

## COSF Record Review Form - EXIT

Review Date: \_\_\_/\_\_\_/\_\_\_    Time Start: \_\_\_:\_\_\_    Time Stop: \_\_\_:\_\_\_

### A. BACKGROUND

**Child Initials:** \_\_\_\_\_                      **Review Case ID:** \_\_\_\_\_

**Child's Date of Birth:** \_\_\_/\_\_\_/\_\_\_    or \_\_\_ Missing

**Reviewer:** \_\_\_\_\_

**Program:** \_\_\_\_\_

**Gender:** \_\_\_ Male    \_\_\_ Female    \_\_\_ Missing

**Ethnicity:**

- |                                           |                                       |
|-------------------------------------------|---------------------------------------|
| <input type="checkbox"/> African-American | <input type="checkbox"/> Multi-racial |
| <input type="checkbox"/> Asian            | <input type="checkbox"/> Other        |
| <input type="checkbox"/> Latino/Hispanic  | <input type="checkbox"/> Missing      |
| <input type="checkbox"/> Caucasian/White  |                                       |

|                                 | Date        | Missing |
|---------------------------------|-------------|---------|
| <b>Referral</b>                 | ___/___/___ |         |
| <b>Initial IFSP/IEP</b>         | ___/___/___ |         |
| <b>Exit/Transition IFSP/IEP</b> | ___/___/___ |         |
| <b>Entry COSF</b>               | ___/___/___ |         |
| <b>Exit/Transition COSF</b>     | ___/___/___ |         |

Days from  
Initial IFSP/IEP to COSF: \_\_\_\_\_  
Exit IFSP/IEP to COSF: \_\_\_\_\_

Child age (months) at:  
Entry COSF: \_\_\_\_\_  
Exit COSF: \_\_\_\_\_

|                              |                         |                       |
|------------------------------|-------------------------|-----------------------|
| <b>Evaluation Reports at</b> | <b>Date of Earliest</b> | <b>Date of Latest</b> |
| Entry                        | ___/___/___    to       | ___/___/___           |
| Exit                         | ___/___/___    to       | ___/___/___           |

**Exit Reason:** \_\_\_ Age \_\_\_ Other  
**Expected to qualify for services in another program?** \_\_\_ yes \_\_\_ no \_\_\_ can't tell

**Information about child's disability/special needs:**

## B. ENTRY COSF

### 1. Fields completed on COSF Form

|                 | Complete | Missing | Errors? | Type of Error |
|-----------------|----------|---------|---------|---------------|
| 1. COSF Date    |          |         |         |               |
| 2. Child's Name |          |         |         |               |
| 3. Child's DOB  |          |         |         |               |

2. IFSP/IEP Team Members Who Completed Form: \_\_\_ Completed \_\_\_ Missing

\_\_\_ Parent(s) \_\_\_ Evaluator(s) \_\_\_ Service Coordinator

\_\_\_ Service Provider(s) \_\_\_ Other: \_\_\_\_\_

### 3. Rating Provided for Each Outcome?

|               | Yes | No | Error | Type of Error? |
|---------------|-----|----|-------|----------------|
| 3A. Outcome 1 |     |    |       |                |
| 3B. Outcome 2 |     |    |       |                |
| 3C. Outcome 3 |     |    |       |                |

### 4. Types of Supporting Evidence

| Outcome                          | Type of Evidence  |                           |                     |                          |                              | Missing |
|----------------------------------|-------------------|---------------------------|---------------------|--------------------------|------------------------------|---------|
|                                  | Standardized Test | Criterion-Referenced Test | Clinical Assessment | Evaluator(s) Observation | Parent/caregiver Observation |         |
| Social Emotional Skills          |                   |                           |                     |                          |                              |         |
| Acquiring/Using Knowledge/skills |                   |                           |                     |                          |                              |         |
| Taking Action to Meet Needs      |                   |                           |                     |                          |                              |         |

5. Write names of other tests listed

| Outcome                          | Test Names |
|----------------------------------|------------|
| Social Emotional Skills          |            |
| Acquiring/Using knowledge/skills |            |
| Taking Action to Meet Needs      |            |

**C. PROCESS USED**

1. Can you tell what process was used to arrive at a rating ? \_\_\_yes \_\_\_no

2. If yes, what was it?

- \_\_\_ Form completed at team meeting, all present
- \_\_\_ Partial team meeting where input from team members not present was considered
- \_\_\_ One person completed form based on collected input from team members
- \_\_\_ Individuals each completed COSF form individually
- \_\_\_ Other. Describe:

3. Was parent present for the rating? \_\_\_yes \_\_\_no \_\_\_can't tell

4. Was the decision tree used? \_\_\_yes \_\_\_no \_\_\_can't tell

### D. Entry COSF – Quality Indicators/ Basis of Rating from Supporting Evidence

|                                                                                        | Outcome 1 |    |          | Outcome 2 |    |          | Outcome 3 |    |          |
|----------------------------------------------------------------------------------------|-----------|----|----------|-----------|----|----------|-----------|----|----------|
|                                                                                        | Yes       | No | Can't TI | Yes       | No | Can't TI | Yes       | No | Can't TI |
| 1. Evidence reflects use of multiple sources of information                            |           |    |          |           |    |          |           |    |          |
|                                                                                        |           |    |          |           |    |          |           |    |          |
| 2. Parent input is included in evidence for ratings                                    |           |    |          |           |    |          |           |    |          |
|                                                                                        |           |    |          |           |    |          |           |    |          |
| 3. Evidence reflects information about child's functioning across settings/situations  |           |    |          |           |    |          |           |    |          |
|                                                                                        |           |    |          |           |    |          |           |    |          |
| 4. Ratings are based on child's functioning rather than performance of discrete skills |           |    |          |           |    |          |           |    |          |
|                                                                                        |           |    |          |           |    |          |           |    |          |
| 5. Evidence content for rating is matched to appropriate outcome                       |           |    |          |           |    |          |           |    |          |
|                                                                                        |           |    |          |           |    |          |           |    |          |
| 6. Evidence suggests rating considered full breadth of content intended for outcome    |           |    |          |           |    |          |           |    |          |
|                                                                                        |           |    |          |           |    |          |           |    |          |

**E. ENTRY COSF – ACCURACY OF THE RATINGS**

**Rating for Outcome 1 (Positive social relationships):**

*(rating in chart)*

**A. Evidence from the COSF**

1. Supports the rating?  Yes  No  can't tell

Explain:

**B. Evidence from the Child's File**

2. Supports the rating?  Yes  No  Can't tell

Explain:

**C. Reviewer opinion from file:** \_\_\_\_\_ *(rating or range of ratings)* or  can't judge a range  
 match  + 1  - 1  +2 or more  - 2 or more

**D. Rating from state database list:** \_\_\_\_\_  match  different

**Rating for Outcome 2 (Knowledge and skills):**

*(rating in chart)*

**A. Evidence from the COSF**

1. Supports the rating? \_\_\_ Yes \_\_\_ No \_\_\_ can't tell

Explain:

**B. Evidence from the Child's File**

2. Supports the rating? \_\_\_ Yes \_\_\_ No \_\_\_ Can't tell

Explain:

**C. Reviewer opinion from file:** \_\_\_\_\_ *(rating or range of ratings)* or \_\_\_ can't judge a range  
\_\_\_ match \_\_\_ + 1 \_\_\_ - 1 \_\_\_ +2 or more \_\_\_ - 2 or more

**D. Rating from state database list:** \_\_\_\_\_ \_\_\_ match \_\_\_ different

**Rating for Outcome 3 (Meets needs):**

*(rating in chart)*

**A. Evidence from the COSF**

1. Supports the rating? \_\_\_ Yes \_\_\_ No \_\_\_ can't tell

Explain:

**B. Evidence from the Child's File**

2. Supports the rating? \_\_\_ Yes \_\_\_ No \_\_\_ Can't tell

Explain:

**C. ECO opinion from file:** \_\_\_\_\_ *(rating or range of ratings)* or \_\_\_ can't judge a range  
\_\_\_ match \_\_\_ + 1 \_\_\_ - 1 \_\_\_ +2 or more \_\_\_ - 2 or more

**D. Rating from state database list:** \_\_\_\_\_ \_\_\_ match \_\_\_ different

## **MISCELLANEOUS NOTES**

Other reactions, comments, or recommendations that reviewing this case brings to mind: