

**Child Outcomes Summary Form**

Office of Early Learning and School Readiness

September 2015

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| Completion Date: |  | District/Building: |  |
| Child’s Name: |  | Date of Birth: |  |
| ID: |  | Age: |  |

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| --- | --- | --- | --- | --- | --- |
|  | **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** |
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**Sources of Evidence**: Check all that apply

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

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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)*

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| **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.)* |
|  |

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

|  |
| --- |
| Age-appropriate Functioning:  Concerns? No Yes If yes, describe: |
| 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)*

|  |  |  |
| --- | --- | --- |
| Yes | **1** | Describe Progress: |
| No | **2** |

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| --- |
| / |

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

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*

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

|  |
| --- |
| Age-appropriate Functioning:  Concerns? No 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 positive social- emotional skills (including positive social relationships) since the last outcomes summary?** *(Check one box)*

|  |  |  |
| --- | --- | --- |
| Yes | **1** | Describe Progress: |
| No | **2** |

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| / |

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

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)*

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

|  |
| --- |
| Age-appropriate Functioning:  Concerns? No Yes If yes, describe: |
| 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 positive social- emotional skills (including positive social relationships) since the last outcomes summary?** *(Check one box)*

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| / |

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

|  |  |  |
| --- | --- | --- |
| Yes | **1** | Describe Progress: |
| No | **2** |