpretations compared to the IDEA requirements.

Table 1:

*Author Comparison of Content Requirements in IFSPs*

Content Requirement	IDEA Mandate	Brown	Bruder	James	Voonan & McCormick
Name of the service coordinator	Yes	x		x	x
Description of transition services	Yes	x		x	x
Child's level of functioning	Yes	x	x		x
Child's basic information including assessment results, family concerns and strengths	Yes	x		x	
Outcomes including procedures, timelines, and criteria for achievement	Yes	x	x		x
Early intervention services description including frequency, intensity, and method of delivery	Yes	x	x	x	
Early intervention services should take place in the child's natural environment	Yes		x		x
Dates of service	Yes	x	x		x
Team members' names, their roles, and their contact information	No	x		x	

In addition to the content provided in Table 1, there were also interpretation differences between the three authors when considering outcomes within the IFSP. All three had different criterion for the description of outcomes. Differences and similarities between the three authors are noted in Table 2.

Table 2:

*Author Comparison of Content Requirements Regarding Outcomes*

Content Requirement	Bruder	James	Noonan & McCormick	IDEA Mandate
Outcome mentioned		x	x	
How to achieve outcomes		X	x	
Procedures and timelines	x		x	x
Outcomes described	x		x	x
Criteria	x			x

When considering IDEA mandates for content requirements, the three authors compared did not include some required data. In regards to the outcomes, no one mentioned that the IFSP should contain information on the degree to which progress toward achieving the outcomes is being made. In addition, no one mentioned that the payment arrangements should be included in the IFSP. They also do not state that any

additional services that the family and child need that are not being offered to them should be included in the IFSP. All of these things are federally mandated by IDEA and clearly there is a lack of consensus of understanding the IDEA requirements for the IFSP. Other research also indicates that individuals writing IFSPs are lacking in compliance with IDEA requirements.

The U.S. Department of Education's 30<sup>th</sup> Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act (2011) provides data suggesting that there are areas in need of improvement when considering compliance with IDEA. It is also evident that states receive citations for the lack of appropriate content in the IFSP. If professionals acquire better understanding of the federally mandated material that should be included in the IFSP, professionals can better serve families and children as well as reduce citations. In order to reduce this lack of understanding, education about IDEA requirements should be provided to families whom have children with identified or suspected disabilities and receiving Early Intervention services. This same education should be offered to case managers as well. It is critical that IFSPs meet law requirements as well as the spirit of the law—providing IFSPs that are family centered.

#### Family-Centeredness in IFSPs

P.L. 99-457 describes a family-focused mandate in order to successfully serve children with identified or suspected disabilities. Family-centered IFSPs include outcomes based upon needs and priorities expressed by the family and address the

whole family (Xu, 2008). However, there are instances in which the family-centered focus may not be implemented in IFSPs. This may be due to professionals perceiving the family as a barrier to implementing evidence based practices in early intervention services (Bailey, Buysse, Edmondson, & Smith, 1992) or due to lack of knowledge regarding federal mandates for the IFSP as previously discussed. Due to the perception that family and professional collaboration is necessary during the IFSP process (Lynch & Jackson, 1991), the following section of this thesis will describe research that discusses the importance of writing family-centered IFSPs.

McWilliam et al. (1998) evaluated family-centeredness of IFSPs. They stated that all aspects of the IFSP can be family centered for four main reasons including: (a) so that families have a sense of control over the decision making process; (b) the IFSP reflects family priorities; (c) so professionals and families can evaluate the actual implementation of the IFSP; (d) so either party (the professional or family) can see that the implementation of the IFSP does not correspond to the document itself and thus can make improvements.

In McWilliam et al. (1998), the authors used a Family-Centeredness Rating Scale (McWilliam, 1993) to evaluate 100 IFSPs from various developmental disability programs and health departments in North Carolina. The research found that the outcomes on the IFSPs were mainly child related and not family-focused. The main point that the authors concluded was that family centered IFSPs reflect the services

that are being provided to the families. Thus, it is important to recognize that the families as well as their children are at the heart of the early intervention services.

