

Child Outcomes Summary Form

Completion Date _____ District/Building _____
 Child's Name _____ Date of Birth _____
 ID _____ Age _____

Entry Summary Annual Progress Summary Exit Summary

If **Entry** Summary, list first date of preschool special education service: _____

If **Exit** Summary, list last date of preschool special education service: _____

Persons involved in deciding the summary ratings:

Name	Role

Sources of Evidence : Check all that apply

<input type="checkbox"/> Family information on child functioning	<input type="checkbox"/> Received in team meeting <input type="checkbox"/> Collected separately	<input type="checkbox"/> Incorporated into assessment(s) <input type="checkbox"/> Not included
<input type="checkbox"/> Evidence collected in a variety of settings and situations	<input type="checkbox"/> Child engaged in activities across different social settings (e.g., Individual, Small group, Large group) <input type="checkbox"/> Child engaged in teacher-directed and self-initiated activities <input type="checkbox"/> Child engaged in preferred and non-preferred activities	<input type="checkbox"/> Child engaged in activities across different times of day (e.g., Transitions, Circle time, Arrival, Dismissal, Bus, Free choice) <input type="checkbox"/> Child engaged in easy to difficult activities
<input type="checkbox"/> Evidence collected using a variety of methods	<i>Formal assessments</i> <input type="checkbox"/> Criterion-referenced (e.g., Early Learning Assessment) <input type="checkbox"/> Standardized, norm-referenced <input type="checkbox"/> IEP progress measures	<i>Informal assessment methods</i> <input type="checkbox"/> Work samples <input type="checkbox"/> Interview with caregivers and service providers <input type="checkbox"/> Observation of the child

Child Outcomes Summary Form (COSF)

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? (Write descriptor statement. Enter number in box.)

	Enter Number <input style="width: 40px; height: 20px;" type="text"/>
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In each written description of evidence below, indicate the source of the evidence in parentheses.

Age-appropriate functioning	
Concerns? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, describe <input style="width: 500px;" type="text"/>
Immediate foundational skills/Functioning that is not age-appropriate	
Functioning that is not yet age appropriate nor immediate foundational	

1b. (Do not complete at entry): 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 box)

Progress measured from what point in time (Provide month/year):

<input type="checkbox"/> Yes	1 →	Describe progress: <input style="width: 550px; height: 40px;" type="text"/>
<input type="checkbox"/> No	2	

Child Outcomes Summary Form (COSF)

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? (Write descriptor statement. Enter number in box.)

Enter
Number

In each written description of evidence below, indicate the source of the evidence in parentheses.

Age-appropriate functioning	
Concerns? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe	
Immediate foundational skills/Functioning that is not age-appropriate	
Functioning that is not yet age appropriate nor immediate foundational	

2b. (Do not complete at entry) Has the child shown any new skills or behaviors related to acquiring and using knowledge and skills since the last outcomes summary? (Check one box)

Progress measured from what point in time (Provide month/year):

<input type="checkbox"/> Yes	1 →	Describe progress: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
<input type="checkbox"/> No	2	

Child Outcomes Summary Form (COSF)

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? (Write descriptor statement. Enter number in box.)

	Enter Number <input style="width: 40px; height: 20px;" type="text"/>
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In each written description of evidence below, indicate the source of the evidence in parentheses.

Age-appropriate functioning	
Concerns? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, describe <input style="width: 500px;" type="text"/>
Immediate foundational skills/Functioning that is not age-appropriate	
Functioning that is not yet age appropriate nor immediate foundational	

3b. (Do not complete at entry): Has the child shown any new skills or behaviors related to taking action to meet needs since the last outcomes summary? (Check one box)

Progress measured from what point in time (Provide month/year):

<input type="checkbox"/> Yes	1 →	Describe progress: <input style="width: 90%; height: 30px;" type="text"/>
<input type="checkbox"/> No	2	