

AU Name:

Form Completed By [name(s) and title(s)]:

CONTINUOUS QUALITY IMPROVEMENT: SELF-ASSESSMENT

Complete this self-assessment after viewing the [Continuous Quality Improvement: Tools for Improving Program Evaluation self-paced learning module](#).

Completing the self-assessment:

The numbered necessary practices on the left come from the **Guidelines for Identifying Young Children with Special Needs**. This self-assessment is intended to help AUs reflect on their implementation of these necessary practices.

Step 1 - Read through the **necessary practices** reflecting on how they compare with the operations of your AU.

Step 2 - Answer the **reflection questions** on the right by describing the operations of your AU. These questions are intended to help you reflect more deeply about how the necessary practices are put into action.

Step 3 - Complete the **summary rating** multiple choice question depicting your AU's implementation of the necessary practices in each section. Choose only one response. The reflection questions should help you with these summary ratings.

Accessing additional support:

- Limited “office hours” are available for AUs that want additional support related to continuous quality improvement and program evaluation.
 - Save the completed self-assessment onto your computer with the file name
 - “Self-Assessment CQI Module_YOUR AU HERE”
 - **Step 4** - Email your completed self assessment to Irena Shwayder, ABCD Associate Director: irena@coloradoabcd.org
 - Your self-assessment will be reviewed by CDE and ABCD staff
- “Office hours” are provided by CDE and ABCD staff on a first come, first served basis. Eligible AUs will receive a link to participate in virtual “office hours” through the Zoom meeting platform.
- Should the demand for “office hours” exceed available resources, priority will be given to AUs based on need. Additional “office hours” may become available in the next fiscal year.

CONTINUOUS QUALITY IMPROVEMENT

Continuous quality improvement refers to an ongoing and systematic utilization of data to proactively evaluate whether a process is effective, to identify needed improvements, and to engage in ongoing improvement activities. In the context of this document, Continuous Quality Improvement refers to the ongoing process of evaluating how an AU's child identification process for children 3 through 5 years old can be improved and to continually strive towards improving the process. Analysis of effectiveness and opportunities for improvement of the child identification process for young children should be coordinated and intentionally intersect with the broader AU responsibility for evaluating the effectiveness of the special education system as a whole.

Necessary Practices

1. Define the Process

- a) The AU has a clear process for determining the effectiveness of the child identification process for children ages 3 through 5. Program evaluation should examine all components of the child identification process:
 - ✓ Considers how well the process fulfills the core values, vision, and mission articulated in this document
 - ✓ Provides families with access to services as early as possible
 - ✓ Meets the criteria articulated in this document, as required by state and federal law and Rules
 - ✓ Is easily accessible
- b) The evaluation model includes:
 - ✓ Identification of the specific questions to be answered
 - ✓ Identification of meaningful data to be collected
 - ✓ Identification of methods and timeline for data collection (e.g. surveys, child files, event documents)
 - ✓ Designation of staff for data compilation and analysis
 - ✓ Development of mechanisms to review data and design strategies to modify and adapt components as evaluation outcomes indicate
 - ✓ To the extent practicable and feasible, connections to the program evaluation activities related to the child identification process for children birth to age 3 and kindergarten through age 21.

Reflection Questions

1. Think about your child identification system in the context of your community (e.g. describe the population served, who are your referral partners, how is Child Find perceived). What evaluation questions would you like to ask to better understand what is/isn't effective in your child identification system?
 2. Consider the evaluation components in Necessary Practice 1a. What questions would you add to your list (see question #1) to more fully address these components?
- 1. Define the Process - Summary Rating**
Clarifying the Questions
- C - Complete:** All of our evaluation questions are clearly defined
 - M - Mostly:** Most of our evaluation questions are clearly defined
 - S - Somewhat:** Some of our evaluation questions are clearly defined
 - Y - Not Yet:** Our evaluation questions are not yet clearly defined, but adding evaluation clarity is a priority
 - N - No:** Our evaluation questions are not clearly defined, and we cannot currently prioritize this area
3. Describe a time when your team used data to drive a change in your child identification system. For example, perhaps you added more evening evaluation options because of feedback on parent surveys.

