## **Child Outcomes Summary (COS) Form**

| Check or | ne: Entry COS                                       | Interim Rat      | ting Exit                          | COS                                 |
|----------|---|------------------|------------------------------------|-------------------------------------|
| Date Cor | npleted:  | _                |                                    |                                     |
| I.       | Child Information Name:                             |                  |                                    |                                     |
|          | Date of Birth:                                      | MSIS#:           |                                    |                                     |
|          | Primary Disability:                                 |                  |                                    | <del></del>                         |
|          | Secondary Disability:                               |                  |                                    |                                     |
| II.      | Rating Summary                                      |                  | For Interim/<br>(Any progress made | 'Exit Only:<br>since Entry rating?) |
|          | Outcome 1 Rating:<br>Having Positive Social-Emotion | al Skills        | □ Y                                | □N                                  |
|          | Outcome 2 Rating:<br>Acquiring and Using Knowledg   | e and Skills     | □ Y                                | □N                                  |
|          | Outcome 3 Rating:<br>Using Appropriate Behavior to  | Meet Needs       | □ Y                                | □N                                  |
| III.     | Anchor Assessment                                   |                  |                                    |                                     |
| IV.      | Sources of Information (check                       | all that apply): |                                    |                                     |
|          | Observations  |                  | Anecdotal Notes                    |                                     |
|          | nterviews   |                  | Classroom Data                     |                                     |
|          | Other Assessment Tools (list)                       |                  | Other Sources (list)               |                                     |
| V.       | Persons involved in determinir                      | ng the rating:   |                                    |                                     |
|          | Name  |                  | Role                               |                                     |
|          |   | Parer<br>Gene    | nt<br>ral Education Teacher        |                                     |
|          |   |                  | al Education Teacher               |                                     |
|          |   |                  | cy Representative                  |                                     |
|          |   | Relate           | ed Service Provider                |                                     |
|          |   | Other            |                                    |                                     |

| 1. | To ans | swer the ques<br>dicated by asso<br>:<br>• Relating to | Social-Emotional Skills (including social relationships) wer the questions below, think about the child's functioning in these and closely related areas sated by assessments and based on observations from individuals in close contact with the Relating to adults |                |          |                  |    |   |  |  |
|----|--------|--|---|----------------|----------|------------------|----|---|--|--|
|    | •      | _  | other children  |                |          |                  |    |   |  |  |
|    | •      | _  | Following rules related to groups or interacting with others  |                |          |                  |    |   |  |  |
|    |        |  | 1a. To what extent does the child show age-expected functioning, across a variety of settings and situations, on this outcome? (choose one number)  |                |          |                  |    |   |  |  |
|    |        | _  |   |                |          |                  | C  | 7 |  |  |
|    |        | 1  | 2   | 3              | 4        | 5                | 6  | 7 |  |  |
|    |        | Supporting   | Supporting evidence for this outcome rating   |                |          |                  |    |   |  |  |
|    |        | Concerns   | in this area?   | Yes            | No       | (describe)       |    |   |  |  |
|    |        | Age-expe   | cted functioning  |                |          |                  |    |   |  |  |
|    |        |  | Immediate foundational skills/Functioning that is not yet age-expected but approaching age-expected   |                |          |                  |    |   |  |  |
|    |        | Functioni  | ng that is not yet  | age-eynected c | ır immed | liate foundation | al |   |  |  |
|    |        | , and a  | is that is not yet  | age expected e |          |                  | a. |   |  |  |
|    |        | positive so  | 1b. (For Interim/Exit only) 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 one number)  Yes 1 – Describe progress:                    |                |          |                  |    |   |  |  |

No

| 2. | Acquiring and Using Knowledge and Skills (including early language/communication and early |
|----|--|
|    | literacy)  |

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-expected function | oning, across a variety of |
|---|----------------------------|
| settings and situations, on this outcome? (choose one no      | umber)                     |

| settings and situations, on this outcome? (choose one number)   |                        |                |                  |               |                |           |  |  |
|---|------------------------|----------------|------------------|---------------|----------------|-----------|--|--|
| 1   | 2                      | 3              | 4                | 5             | 6              | 7         |  |  |
| Commonting  |                        | h:t            |                  |               |                |           |  |  |
|   | evidence for t         |                |                  | 21 A          |                |           |  |  |
| Concerns in   | ithis area?            | Yes            | <b>No</b> (de    | scribe)       |                |           |  |  |
| Age-expec   | ted functioning        | 3              |                  |               |                |           |  |  |
|   |                        |                |                  |               |                |           |  |  |
| Immediat<br>age-expe  | e foundational<br>cted | skills/Functio | oning that is no | t yet age-ex  | pected but app | oroaching |  |  |
| Functioni   | ng that is not y       | et age-expect  | ted or immedia   | te foundation | onal           |           |  |  |
| 2b. (For Interim/Exit only): Has the child shown ANY new skills or behaviors related to acquiring and using knowledge and skills since the last outcomes summary? (Choose one number)  Yes 1 – Describe progress: |                        |                |                  |               |                |           |  |  |
| No  | 2 – Describe v         | vhy no progre  | ess:             |               |                |           |  |  |

## 3. Appropriate Behavior 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, etc.)
- Getting from place to place (mobility) and using tools (e.g., forks, strings attached to objects, etc.)

|  | 3a. To what extent does this child show age-expected functioning, across a variety of settings and situations, on this outcome? (choose one number) |               |         |    |            |   |   |  |  |  |
|--|---|---------------|---------|----|------------|---|---|--|--|--|
|  | 1   | 2             | 3       | 4  | 5          | 6 | 7 |  |  |  |
| Sı   | Supporting evidence for this outcome rating   |               |         |    |            |   |   |  |  |  |
| C  | oncerns in  | this area?    | Yes     | No | (describe) |   |   |  |  |  |
|  | Age-expecto   | ed functionin | g       |    |            |   |   |  |  |  |
|  | Immediate foundational skills/Functioning that is not yet age-expected but approaching age-expected   |               |         |    |            |   |   |  |  |  |
| Fı   | Functioning that is not yet age-expected or immediate foundational  |               |         |    |            |   |   |  |  |  |
| 3b. (For Interim/Exit only): Has the child shown ANY new skills or behaviors related to taking appropriate action to meet needs since the last outcomes summary? (Choose one number) |   |               |         |    |            |   |   |  |  |  |
|  | Yes 1-  | – Describe pr | ogress: |    |            |   |   |  |  |  |

No 2 – Describe why no progress: