

Child Outcomes Summary Form

Date: ____ / ____ / ____
 Month Day Year

Name: _____

DOB: ____ / ____ / ____
 Month Day Year

Persons involved in deciding the summary ratings

Name	Role

Source of Supporting Evidence

Date

1.	
2.	
3.	
4.	
5.	

1. POSITIVE SOCIO-EMOTIONAL SKILLS

A. To what extent does this child show behaviors and skills related to this outcome appropriate for his or her age across a variety of settings and situations?
(check one rating box)

Not Yet	< emerging	Emerging	< somewhat	Somewhat	< completely	Completely

B. Progress since last outcomes summary.
 Check One: Yes No

Summary of Evidence:

2. ACQUIRING AND USING KNOWLEDGE AND SKILLS

A. To what extent does this child show behaviors and skills related to this outcome appropriate for his or her age across a variety of settings and situations?
(check one rating box)

Not Yet	< emerging	Emerging	< somewhat	Somewhat	< completely	Completely

B. Progress since last outcomes summary.
 Check One: Yes No

Summary of Evidence:

3. TAKING APPROPRIATE ACTIONS TO MEET NEEDS

A. To what extent does this child show behaviors and skills related to this outcome appropriate for his or her age across a variety of settings and situations?
(check one rating box)

Not Yet	< emerging	Emerging	< somewhat	Somewhat	< completely	Completely

B. Progress since last outcomes summary.
 Check One: Yes No

Summary of Evidence:
