

District Name:

Contact Person:

Date:

Planning Form* for Child Outcomes Process

Things to Consider	What We Plan To Do
<p>TIMELINE</p> <ul style="list-style-type: none"> • What do we need to do? When? 	<p><i>List in this section the immediate steps for your district/program to implement the Child Outcomes Process.</i></p> <p><i>What things need to be done? When do they need to be done?</i></p> <p><i>Timelines for:</i> <i>Collecting and organizing information</i> <i>Completing team process</i> <i>Entering information</i></p>
<p>TEAM</p> <ul style="list-style-type: none"> • Who will be on our team? • How will assessment information be gathered? • Who will contribute Child Outcome ratings? • Who will help participate in the consensus Child Outcome ratings? • Who will determine the Outcome Indicator? 	<p><i>Name who will be on your team.(by position – including parent)</i></p> <p><i>Describe how assessment information will be gathered – the range and sources of information.</i></p> <p><i>Who will contribute to the ratings? This could be (but not limited to) the staff involved in evaluating the child, the parent(s), and current teaching/therapy staff.</i></p> <p><i>Who will help make the determination? This is determined by group consensus and not one individual.</i></p>
<p>TEAM PROCESS</p> <ul style="list-style-type: none"> • Team ratings, or individual ratings with later discussion and consensus? • Who will lead the process and make sure it happens? 	<p><i>Describe how ratings will be made – as a team, or individually with later discussion and consensus. What is the process for review, rating and making determination?</i></p> <p><i>Name (by position) who will lead the process and make sure it happens.</i></p>

* Send completed plan with assessment matrix attached to: Pam Reising, Illinois State Board of Education, 100 N. 1st St., Springfield, IL 62777-0001. (due March 1, 2006; revised plan due Sept. 1, 2006)

Handout G

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