Additional information about family-centeredness in IFSPs was offered by Bailey, et. al (1992). These authors studied 180 professionals in four different states by asking about their opinions regarding evidence based practices. The 180 professionals used a rating scale to assess their own program on four different dimensions: parent participation in decisions about the child assessment process; parent involvement in child assessment; parent participation in the team meeting and decision making; and provision of family services. Professionals acknowledged a discrepancy between how they currently involve families in early intervention programs and how families should be involved. They also identified barriers that explained these discrepancies, including lack of administrative support, inadequate resources, and the difficulty in changing their roles and established patterns of practice. The authors state that there are implications for change in order to fulfill the family-focused mandate and intent of P.L. 99-457. These changes will help facilitate familial involvement in order to assist their child in achieving success.

Another study done by Summers and Turnbull (1990) addressed the following questions: "What are families' and practitioners' opinions about the expected outcomes for families of early intervention? What are families' and practitioners' preferences for the methods to be used in gathering information on family strengths and needs for the IFSP?" One hundred and two participants were part of focus groups

designed to assess the needs of the group, determine consumer preferences, and generate hypotheses for further research utilizing other methodologies. The most frequently mentioned theme in the focus groups included the importance of sensitivity to families. Defining family strengths and needs were also important. The participants stated they would like to acquire information about normal child development, their child's special needs, and available services. The participants stated that they would want this information available to them when they are ready to access it and that they did not want it pushed upon them. Access to resources will help facilitate reinforcement of skills, family involvement in their child's success, and meet the expectations of family-centeredness services and IFSPs.

The participants in Summers and Turnbull's (1990) research study revealed that family sensitivity is critical in the IFSP process. According to Johnson, McGonigel, and Kaufmann (1989), a program for the whole family will enhance the services provided to the child eliciting optimal development. However, there is a lack of research that discusses best practices of IFSPs for parents and children who have special needs. One study in regards to this issue will be discussed.

Epse-Sherwindt (1991) conducted a qualitative research study that was designed to examine IFSPs developed with special needs parents. The results indicate that developing IFSPs with parents with varying abilities is successful if the IFSP process promotes relationship building, empowerment, interagency collaboration, and program implementation and evaluation. This is important because professionals need

to consider all family types when looking at best practices of IFSPs. According to this study, the whole family needs to be involved to enable the family the best opportunity for success. This also includes families with special needs.

Considering all of the above research studies and viewing the U.S. Department of Education's 30<sup>th</sup> Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act (2011) online, evidence suggests that there is limited knowledge and compliance in regards to including families in the early intervention process. P.L. 99-457 was designed to provide family centered services to infants and toddlers with special needs. It is clear that researchers believe including families in the IFSP process is important and wanted by families, but that professionals within the field do not always incorporate families. The barriers identified by the previous researchers should be further investigated in order to accurately understand why professionals are non-compliant in developing family-centered IFSPs.

### Outcomes in IFSPs

It is important to have families involved in the decision-making process and construction of the IFSP outcomes or goals. All parties involved should have a well-rounded understanding of every part of the IFSP, including the outcomes. In turn, families with children who have disabilities will be able to define a common need, apply their family strength to this need, and achieve a designated outcome. In the following section, three studies that imply best practices regarding IFSP outcomes will be discussed.



### *Ecocultural Theory*

Bernheimer, Gallimore, and Weisner (1990) conducted a qualitative, descriptive study reflecting on outcomes in IFSPs. The authors provide support and reasoning on utilizing the ecocultural theory when constructing an IFSP. They state the ecocultural theory is the most recent and appropriate theory and it is “comprehensive in its view of the family environment” (Bernheimer et al., 1990, p. 221). The authors proposed the ecocultural theory includes meaning of family circumstances, daily routines, and the application to all families of various cultures. In order to help support their opinions, they discuss three aspects of the ecocultural theory: “the interconnected and hierarchical nature of the ecocultural niche; the use of family-level outcomes as well as individual and child outcomes; and, the social constructivist perspective” (Bernheimer et al., 1990, p.222).

Bernheimer et al. (1990) proposed that one reason to use the ecocultural theory when constructing IFSPs is the social construction of a familial niche. The term “niche” has various definitions; however, in the ecocultural theory a niche is seen as the families’ way in which they make sense of their world. The authors propose that families accommodate to their lives to achieve a balance in their niche. They state that understanding the niche in accordance to the ecocultural theory will help professionals understand why “parents think, feel, and act in certain ways” (Bernheimer et al., 1990, p.223). This is important because the IFSP should recognize family beliefs and values. It is also critical, because IFSPs are designed to serve families involved. In order to do this

effectively, professionals need to know what is important to the family as well as what they define as a need for their family functioning to set an appropriate outcome.

In addition, Bernheimer et al. (1990), believe that another aspect of a niche that is important to consider while constructing an IFSP is the hierarchical level of needs within a family. If a basic need is not being met, a family is unable to strive to achieve a much higher need. The way a family perceives their needs and whether or not they are being met directly influences the willingness of a family to participate in achieving outcomes set in the IFSP.

Bernheimer et al. (1990) also describe that the ecocultural theory serves to improve child-focused measures. They state that in doing so, additional family outcomes are present: “whether family accommodations to the child with delays are meaningful to families in terms of their beliefs and values; whether accommodations are congruent with child characteristics; and whether accommodations are sustainable for long periods of time, given the constraints and opportunities of the families” (p.229). It also is notable that the ecocultural theory sees that making accommodations to a child’s developmental delay is a process for the family.

In essence, Bernheimer et al. (1990) state the ecocultural theory is a perspective to keep in mind while constructing IFSPs. They believe that P.L. 99-457 requires professionals to think in a different way; specifically to think about family functioning and their perception of their needs instead of just the child’s needs. The authors’ opinions include the ecocultural theory, which they believe “helps us to listen

to families in a way that honors the spirit and intent of P.L. 99-457” (Bernheimer et al., 1990, p.230). These practices are in alignment with best practices when constructing outcomes in IFSPs.

### *Quality Outcomes*

Although the ecocultural theory can be utilized to assist in the construction of IFSP outcomes, the importance of a clear outcome within an IFSP is evident in the following two studies. Espe-Sherwindt (1991) stated it is best practices for IFSP to incorporate an outcome statement that includes, “in order to” or “so that.” This emphasizes specific goals and the author states that identifying clear, specific outcomes is most useful for IFSPs.

According to Notari and Drinkwater (1991), “Part H of P.L. 99-457 implies IFSPs goals and objectives reflect functional skills and activities that fit in family daily routines” (p.92). In their study, the authors asked experts to rate the quality of IFSP goals produced by a computerized program and also a curriculum based assessment. Professionals rated the goals using the Evaluation and Programming System: For Infants and Young Children and the results indicated the curriculum based assessment goals are more appropriate and well-rounded in comparison to the computerized goals. After the rating of the two methodologies, the authors provide best practices for developing IFSP goals. They state that the short-term objectives should match the long-range goals in content but the short-term objectives should build upon one another to

have long-range goals. The authors also state that the development of quality goals and objectives require ongoing integration of theory and research.

Another study by Bailey, Winton, Rouse, and Turnbull (1990) investigated outcomes in IFSPs. In this qualitative, descriptive study, the authors examined the IFSP, focusing on the written construction of outcomes within the IFSP. They examined outcomes on the following dimensions: The inclusion of components required by P.L. 99-457, if the goal was in accordance with family functioning, if the goals contained key structural dimensions, the level of parent participation, and then the time specification of the goal.

Bailey et al. (1990) elicited IFSPs from professionals in the field by making announcements at various meetings, sending letters to parents, agencies, and specific projects. The authors received 93 submissions varying from letters written by parents, books, articles, and completed IFSPs. Although 93 were obtained, the authors chose to use only 24 of them, because they were the only IFSPs submitted that were complete.

Bailey et al. (1990) classified the family goals as any of the following seven categories: Child-based interventions/services, medical/diagnostic information or services, respite care, support/counseling services, basic needs, program participation/service coordination, or family enhancement. The goals were also looked at to see if they contained the following structural components: the service provider, services provided, a clear statement regarding the setting in which the behavior should occur, and if the goal had objective criterion to determine achievement. The last

component of IFSP goals that was evaluated is whether or not there was an identified time specification for the goal attainment.

The individuals that were assessing the goals and IFSPs in Bailey et al. (1990) study included two of the four authors: P.J. Winton and L. Rouse. The results indicated that the domains of family goals were mostly child-based, medical/diagnostic in nature, or were classified as family enrichment goals. When examining the goals for the level of parental involvement, most were information or knowledge based. Finally, when the two evaluators looked for time parameters of the IFSP goals, they found that most were ongoing goals or single-action goals. However, only 40% of IFSPs specified a time in which the goal would be attained.

After examining the results of the IFSP goal evaluations, Bailey et al. (1990) discussed a few limitations for this particular qualitative research study. They indicated they were unsure as to whether or not the IFSPs they evaluated are representative of most IFSPs. They also stated that they were unable to determine if the goals specified by the IFSP were appropriate, since they did not know the families and their concerns or needs. Also, the author's stated they were unable to evaluate whether or not the professional developed a trusting relationship with the families they were serving. This was important, because the authors believed that a trusting, collaborative relationship was necessary for the implementation and attainment of goals specified in the IFSP.

The ecocultural theory proposes that a family's niche provides information that is useful in constructing outcomes on IFSPs. Understanding the family's strengths and

needs provides a family centered IFSP outcome. This fulfills the intent of P.L. 99-457. However, outcomes are not being stated in compliance with the federal law. Further research should be done in order to attempt to explain why the outcomes are not constructed with best practices in mind.

### Summary

Federal law has set requirements for services to children with disabilities and their families (IDEIA, 2004). With this over-arching standard, professionals within this field of practice should have a clear understanding of the intent of early intervention services as well as special education services. This law implementation provides the procedural safeguards to parents that are necessary to continue to encourage practitioners to work as a team with families as well as providing a clear route parents can take if they disagree with the IFSP team.

The intent of IDEIA influences the family-centeredness component that IFSPs are designed to provide. Utilizing the ecocultural theory as a basis for constructing IFSPs considers both the social and cultural aspects of a child's niche, which is in alignment with IDEIA and the intent to serve the whole family. In addition to the family-centeredness within IFSPs, outcomes set the foundation for services provided to children and their families.

A quality outcome should contain all of the IDEIA requirements as well as incorporate a family-centeredness component. The lack of consensus within the

literature as to what a quality outcome should contain is concerning, as an outcome underlies all of the services the family and child will receive. The importance of a quality outcome and consistency within the literature is twofold: (a) A quality outcome is written in alignment with the law and (b) it sets the foundation for building a relationship with the family and providing the child a free and appropriate public education.

## CHAPTER 3

### METHODOLOGY

The researcher was provided the opportunity to rate IFSP outcomes for quality. This opportunity was provided by an area education agency in Iowa by the special education coordinator for services improvement and special projects as well as the Early Access intake coordinator. Prior to rating the outcomes, the researcher participated in an Iowa statewide professional development opportunity targeting writing quality outcomes. Quality outcomes as defined by the statewide professional development included the following components: observable and measurable (assisting in the outcome being specific in nature), functional, generalizable and able to be taught by various individuals (encouraging family-centeredness). The professional development was an online training and its purpose was to assist early childhood educators and Early Access employees in Iowa to write outcomes that were functional and measurable.

The rating process took approximately 10 minutes per IFSP outcome and inter-rater reliability was checked. The researcher and an Early Access Intake Coordinator for Iowa went through 5 IFSP outcomes and rated them together to ensure consistency in ratings. We were 100% consistent in our ratings. In addition, if the researcher encountered any questionable ratings, the Early Access Intake Coordinator was asked to assist in rating that quality indicator.



## Measure

### R-GORI: Revised IFSP/IEP Goals and Objectives Rating Instrument

The R-GORI was designed by the Iowa Department of Education and contained 8 domains or quality indicators. Together, these indicators collaboratively evaluate the overall quality of outcomes written in IFSPs. The domains asked the following questions: (a) Does the target behavior have a beginning and an end and can it be seen and/or heard? (b) Can you measure the child's performance over time either qualitatively or quantitatively? (c) Does the child need the target behavior to participate in all or most daily activities? (d) Does the child need the target behavior to complete all or most daily activities? (e) Does the target behavior represent a general concept of a class of responses? (f) Can the target behavior be generalized across a variety of settings, materials and/or people? (g) Can the target behavior be taught across daily activities? (h) Can the target behavior be taught and/or addressed by various team members? Each of the domains could be rated as present or not, earning 1 or 0 points, respectively.

For each domain, there was a criterion to utilize to determine if the outcome earned either a 0 or a 1. A score of 0 indicates that the outcomes do not incorporate that quality indicator, while a score of 1 indicates the outcomes do incorporate the indicator. The specification as to what qualifies as a 0 and 1 ensures validity and reliability in rating each outcome across raters. The R-GORI is in the appendix and describes these criteria.

Table 3 describes how the R-GORI connects to the literature review. Although these connections are implied, they are not clearly stated within the R-GORI. This limitation will be further discussed in the summary and conclusion.

Table 3:

*Connection between the R-GORI and Content Requirements in the Literature*

Content Requirement	R-GORI Connection
Outcome mentioned	Measurable and Observable
How to achieve outcomes	Measurable
Procedures and timelines	Measurable and Observable
Outcomes described	Observable
Criteria	Measurable

Evaluated Outcomes

Annually, the Iowa Department of Education randomly selects 90 IFSPs to be reviewed for appropriate content and compliance. The 90 IFSPs are randomly selected via stratified random sampling. To ensure a true stratified random sampling, these 90 IFSPs were accessed and evaluated for quality outcomes in this study, as this agency serves thousands of children identified under Part C. The 90 IFSPs were granted per the researcher's request to the area education agency. The agency ensured confidentiality

of the children under Part C by providing the researcher only the outcomes and not any identifiable information. Of the 90 IFSPs, 54 were retrieved successfully (i.e. continued to contain outcomes and data). The 54 IFSPs had a total of 120 outcomes which were evaluated for quality in this study.

CHAPTER 4  
RESULTS AND DISCUSSION

The researcher rated 120 outcomes within 54 IFSPs utilizing an Iowa statewide rubric, the R-GORI. The outcomes were assessed against 8 quality indicators that rate the overall likeliness that the outcome was a measurable and functional goal. As outcomes were rated with this rubric, the researcher found that they were written with overall quality. With a range of 0-8, with 7-8 being an expectation and determined a quality written outcome, 82.4% of the rated outcomes earned a 7 or higher. Further analyses are in Table 4.

Table 4

*Percent of outcomes written with overall quality as determined by a total rating between 0-8 (N=120)*

Total Points Earned	N	Percent
0	1	.1
1	1	.1
2	0	.0
3	2	1.7
4	5	4.2
5	6	5.0
6	6	5.0
7	41	34.1
8	58	48.3

When considering the domains individually, the most highly rated domain was that the outcome was one that could be taught and addressed by various team members ( $M=.97$ ). The domain that was consistently rated lower than the rest as a whole, was the domain focusing on whether or not the target behavior addressed in the outcome was a general concept or representative of a class of responses ( $M=.63$ ). Further analyses are in Table 5. In addition, analysis of the average rating of each domain indicated that the most frequently occurring rating for each domain was 1, or that the outcome incorporated the required domain. For example, in the domain, “Is the target behavior observable?” of the 120 ratings earning a 0 or 1, the average rating was .92.

Table 5

*Average rating of each domain (N=120)*

Domain	Average Rating
Is the target behavior observable?	.92
Can you measure the target behavior?	.96
Does the child need the target behavior to participate in all or most daily activities?	.85
Does the child need the target behavior to complete all or most daily activities?	.78
Does the target behavior represent a general concept of a class of responses?	.63
Can the target behavior be generalized across a variety of settings, materials, and/or people?	.95
Can the target behavior be taught across daily activities?	.95
Can the target behavior be taught/addressed by various team members?	.97

Results indicate that according to the R-GORI, an area education agency in Iowa writes IFSP outcomes with overall quality on some dimensions. Those indicators that did not obtain an average score or rating above .80 indicate areas needing improvement. These areas include: defining a goal that the child needs to complete all or most daily activities and making sure the outcome represents a class of responses.

## CHAPTER 5

### SUMMARY AND CONCLUSION

The primary purpose for this thesis was to provide empirical evidence indicating what is considered best practice when writing Individual Family Services Plans. The review of the literature elicited information indicating that there is a misunderstanding and lack of consensus of the federally mandated content in IFSPs. There is also a lack of consistent family-centeredness in the construction of IFSPs, despite the fact that researchers state that it is “best practice.” Further research showed there is a lack of understanding as to what outcomes should look like and what they should contain. The implications for the summary of the literature on best practices of IFSPs regarding content, family-centeredness, and outcomes are to support the need for further research and education. Further research is clearly important, as most of the research in this literature review is from the 1990s. With further research and education professionals and families can have the best IFSPs possible.

The secondary purpose for this thesis was to provide quantitative data as an indication of the overall quality of outcomes written in IFSPs as assessed by the R-GORI. The quality indicators within the R-GORI, as devised by the Iowa Department of Education, were in alignment with best practices per the literature review. This data indicated that although empirical research states there is room for professionals to grow in their practice when constructing IFSP outcomes, an area education agency in Iowa writes outcomes with quality on the dimensions assessed by the R-GORI. The

data elicited information pertaining to areas needing improvement including the writing outcomes that target behaviors needed to complete all or most daily activities and a class of responses.

Per the quantitative research study, implications can be made to suggest that further research is needed to determine if other agencies in Iowa and outside of this state are also writing outcomes with quality. This data may elicit specific information on what content areas professional development should target. Potential research might focus on the extent to which family participation are documented in the IFSP, a statewide measurement to determine family-centeredness in IFSPs, further analyses and data collection on quality written outcomes in IFSPs after the statewide training in Iowa to determine its effectiveness and potential to help educate other professionals in the field in writing quality outcomes.

Although data elicited information regarding the degree to which outcomes written by professionals in an area education agency in Iowa are devised with quality, the measurement tool may not grasp all components that are considered best practice. The literature review describes that quality outcomes are written with family-centeredness at the heart of the IFSP. The R-GORI does not offer a means of determining to what extent outcomes were written with family values and priorities at the forefront and thus, may not reflect a true quality outcome per best practice.

In addition to the R-GORI not grasping family-centeredness, the measurement tool also does not grasp content requirements. Although an outcome may be written



with quality according to the R-GORI, it may not have all components required by IDEIA. For example, the R-GORI may not incorporate procedures and timelines within the outcome, but still be considered a quality written goal. This is contrary to the literature regarding content requirements for outcomes that are considered quality. In addition to lack of consensus between content requirements and the R-GORI, the criterion for each domain is also left up to interpretation.

Within the R-GORI, the criterion utilized to determine if the content is either present or absent does not always facilitate evidence-based practices. For example, an outcome may be rated measurable if individuals agree that the behavior has been observed, but there may not be a clear and concise behavior definition guiding the observation. Also, the expectation of the behavior may either be stated or implied; this does not pass the “stranger test” that guide practitioner’s behavior definitions, and thus cannot truly be best practice.

With the limitations of the R-GORI in mind and the data suggesting that a sample of outcomes are written with quality while using this tool, data interpretation is cautioned. Although the outcomes are written with quality per the R-GORI, items mentioned in the literature are not included within this measure. Hence, it may be useful to update the R-GORI to include items focusing on family-centeredness within IFPSs as well as content requirements. It would also be meaningful to develop clear and concise decision making criteria regarding determining if an outcome is written with quality.

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APPENDIX

R-GORI

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**R-GORI: Revised IFSP/IEP Goals and Objectives Rating Instrument**

**Scoring Directions:**

The R-GORI can be used to rate IEPs and IFSP outcomes for the child. It is composed of 8 quality indicators. Read each bolded statement and determine if you can answer “Yes” in relation to the target behavior you are rating (e.g., goal or outcome). The bullets assist in defining or clarifying how to answer a given statement regarding the target behavior. If more than a single bullet is listed, only one bullet must be true of the target behavior to answer “Yes” to the indicator. (For more detailed information about the indicators, please refer to the reference).

<b>Measurability: Selected behaviors should be observable and measurable</b>		<b>Yes=1 No=0</b>
Quality Indicators	Clarification (Note: <u>only one</u> bullet must be true to answer “Yes”)	Score
<b>1. Does the target behavior have a beginning and an end and can it be seen and/or heard (e.g., is it observable—is it an action)?</b>	<ul style="list-style-type: none"> <li>Two or more people can agree that the same target behavior has occurred or was observed</li> <li>A specific definition of the observable action (i.e., target behavior) is provided</li> </ul>	
<b>2. Can you measure the child’s performance over time either qualitatively or quantitatively (i.e., determine mastery level)?</b>	<ul style="list-style-type: none"> <li>The criterion or expected level of performance is stated (e.g., with assistance, independently) or implied in the target behavior itself (e.g., copies, initiates). Expectations for performance (i.e., how a behavior is to be demonstrated) or mastery (i.e., when a behavior is accomplished) are determined by target behaviors containing at least one of the following dimensions of behavior:                             <ul style="list-style-type: none"> <li>How well/how correctly a child can perform a behavior (accuracy)</li> <li>How often the child can perform a behavior (frequency)</li> <li>How long it takes the child to start performing a behavior (latency)</li> <li>How much force the child uses to perform a behavior (intensity)</li> <li>How long the child can perform a behavior (duration)</li> <li>How many times the child can repeat performance of a behavior (endurance)</li> </ul> </li> </ul>	

<b>Functionality: Selected behaviors should increase one’s independence and ability to adapt to the environment</b>		<b>Yes=1 No=0</b>
Quality indicators	Clarification	Score
<b>3. Does the child need the target behavior to participate in all/most daily activities?</b>	<ul style="list-style-type: none"> <li>The target behavior allows the child to have <i>access</i> to the activity. For example, the child can go places with their family (e.g., the mall, restaurants, and parks) and can join in community events such as attending swimming lessons, childcare, or preschool.</li> <li>The child needs the target behavior for <i>responding</i> with verbal or motor actions to directions, questions, comments, greetings, or affect/emotion from others or is a <u>precursor, building block, or element/component</u> of a behavior needed for responding. For example, the child can respond to peers when playing or working with them.</li> <li>The child needs the target behavior for <i>interacting</i> with materials or people (e.g., using/playing with materials in the manner in which they were designed, communicating information/wants/needs/ideas, playing /sharing with others) or is a <u>precursor, building block, or element/component</u> of a behavior</li> </ul>	

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	needed for interacting. For example, the child is able to express wants or needs at home while playing at school and within the community.	
<b>4. Does the child need the target behavior to complete all/most daily activities?</b>	<ul style="list-style-type: none"> <li>• The target behavior will have to be performed by someone else if the child cannot do it.</li> <li>• The target behavior is a necessary precursor, building block, or element/component of a behavior that is crucial for the completion of most daily activities. For example, fine motor control is a precursor to writing.</li> </ul>	

Generality: Selected behaviors should represent a general concept or class of behaviors		Yes=1 No=0
Quality Indicators	Clarification	Score
<b>5. Does the target behavior represent a general concept or class of responses?</b>	<ul style="list-style-type: none"> <li>• The behavior(s) targeted in the goal represent generic processes (e.g., manipulating objects, using words/signs to communicate, participating in groups, feeding self) versus specific or discrete skills (e.g., cuts with scissors, says more, follows directions at circle, uses a spoon to eat soup).</li> <li>• The behavior(s) targeted in the goal represent a group of related behaviors (e.g., informing, greeting, and directing are all related to verbal expression; staying with a group, looking at the person talking, answering questions or following group directions are all related to participation in group activities).</li> </ul>	
<b>6. Can the target behavior be generalized across a variety of settings, materials, and/or people?</b>	<ul style="list-style-type: none"> <li>• The child can use the target behavior across settings, materials, and/or people. <i>NOTE: The target behavior should be used with at least two (e.g., settings and people, materials and people, or settings and materials).</i></li> <li>• The target behavior will assist the child in being able to adapt to changes in materials, environments, and expectations.</li> </ul>	

Instructional Context: Selected behaviors should be frequently targeted across daily routines and activities		Yes=1 No=0
Quality Indicators	Clarification	Score
<b>7. Can the target behavior be taught across daily activities?</b>	<ul style="list-style-type: none"> <li>• Others can provide multiple and varied learning opportunities to teach the target behavior during common or everyday situations.</li> <li>• Everyday items can be used by the child when performing/demonstrating the target behavior.</li> </ul>	
<b>8. Can the target behavior be taught/addressed by various team members (e.g., teachers, therapist, caregivers)?</b>	<ul style="list-style-type: none"> <li>• The behavior is written in clear, jargon free language that can be addressed by any team member.</li> <li>• The behavior is written in a way that is not confusing, too clinical, or requires specific knowledge that is not readily available to all team members.</li> </ul>	

<b>Total Score:</b> Add scores from each indicator. The higher the total score, the higher the quality of the written goal or outcome. A score of 7 or 8 is considered "IFSP/IEP worthy".	
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Format adapted with permission from Center for Excellence in Early Childhood Research and Training (2008). Revised IFSP/IEP goals and objectives rating instrument (R-GORI). Team guide. Unpublished manual, Kent State University and from Notari-Syverson, A. R., & Shuster, S. L. (1995). Putting real life behaviors into IEP/IFSPs for infants and young children. *Teaching Exceptional Children, 27*(2), 29-32.