

CHILD OUTCOMES SUMMARY FORM

Child Information

Name: _____ SSN: / / or District ID: _____

Date of birth: _____
mm/dd/yyyy Campus: _____

Primary Eligibility: _____ Multiple Disabilities: _____

Instructional Setting: _____

Entry Date: _____
(First day the child received services through PPCD.)

Exit Date: _____
(Last date the child received services through PPCD.)

Complete when student exits program

Exit Reason: (check one)

Exit Data Is NOT Necessary Due To: (check one)

Dismissed from Special Education by ARDC

or

Withdrew from district

Aged-out of PPCD (end of Kindergarten year)

Not in program for 6 months

Parent withdrew consent for services

Persons involved in deciding the summary ratings:

Name	Role

Family information on child functioning (Check all that apply):

- Received in team meeting
- Collected separately
- Incorporated into assessment(s)
- Not included

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* Modified from the Child Outcomes Summary Form by ESC Region 20



Child Name: _____

1. POSITIVE SOCIAL-EMOTIONAL SKILLS (INCLUDING SOCIAL RELATIONSHIPS)

To answer the questions below, think about the child's functioning in these and closely related areas (as indicated by assessments and based on observations from individuals in close contact with the child):

- *Relating with adults*
- *Relating with other children*
- *Following rules related to groups or interacting with others (if older than 18 months)*

1a. To what extent does this child show age-appropriate functioning, across a variety of settings and situations, on this outcome? (Check one number.) *(Check one number.)*

Not Yet		Emerging		Somewhat		Completely
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

Supporting evidence for answer to Question 1a

Source of information	Date	Summary of Relevant Results	** Evidence Level		
			AA	IF	F
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Summary of Relevant Results is Age Appropriate (AA), Immediate Foundational (IF) or Foundational (F) for child's given age.

1b. (If Question 1a has been answered previously): Has the child shown any new skills or behaviors related to positive social-emotional skills (including positive social relationships) since the last outcomes summary? (Check one and describe)

<input type="checkbox"/> Yes	Describe:
<input type="checkbox"/> No	

Child Name: _____

2. ACQUIRING AND USING KNOWLEDGE AND SKILLS

To answer the questions below, think about the child's functioning in these and closely related areas (as indicated by assessments and based on observations from individuals in close contact with the child):

- Thinking, reasoning, remembering, and problem solving
- Understanding symbols
- Understanding the physical and social worlds

2a. To what extent does this child show age-appropriate functioning, across a variety of settings and situations, on this outcome? (Check one number.)

Not Yet		Emerging		Somewhat		Completely
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

Supporting evidence for answer to Question 2a

Source of information	Date	Summary of Relevant Results	** Evidence Level		
			AA	IF	F
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Summary of Relevant Results is Age Appropriate (AA), Immediate Foundational (IF) or Foundational (F) for child's given age.

2b. (If Question 2a has been answered previously): Has the child shown any new skills or behaviors related to acquiring and using knowledge and skills since the last outcomes summary? (Check one and describe)

<input type="checkbox"/> Yes	Describe:
<input type="checkbox"/> No	

Child Name: _____

3. TAKING APPROPRIATE ACTION TO MEET NEEDS

To answer the questions below, think about the child's functioning in these and closely related areas (as indicated by assessments and based on observations from individuals in close contact with the child):

- Taking care of basic needs (e.g., showing hunger, dressing, feeding, toileting, etc.)
- Contributing to own health and safety (e.g., follows rules, assists with hand washing, avoids inedible objects) (if older than 24 months)
- Getting from place to place (mobility) and using tools (e.g., forks, strings attached to objects)

3a. To what extent does this child show age-appropriate functioning, across a variety of settings and situations, on this outcome? (Check one number)

Not Yet		Emerging		Somewhat		Completely
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

**Summary of Relevant Results is Age Appropriate (AA), Immediate Foundational (IF) or Foundational (F) for child's given age.

Supporting evidence for answer to Question 3a

Source of information	Date	Summary of Relevant Results	** Evidence Level		
			AA	IF	F
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Summary of Relevant Results is Age Appropriate (AA), Immediate Foundational (IM) or Foundational (F) for child's given age.

3b. (If Question 3a has been answered previously): Has the child shown any new skills or behaviors related to taking appropriate action to meet needs since the last outcomes summary? (Check one and describe)

<input type="checkbox"/> Yes	Describe:
<input type="checkbox"/> No	

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