**DELAWARE PART B 619**

**CHILD OUTCOMES SUMMARY FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| **☐ Entry COS** | **☐ Monitoring COS** | **☐ Exit COS** | **☐ Transfer** |

1. **Child Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **DOB:** |  |
| **eSchool ID:** |  |
| **District:** |  | **Program:** |  |
| **Primary** **Disability**: | ☐ Developmental Delay 1400  | ☐ Speech or Language Impairment 1200 | ☐ Autism 1000  |
| ☐ Other Health Impairment 0601 | ☐ Hearing Impairment 0700  | ☐ Deaf-Blind 1100  |
| ☐ Orthopedic Impairment 0602  | ☐ Visual Impairment Including Blindness 0900  |  |
| ☐ Other:  |

**II. Intervention Period & Rating Summary:**

**\*Rating Date:**

**Child exiting program? Check if yes.** **YES** ☐

 **\*Progress Made?**

|  |  |
| --- | --- |
|  | **☐ Y ☐ N** |
|  | **☐ Y ☐ N** |
|  | **☐ Y ☐ N** |

**Social-Emotional:**

**Knowledge:**

**Actions to Meet Needs:**

**III. Source of Information:**

**\*Select up to 3; data must have been collected within 60 days of rating date:**

|  |
| --- |
| ☐ Evaluation Summary Report/ESR (24)☐ Teaching Strategies GOLD/TSG (18)☐ Ages and Stages-3/ASQ-3 and Ages and Stages, Social-Emotional-2/ASQ:SE-2 (10, 20) |
| ☐ Other Approved Tool (See List in Section 5 of EC Outcomes Manual) |
| ☐ Record review for transfers **only** (25) |

 **IV. Additional Sources of Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Anecdotal Records  | ☐ Observations | ☐ Classroom Data  | ☐ Interviews  |

**V. Persons involved in completing the form:**

|  |  |
| --- | --- |
| **Name** | **Role** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Family information on child’s functioning (check all that apply):**

☐ **Received in IEP Team Meeting** ☐ **Collected Separately**

☐ **Incorporated into Assessment(s)** ☐ **Not Included**

**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 to adults
* Relating to 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?** (Choose one number)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Not Yet** |  | **Nearly** |  | **Somewhat** |  | **Completely** |
| ☐ **1** | ☐ **2** | ☐ **3** | ☐ **4** | ☐ **5** | ☐ **6** | ☐ **7** |

**Supporting evidence for this outcome rating:**

|  |
| --- |
| Age-appropriate functioning: Concerns? ☐No ☐Yes (describe)  |
| Immediate foundational skills/Functioning that is not yet age-appropriate:  |
| Functioning that is not yet age appropriate or immediate foundational:  |

**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?** (Choose Yes or No)

|  |  |
| --- | --- |
| ☐ **Yes** | **1→ Describe progress:**  |
| ☐ **No** | **2**  |

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**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?** (Choose one number)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Not Yet** |  | **Nearly** |  | **Somewhat** |  | **Completely** |
| ☐ **1** | ☐ **2** | ☐ **3** | ☐ **4** | ☐ **5** | ☐ **6** | ☐ **7** |

**Supporting evidence for this outcome rating:**

|  |
| --- |
| Age-appropriate functioning: Concerns? ☐No ☐Yes (describe)  |
| Immediate foundational skills/Functioning that is not yet age-appropriate:  |
| Functioning that is not yet age appropriate or immediate foundational:  |

**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?** (Choose Yes or No)

|  |  |
| --- | --- |
| ☐ **Yes** | **1→ Describe progress:**  |
| ☐ **No** | **2**  |

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**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?** (Choose one number)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Not Yet** |  | **Nearly** |  | **Somewhat** |  | **Completely** |
| ☐ **1** | ☐ **2** | ☐ **3** | ☐ **4** | ☐ **5** | ☐ **6** | ☐ **7** |

**Supporting evidence for this outcome rating:**

|  |
| --- |
| Age-appropriate functioning: Concerns? ☐No ☐Yes (describe)  |
| Immediate foundational skills/Functioning that is not yet age-appropriate:  |
| Functioning that is not yet age appropriate or immediate foundational:  |

**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?** (Choose Yes or No)

|  |  |
| --- | --- |
| ☐ **Yes** | **1→ Describe progress:**  |
| ☐ **No** | **2**  |

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