

Manual

ROPE for
Assessing
Meaningful
Participation

General Guidance for Using the RAMP

The Roadmap for Assessing Meaningful Participation (RAMP) is an assessment tool to assist parents and early intervention providers to identify and analyze interest-based opportunities to promote child development and functional participation prior to the development of the Individualized Family Service Plan (IFSP). The RAMP is intended to be completed over the course of at least two interactions and includes space for the practitioner to document information that will be used to plan how to maximize meaningful experiences for the child throughout everyday routines and activities to address parent priorities.

The Roadmaps in each section demonstrate an efficient manner in which to conduct the three-part conversation using a coaching interaction style (Rush & Shelden, 2011). The coaching interaction style maximizes the potential that the interactions follow a systematic process and have a capacity-building effect on the parent. The basic flow of the three-part conversation includes:

- Part I**
 - Identify parent priorities for child learning and activity settings in which opportunities for the priorities occur
 - Identify successful responsive strategies used by the parent in activity settings
 - Analyze what worked or did not work and why
 - Gather additional information about child interests, activity settings, and parent responsiveness

- Part II**
 - Observe the adult(s) and child in an activity setting
 - Analyze what worked or did not work and why
 - Develop alternative activities and responsive strategies that support child interest and learning and/or modify existing activities and strategies
 - Observe the adult(s) and child trying alternatives in the activity setting
 - Evaluate the new strategies

- Create a plan (IFSP)
 - Explain next steps
 - Schedule next visit

Within each Roadmap, boxes are color-coded. Each part of the RAMP begins with the purple rectangle with the words “Start Here.”

Green boxes indicate reflective questions designed to prompt the family’s increased awareness, analysis, alternatives, or action planning regarding the situation. The questions are purposefully written as open-ended to prompt thorough conversation rather than closed-ended questions (i.e., yes or no). Open-ended questions produce more information from the parent and promote deeper thought.

Golden boxes indicate an opportunity to brainstorm and/or provide information to the family in order for them to make informed decisions. Information should be provided in a complete and nonbiased manner with the family’s education level and learning style in mind.

Blue boxes indicate opportunities for the parent or practitioner to model or try something new while the other observes. Modeling is always conducted intentionally with the observer knowing what to look for and why. Additional guidance for modeling and conducting observations is located in this manual following the flowcharts.

Purple arrows indicate the practitioner should refer to another tool as indicated by the text in the purple arrow.

Within the flowchart, some boxes have a bold outline with a back glow indicating practitioner guidance material is provided in the Guidance section.

Instructions

The RAMP should be completed by the team member assigned to learn about the family's priorities for enrolling in early intervention and coordinating the child's assessment. Practitioners should review the RAMP prior to use so that the conversation flows naturally and with purpose.

If the child spends a significant portion of his/her day in a childcare setting and the family would like the child's services to be provided in the childcare setting, the RAMP should be conducted with both the family and the childcare provider (with the parent's permission).

Identifying Information

Gather identifying information about the child and family either before or during the first visit and document on the cover sheet of the *workbook*.

Assessment Administration Information

Briefly describe the setting of the initial conversation when you gathered information from the parent as well as the setting where the observation occurred on the middle section of the workbook cover page. Be sure to include the location and the setting (i.e., the kitchen in the family's home, the climber at the neighborhood park, or the water table and dress-up areas of the child's classroom).

Assessment Purpose

Include information about the purpose of the assessment on the bottom section of the workbook cover page. The RAMP is an appropriate tool for planning early intervention services including developing IFSP outcomes, gathering information about a child's current functional abilities, determining the best ways to promote a child's participation in everyday activities and routines, and identifying ways to promote positive parent-child interactions throughout the day. Also note any special conditions that might impact the data collection (e.g., caregiver is a foster parent with limited background knowledge of the child, family is displaced and is not in their own home, etc.)

Part I: Gathering Information

Part I may be completed by the service coordinator or a practitioner who may likely become the family's primary service provider. The first interaction is intended to gather information about the parent's priorities related to the child's participation in a family or community activity and challenges or barriers the family is experiencing due to the child's present level of development. Using the *Roadmap Part I*, begin the conversation at the purple circle marked "A." Each time you reach a dialog box marked with a capital letter, record the information the parent provides in the corresponding outlined box with the same letter on the worksheet. As you move through the conversation guide, address each question or action in order. Rephrase questions as needed to match your style of conversation and the parent's level of understanding. Keep questions open-ended. Do not omit questions or actions unless the parent answers them before being asked. Throughout the conversation, be sure to use active listening strategies to establish and maintain a good rapport with the family and maximize the amount of information families share.

Priorities related to the child's development and/or participation in family or childcare activities are documented on the RAMP. Priorities related to family well-being goals (i.e., employment, housing, transportation, adult education, healthcare, etc.) can be documented on a separate tool, the *Family Resource Guide* (Sexton & Rush, 2012). The practitioner ends the Part I conversation with a plan to identify a member of the early intervention team to observe the parent and child during an everyday activity or routine the parent has prioritized. Completion of Part I is expected to take 45-60 minutes.

The second interaction is the scheduled observation of the parent and child during an actual typical activity or routine (i.e., the functional assessment). The practitioner uses the observation as a context to reflect with the parent on what is working and not working during a specific activity or routine as well as ideas to modify or improve the experience for both the parent and child.

RAMP Part II begins with the observation scheduled at the end of RAMP Part I. Greet the family/caregiver and revisit the joint plan from the previous visit. Ask the family to show you the activity you agreed to observe. After the initial observation, ask the reflective questions in the first green box and proceed through the conversation guide in the order indicated by the flow chart. Refer to the *Tips for Observing in Natural Settings* prior to the observation.

RAMP Part II includes opportunities for the practitioner to model strategies for the parent if needed and opportunities for parents to try new strategies and reflect on them. Be mindful of the *Seven Steps for Intentional Modeling*, and *Tips for Providing Feedback* located in the Guidance section. After each demonstration and/or observation, the practitioner should prompt the parent to reflect on and evaluate the strategies using the reflective questions provided in the green boxes. Practitioners should adhere to *Tips for Asking Reflective Coaching Questions* described in the Guidance section. Do not omit questions or actions unless the parent answers them before being asked. Throughout the conversation, be sure to use active listening strategies to establish a good rapport with the family and maximize the amount of information families share. Completion of Part II is expected to take 45-60 minutes. The Part II conversation should flow directly into the Part III conversation.

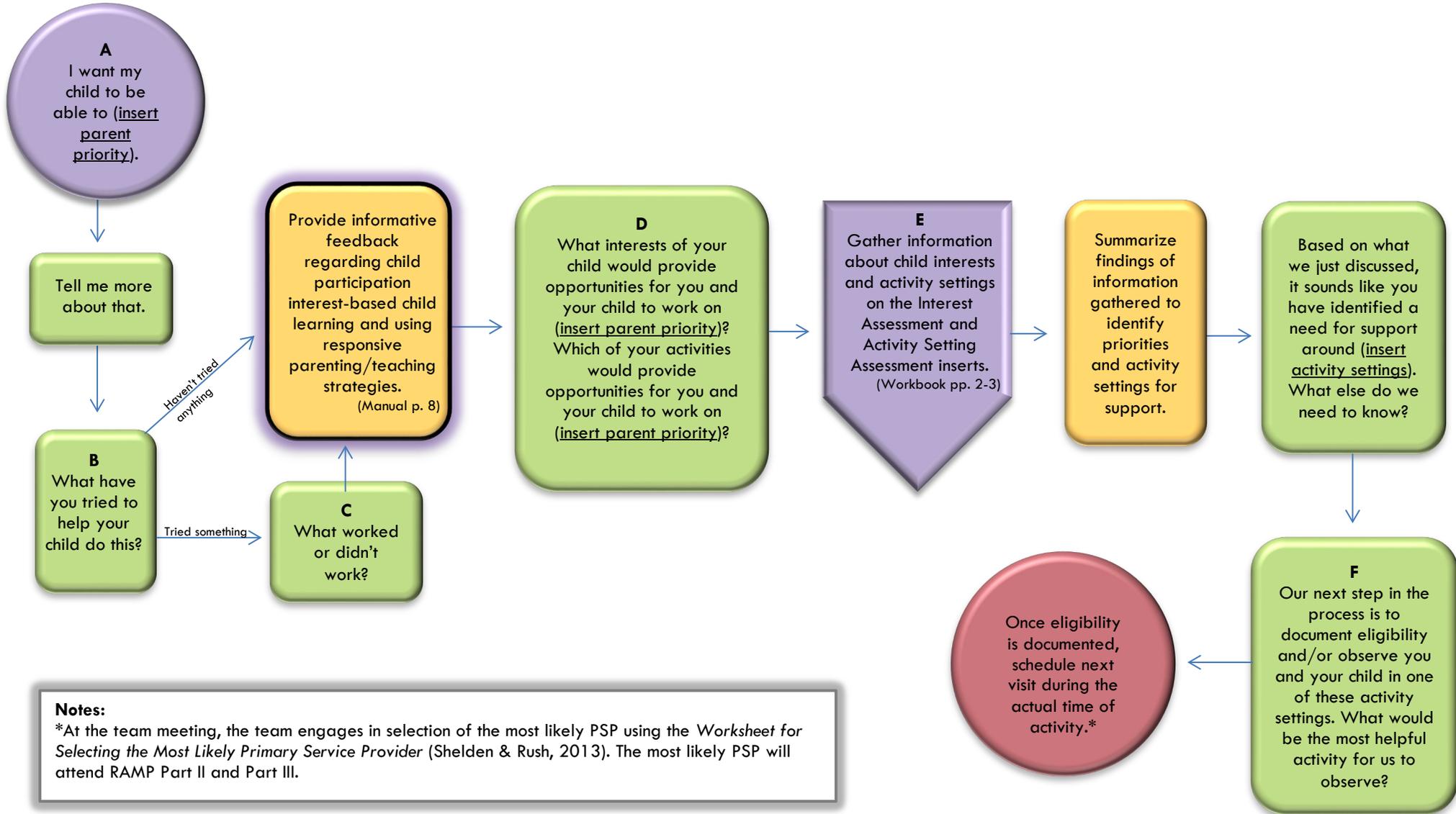
RAMP Part III is a continuation of RAMP Part II and provides the family's service coordinator and/or the most likely primary service provider with guidance for helping families identify Individualized Family Service Plan (IFSP) outcomes and intervention strategies. RAMP Part III guides the interaction in which the service coordinator/practitioner and parent use the information gained through the first two parts and develop meaningful participation-based outcome statements for the child. This conversation should build on previous discussions targeting family priorities. Best practice at the IFSP meeting is to summarize the information gathered and ensure no family priorities are going unaddressed.

Complete the interaction with a working IFSP and a plan for follow-up visits. RAMP Part III ends with a plan for continued parent-child interactions and additional visits by the practitioner and/or content necessary to develop the IFSP. The parent, service coordinator, and practitioner will identify who on the team will serve as the primary service provider as well as identify any needed secondary support including discussions about the frequency, intensity, and location of services. The team will project a date for review within a three to six month timeframe. Part III is expected to take 30-45 minutes to complete.

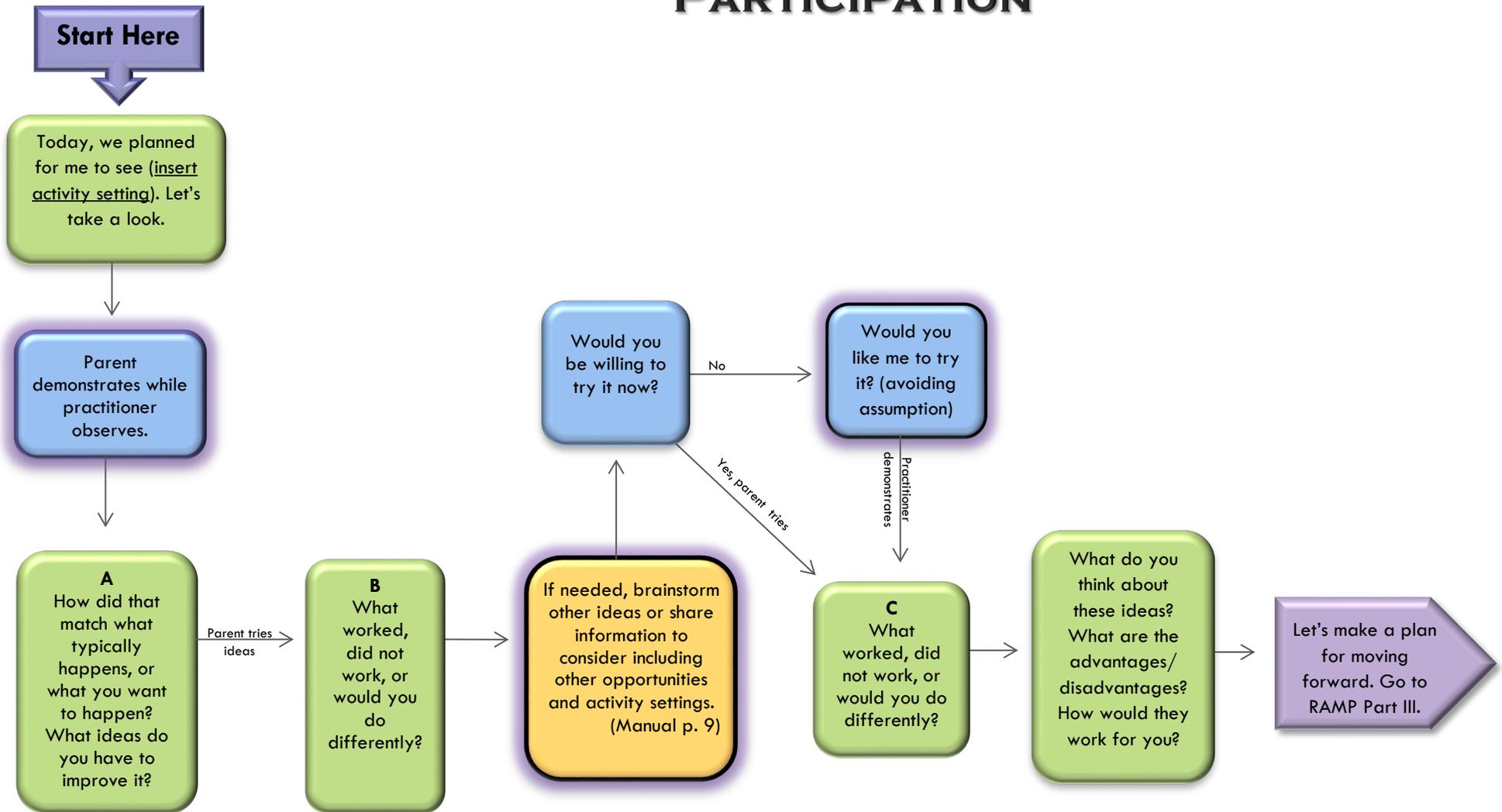
Part III documentation may occur directly on your program's IFSP form during this conversation or the workbook can be used to draft information to be transferred to the IFSP.

Start Here

ROADMAP FOR ASSESSING MEANINGFUL PARTICIPATION PART I—GATHERING INFORMATION

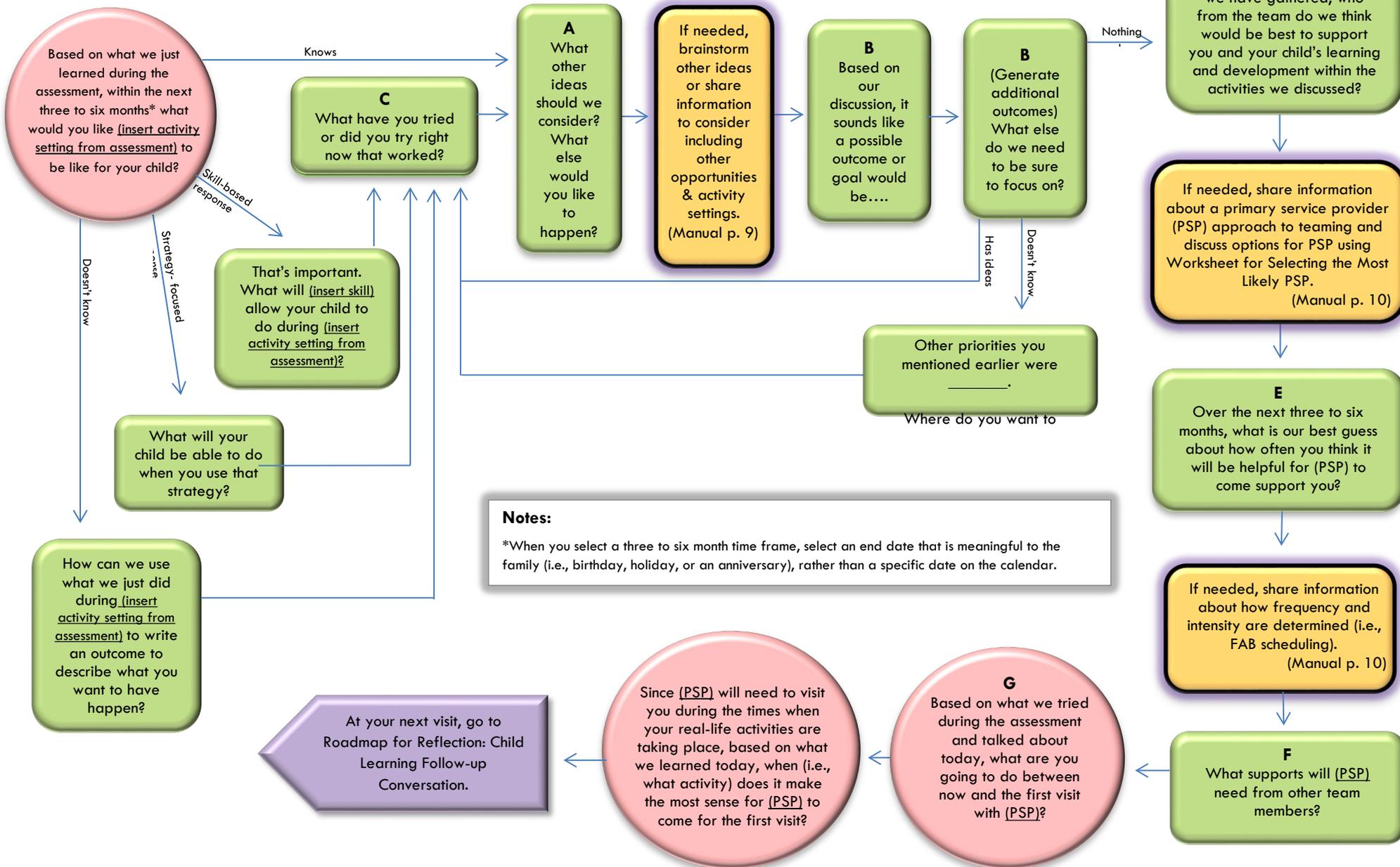


ROADMAP FOR ASSESSING MEANINGFUL PARTICIPATION: PART II—OBSERVING AND ASSESSING MEANINGFUL PARTICIPATION



ROADMAP FOR ASSESSING MEANINGFUL PARTICIPATION: PART III—PLANNING

Continue Here



Interest-Based Child Learning

Decades of research help us understand how children learn best. What we know is that children learn most efficiently when they are interested in what they are doing. When children are highly interested they become more interactive and engage for a longer period of time. The more children interact with objects and people, the more they practice new and existing abilities and the more they learn about the world around them. The more children learn and can do, the more interests they tend to have. As children's interests increase, so does their range of interest-based learning opportunities. When children are interested, they also tend to enjoy themselves and the people they are with promoting positive relationships between the child and caregiver. We assess children's interests frequently to ensure the activities on which we focus provide the child with the best opportunities to practice and enjoy the process of interacting and learning.

Raab, M. (2005). Interest-based child participation in everyday learning activities. *CASEinPoint*, 1(2). Retrieved from http://fipp.org/static/media/uploads/caseinpoint/caseinpoint_vol1_no2.pdf

Responsive Teaching Strategies

Responsive strategies are all the positive ways parents respond to their child that helps him/her learn. Responsive strategies can *invite* a child to participate in an activity, *engage* the child in the activity, or *teach* a child who is engaged (Davis, 2014). Emotional direction strategies *invite* children to participate in learning by setting and maintaining a positive and calm tone for the activity. Responsive parenting strategies *engage* the child in participating in learning activities through his/her interests. Responsive parenting strategies also include listening to and understanding the child's communications and concerns to help him/her be successful. Once the parent and child are engaged in a shared activity, responsive teaching strategies are used to *teach* children to learn new things by extending, elaborating upon, and enriching what he/she is doing in the activity. Review the strategies appropriate for use during the daily activities that are a focus of the parent and child's time together.

Invite

• Smiling/laughing	• Gesturing (hugging)
• Holding hands	• Naming simple emotions
• Using an inviting voice	• Using an excited voice
• Using sign language	• Using multiple word phrases
• Using one or two word phrases	• Demonstrating or modeling
• Using a sad voice	• Using a quiet voice
• Showing Calmness	• Taking the child by the hand

Engage

- Look at, smile, and talk to your child when he/she looks at you or makes a noise.
- Listen to and look at your child until you know what he/she wants or is interested in.
- See your child's interest or concerns the same way he/she does.
- Let your child know that you see he/she is ready to play or do things with you.
- Let your child know you accept and understand what he/she is feeling and telling you.
- Let your child know when he/she has been successful doing things with you and others.
- Talk to your child prior to doing something new, or touching, or moving him/her.

Teach

- Start play with your child by doing the same thing he/she is doing.
- Use your child's interests to help him/her be a part of and choose what to do in family activities.
- Show your child new ways to do things with people and objects.
- Move objects your child is looking at or reaching for closer to his/her hands.
- Add to what your child is doing to help him/her learn new things.
- Find ways to make activities your child likes to last longer or happen more often.
- Practice taking turns by waiting for your child to say or do something back to you.

Davis, F. (2014). Practitioner and parent responsive strategy guides. *CASETool*, 7(1). Retrieved from http://fipp.org/static/media/uploads/casetool_7.1_combined.pdf

Tips for Observing in Natural Settings

1. Plan when, where, and how observations of the child and care providers engaged in real life activities can happen in a timely manner.
2. Observe the child across different settings, people, and times of day. Observe during activity settings in which the child is both successful and challenged.
3. Become comfortable with observing others as they go about what they would typically be doing.
4. Involve parents and other care providers in the observations with the child to demonstrate how things currently happen, what they usually do, and what they have already tried in similar situations.
5. Be open to the possibilities of how families and care providers go through their daily lives.
6. Try assistive technology, if warranted, to determine helpfulness.

Shelden, M. L. & Rush, D. D. (2014). IFSP outcome statements made simple. *Young Exceptional Children*, 17(4).

Guidance for Conducting Brainstorming

A purpose of coaching is to build the individual's capacity to solve problems (identify, evaluate, and implement effective solutions). Brainstorming should be implemented in a manner that prompts the individual being coached to take the lead role in identifying potential solutions/ideas. The following prompts can be used to ensure the practitioner provides ample opportunities for the active participation of the individual being coached.

- What else have you done/thought about?
- What other options can you think of?
- What are the advantages and disadvantages of each?
- Would you like to try one of these ideas now (avoiding assumption)?

After these (or similar) prompts, it may be appropriate for the coach to offer some additional ideas.

- Would it be helpful if I offer what I know (asking permission)?

After the ideas are on the table, the coach reinforces the individual by asking him/her what he/she thinks about the ideas and work together to develop a joint plan.

Seven Steps for Intentional Modeling

If the coach chooses to model, the purpose of modeling is to determine how an idea or strategy that the coach and the parent have developed together might work or to help the parent see the idea in action. Modeling is always intentional, direct, specific to discussed plans, and voluntary.

