Working Document - Child Outcomes Summary (COS)

		CHILD'S STRENGTHS	CHILD'S NEEDS
	HOW DOES MY CHILD	What are some things my child likes to do? What skills does my child demonstrate or is beginning to demonstrate that a child of his/her age can do?	What are some skills or behaviors that my child does not do or are difficult for my child? In what activities or skill areas does my child need considerable support and/or practice?
DEVELOPING POSITIVE SOCIAL- EMOTIONAL SKILLS	 Attend to people? Relate with family members? Relate with other adults? Relate with other children? Display emotions? Respond to touch? 	AE: IF: F:	AE: IF:
ACQUIRING AND USING KNOWLEDGE AND SKILLS	 Understand and respond to directions and/or requests from others? Think, remember, reason and problem solve? Interact with books, pictures, print? Understand basic concepts such as more, big, hot, etc.? 	AE: IF:	AE: IF:
TAKING APPROPRIATE ACTION TO MEET NEEDS	 Take care of his/her basic needs, such as feeding and dressing? Move his/her body from place to place? Use his/her hands to play with toys and use crayons? Communicate wants and needs? Contribute to his/her own health & safety? 	AE: IF: F	AE: IF: