

Child Outcomes Summary Form
Quality Assurance Checklist

Child's Name _____ Teacher _____

Date COS completed _____ Date of Review _____

- | | |
|--|---------------------------|
| <input type="checkbox"/> Entry Rating Review | Staff completing the COS: |
| <input type="checkbox"/> Interim Rating Review | _____ |
| <input type="checkbox"/> Exit Rating Review | _____ |
| <input type="checkbox"/> Child received at least 6 months of service | _____ |

PSE Supervisor completing the review: _____

Checklist Components	YES	NO	Comments
1. COS was completed in a timely manner.			
Entry—within 30 calendar days of eligibility			
Exit— within 30 calendar days of an exit ETR, last day of preschool special education services, or withdrawal			
2. The core group was involved in completing the COS.			
a. Early Childhood Intervention Specialist			
b. General education teacher (unless child has no interaction with a general education teacher)			
c. Parent			
d. Related service providers (List area of service in comment section.)			
e. Others (e.g., teaching assistant, bus driver, etc.)			
3. All areas of the COS form were completed.			
4. Sources of evidence are identified on the cover sheet.			

Respond yes (Y) or no (N) for each outcome	Outcome			Comments
	1	2	3	
5. Each outcome has a numeric rating (1 through 7)				
6. Supporting evidence statements for the rating are recorded.				
7. Multiple sources of information are documented.				
8. Evidence relates to the outcome area.				
9. Evidence includes performance across settings and situations.				
10. Evidence supports the rating criteria.				
11. Outcome has "yes" or "no" recorded for progress. (N/A would apply only to initial entry ratings.)				
12. Progress was described.				