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| <p>1. Define the Process (continued)</p> | <p>4. Fill in the table below describing how existing data is collected and reviewed.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <p>What data is currently collected?</p> <p><i>List each data source/tool separately (e.g. family survey, child intake form)</i></p> | <p>Who records (or collects) data?</p> | <p>Who analyzes (or compiles) data?</p> | <p>How is data compiled (i.e. summary graph, annual report, tables, etc.)?</p> | <p>When is data reviewed? By whom?</p> | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>1. Define the Process - Summary Rating</p> <p>Quality Improvement Procedures</p> <p><input type="checkbox"/> C - Complete: All of our procedures for analyzing and reviewing data are in place</p> <p><input type="checkbox"/> M - Mostly: Most of our procedures for analyzing and reviewing data are in place</p> <p><input type="checkbox"/> S - Somewhat: Some of our procedures for analyzing and reviewing data are in place</p> <p><input type="checkbox"/> Y - Not yet: We don't yet have clear procedures for analyzing and reviewing data. Establishing these procedures is a priority</p> <p><input type="checkbox"/> N - No: We don't yet have clear procedures for analyzing and reviewing data. We cannot currently prioritize this area</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>2. Select Data Sources and Methods</p> <p>a) Data collection methods include (at a minimum):</p> <ul style="list-style-type: none"> ✓ Qualitative and quantitative process review methods ✓ Family satisfaction survey data, including return rates ✓ Internal and external stakeholder survey data | <p>1. How do you collect family input about your child identification system? What proportion of families provide feedback (i.e. what is your response rate)?</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| <ul style="list-style-type: none"> ✓ Review of procedures, tools and methods compared to local, state and federal requirements and industry best practices (are tools reliable and valid, do staff have appropriate training, needed knowledge and skills, etc.) <p>b) Data to be collected includes:</p> <ul style="list-style-type: none"> ✓ Data on each special education referral, including all data fields required by CDE as a part of the process for submitting Student Special Education Participation files which includes: <ul style="list-style-type: none"> ○ Referral source ○ Date on which the AU first learned of a potentially eligible child ○ Date of parental consent for evaluation ○ Individual screening date (if applicable) ○ Child's ethnicity/race ○ Age of child at time of referral ○ Referral outcome ✓ Whether children are identified as early as possible, or what barriers may prevent earlier identification ✓ Reason for referral (and whether that reason/concern is shared by the family) ✓ Documentation of completed follow-up activities (such as sending a Referral Status Update to the referral source) ✓ Family satisfaction data about their experiences with the child identification process ✓ Family attendance at any child identification events or general community screenings ✓ Internal and external stakeholder perceptions of the child identification process, specifically ease of referring families ✓ Proportion of children identified for special education compared to the general population (census data) | <p>2. How do you collect input from internal and external stakeholders/partners? Which external stakeholders/partners participate?</p> |
| | <p>3. Most agencies do informal reviews of their procedures compared to requirements and best practices. How/where do you <i>document or record</i> this review process?</p> |
| | <p>4. Consider the data in Necessary Practice 2b. What data elements are you <u>not</u> currently collecting?</p> <p>Can any of these missing data elements be added to a current data collection tool? (Recall that you listed current data collection tools in the table above). Describe which data elements will be added to which tools.</p> |
| <p>2. Select Data Sources and Methods - Summary Rating</p> <ul style="list-style-type: none"> <input type="checkbox"/> C - Complete: Our data collection methods cover all of the required data elements and respondents (e.g. families and stakeholders) <input type="checkbox"/> M - Mostly: Our data collection methods cover most of the required data elements and respondents (e.g. families and stakeholders) <input type="checkbox"/> S - Somewhat: Our data collection methods cover some of the required data elements and respondents (e.g. families and stakeholders) <input type="checkbox"/> Y - Not yet: We don't yet have data collection methods to cover the required data elements and respondents, but establishing these components is a priority <input type="checkbox"/> N - No: We don't yet have data collection methods to cover the required data elements and respondents, and establishing these components is not a current priority | |

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| <p>3. Use Findings for Continual Improvement</p> <p>a) Qualitative and quantitative data is collected and made available to internal and external child identification stakeholders on a regular basis for discussion, review, and influencing system and process improvements.</p> <p>b) Data collected by the AU or other child identification stakeholders allows for the broader Early Childhood Work Group, of which the AU is a part, to discuss the following:</p> <ul style="list-style-type: none"> ✓ Is the child identification process culturally non-biased? (i.e. compare enrolled demographic data with local demographic information) ✓ Are there AU capacity needs? (i.e. survey – do stakeholders and families perceive the child identification process as timely?) ✓ Is the child identification process easily accessible? (i.e. survey – do families and stakeholders perceive the process as easy to navigate?) ✓ Is the community approach to general screening working? (i.e. event demographics – are a wide variety of families able to access screening?) ✓ Is the community system for referrals working? (i.e. examine referral intake data to see the proportion of referred families that are able to connect with services) ✓ Do some community referral partners need support to make appropriate referrals? (i.e. examine referral intake data to see whether families referred by each source agree with the referral reason and/or are disproportionately ineligible) ✓ Are families offered services and support options throughout the process? (i.e. family satisfaction survey data) | <p>1. How is your program evaluation data made available to external stakeholders (e.g. annual report, reviewing tables during meetings, etc.)? How often does this occur?</p> <p>2. Does your AU facilitate conversations that allow stakeholders to engage in meaningful discussions about program evaluation results? Describe these conversations (who participates, what feedback do they provide, etc.).</p> <p>3. Describe a time when your team used external input on data to drive a change in your child identification system. For example, perhaps one stakeholder noticed that referrals from private preschools are leading to evaluation, but referrals from doctors are not. This led your AU to do more focused outreach to referring clinicians.</p> <p>4. Consider the discussion suggestions in 3b. Each ✓ includes a discussion question and potential data source. Compare the discussion questions with your evaluation questions (see Define the Process RQ 1-2). Will you add any new evaluation questions to make these discussions possible? Describe.</p> <p>Compare the potential data sources (noted in parentheses) with those you named in the questions above. Will you add any new evaluation tools based on these suggestions? Describe.</p> |
| <p>3. Use Findings for Continual Improvement - Summary Rating</p> <ul style="list-style-type: none"> <input type="checkbox"/> C - Complete: Our procedures for using data to drive program improvement are completely consistent with these necessary practices <input type="checkbox"/> M - Mostly: Our procedures for using data to drive program improvement are mostly consistent with these necessary practices <input type="checkbox"/> S - Somewhat: Our procedures for using data to drive program improvement are somewhat consistent with these necessary practices <input type="checkbox"/> Y - Not yet: We don't yet have a quality process for using data to drive program improvement, but establishing this process is a priority <input type="checkbox"/> N - No: We don't yet have a quality process for using data to drive program improvement, and establishing this process is not a current priority | |