1. Prior to modeling the coach should explain to the parent what he or she is going to do and why.
2. The second step of intentional modeling is to give the parent something specific to observe or do related to the reason for modeling.
3. The coach models while the parent observes the coach implement what the coach and parent planned. Depending on the circumstances, the coach and/or the parent may analyze the activity and attempt alternatives during the observation.
4. The coach debriefs with the parent about what happened during the modeling. The debriefing includes a discussion of what worked, what did not work, what the coach could have done differently, how this scenario might look the same or different than what the parent ordinarily does, and what ideas the parent obtained that he or she might try.
5. The coach always invites the parent to try what the coach modeled.
6. The coach and parent reflect on what happened when the parent tried the activity or what the coach had modeled and the parent observed. The debriefing includes a discussion of what worked, what did not work, what the parent would do differently, how the parent would continue to do the activity, and what other ways or at what other times the parent could try the activity or behavior.
7. The coach and parent develop a plan for how the strategy or activity will happen when the coach is not present.

Rush, D. D. & Shelden, M. L. (2011). *The early childhood coaching handbook*. Baltimore, MD: Paul H. Brookes Publishing Co.

Selecting the Primary Service Provider

Since the primary service provider (PSP) is not selected until the IFSP meeting following the development of the IFSP outcomes, a *most likely* PSP must be identified to assist with the process of gathering assessment information and parent priorities. A geographically-based team, consisting minimally of an early childhood or special educator, occupational therapist, physical therapist, speech-language pathologist, and service coordinator(s), discusses four interdependent factors prioritized by the order of consideration in the process of determining the most likely PSP. The four types of factors are:

- (a) parent/family—including parent priorities, physician request/prescription, family dynamics, primary language, and family availability
- (b) child—including diagnosis or condition, child-specific interests or activity settings in which the child currently participates or needs to be involved
- (c) environmental—including the natural learning environments of the child and family, locations within the community, safety considerations, distance of the child’s natural learning environments from the early intervention program.
- (d) practitioner—including the personal and professional knowledge and expertise of each practitioner, assigned area of service within the geographic region, billability of the service provided

Rush, D. & Shelden, M. (2012). Worksheet for selecting the most likely primary service provider. *CASEtools* 6(3). Retrieved from http://fipp.org/static/media/uploads/casetools/casetool_vol6_no3.pdf

FAB Scheduling

FAB scheduling refers to scheduling that is **flexible**, **activity-based**, and that includes “bursts of service” in response to the immediate and long-term priorities of the child and family.

Flexible—Rather than practitioners blocking a standard appointment time for each family, flexible practitioners schedule each future appointment at the end of the previous visit based upon the jointly agreed upon focus of the next visit and what the parent plans to do between the visits. Since the time (and possibly location) of each family’s visit is likely to change from time to time, practitioners build their schedules on a weekly basis.

Activity-Based—Activity-Based scheduling refers to scheduling visits during the real-life activities in which families seek to promote their child’s participation. Real-life activities include experiences such as meal time, bathing, dressing, household chores, grocery shopping, gardening, and neighborhood walks. Real-life activities are based on each family’s specific routines, culture, and preferences. Practitioner flexibility when scheduling allows visits to occur at a time and place that make it possible for practitioners to see and provide support during the focus activity in context as well as see the child in a variety of contexts and times of day. Families receive support during the times and situations that will be most helpful. Activity-based visits allow practitioners opportunities to observe and model strategies and immediately gauge their effectiveness in the target situation.

Bursts of Support—FAB scheduling allows for bursts of support when it is helpful and/or meaningful to do so. Bursts of support allow for flexibility with families who may need less frequent visits as their capacity (confidence and competence) has been built around specific strategies and more frequent visits when the family is experiencing a new challenge or crisis. Burst of support might be appropriate when a family has first enrolled (frontloading) or life-changing events occur as well as when the child experiences a developmental growth spurt, regression of skills, or new issues arise.

Shelden, M. L. & Rush, D. D. (2013). *The early intervention teaming handbook: The primary service provider approach*. Baltimore, MD: Paul H. Brookes Publishing Co.

Recommended Tools for Intervention

Newborn Interest Assessment and Activity Plan (NIAAP)

Use with newborns up to 6 months of age. The service coordinator completes *Section 1—Discovering Interests and Activities* only. The primary service provider completes the rest and updates all parts as needed.

Child Interest and Activity Plan (CIAP)

Use with children 6 months to school-age unless the priority is behavior-related (use HUGS instead) or unless the child has profound challenges (use *My Unique Child* instead).

HUGS Interest and Activity Plan (HIAP)

Use when the family's priorities are primarily behavioral support.



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