

# CHILD OUTCOMES SUMMARY FORM

Date This Form Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mon Day Yr

Entry COSF  Exit COSF

State IFSP date (required for entry and exit): \_\_\_\_\_

EXIT date: \_\_\_\_\_

Exit Location:  Part B  Other

TRAC Child Code: \_\_\_\_\_

Region \_\_\_\_\_

## Child Information:

Name: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mon Day Yr

## Eligibility Criteria:

25% Delay \_\_\_\_\_ and \_\_\_\_\_

50% Delay \_\_\_\_\_

Diagnosed Condition \_\_\_\_\_

Informed Clinical Opinion \_\_\_\_\_

## Team Members Involved in Completing This Form:

Name

Role

_____	_____
_____	_____
_____	_____
_____	_____

## Outcome Rating (Complete For Entry Only)

## Outcome Rating (Complete For Exit Only)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## Has the Child Made Progress? (Required For Exits)

- |     |                              |                             |
|-----|------------------------------|-----------------------------|
| 1a. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2a. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3a. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**1. POSITIVE SOCIO-EMOTIONAL SKILLS (INCLUDING SOCIAL RELATIONSHIPS)**

To what extent does this child show behaviors and skills related to this outcome appropriate for his or her age across a variety of settings and situations? *(Circle one rating)*

**5.0 Social-Emotional**

- 5-1 Attachment/ separation/ autonomy
- 5-3 Expression of emotions and feelings
- 5-4 Learning rules and expectations
- 5-5 Social interactions and play

**2.0 II. Language-Expressive**

- 2-4 Communicating with others
  - A. Gesturally
  - B. Verbally

Not Yet		Emerging		Somewhat		Completely
1	2	3	4	5	6	7

**Supporting evidence for rating (including parent report, observations, and assessment results):**

Skills/Behaviors that are immediate or otherwise foundational	Skills/Behaviors that are age appropriate

**Are there any concerns in this area?** *(Please describe if the child received a rating of 6 (Overall age- appropriate) but the team has significant concerns that the child will need support in this area to prevent from slippage)*

**1a. (Required for Exit): Has the child shown any new skills or behaviors related to positive social-emotional skills (including positive social relationships) since the last outcome summary? If the child HAS NOT made progress please explain:**

Yes	<input type="checkbox"/>	
No	<input type="checkbox"/>	Explanation:

## 2. ACQUIRING AND USING KNOWLEDGE AND SKILLS

To what extent does this child show behaviors and skills related to this outcome appropriate for his or her age across a variety of settings and situations? (Circle one rating)

### 1.0 Cognitive Development

- 1-1 Development of symbolic play
- 1-2 Gestural imitation
- 1-3 Sound awareness and localization
- 1-4 Problem solving
  - A. Object permanence
  - C. Cause and effect
- 1-5 Spatial relationships
- 1-6 Concepts
  - A. Pictures
  - B. Numbers
- 1-7 Discrimination/classification
  - A. Matching and sorting
  - B. Size
  - C. Associative

### 2.0 I. Language – Receptive

- 2-1 Understanding the meaning of words
  - A. Objects, events, and relationships
  - B. Body parts
- 2-2 Understanding and following directions

### 2.0 II. Language - Expressive

- 2-3 Expressive vocabulary
- 2-4 Communicating with others
  - A. Gesturally
  - B. Verbally
- 2-5 Learning grammar and sentence structure
- 2-6 Development of sounds and intelligibility
- 2-7 Communicating through rhythm

### 4.0 I. Fine Motor Development- Foundations

- 4-1 Visual responses and tracking

### 4.0 II. Fine Motor Development- Perceptual – Motor Integration

- 4-6 Spatial perception and planning
  - A. Pre-writing
- 4-7 Manipulative prehension
  - A. Pages

### 5.0 Social – Emotional

- 5-2 Development of self

Not Yet		Emerging		Somewhat		Completely
1	2	3	4	5	6	7

Supporting evidence for the rating (including parent report, observations, and assessment results):

Skills/Behaviors that are immediate or otherwise foundational

Skills/Behaviors that are age appropriate

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Are there any concerns in this area? (Please describe if the child received a rating of 6 (Overall age- appropriate) but the team has significant concerns that the child will need support in this area to prevent from slippage)

2a. (Required for Exit): Has the child shown any new skills or behaviors related to acquiring and using knowledge and skills since the last outcomes summary? If the child HAS NOT made progress please explain:

Yes	<input type="checkbox"/>	
No	<input type="checkbox"/>	Explanation:

### 3. TAKING APPROPRIATE ACTION TO MEET NEEDS

To what extent does this child show behaviors and skills related to this outcome appropriate for his or her age across a variety of settings and situations? (Circle one rating)

**1.0 Cognitive Development**

- 1-4 Problem solving
  - B. Means-ends

**2.0 II. Language - Expressive**

- 2-3 Expressive Vocabulary
- 2-4 Communicating with others
  - A. Gesturally
  - B. Verbally
- 2-5 Learning grammar & sentence structure
- 2-6 Development of sounds and intelligibility

**3.0 Gross Motor Development**

- 3-1 Prone
- 3-2 Supine
- 3-3 Sitting
- 3-4 Weight-bearing in standing
- 3-5 Mobility and transitional movements
- 3-6 Reflexes/reactions/responses
  - A. reflexes/reactions
  - B. Anti-gravity responses
- 3-7 Advancing postural control
  - A. Standing
  - B. Walking/running
  - D. Climbing
  - E. Stairs

**4.0 I. Fine Motor Development- Foundations**

- 4-2 Grasp and prehension
- 4-3 Reach/approach
- 4-4 Development and voluntary release
- 4-5 Bilateral and midline skills

**4.0 II. Fine Motor Development- Perceptual-Motor Integration**

- 4-6 Spatial perception and planning
  - A. Pre-writing
- 4-7 Manipulative prehension
  - B. Pages
  - D. Scissors

**5.0 Social-Emotional**

- 5-2 Development of self

**6.0 Self-Help**

- 6-1 Oral-motor development
- 6-2 Dressing
- 6-3 Independent feeding
- 6-5 Grooming and hygiene
- 6-6 Toileting
- 6-7 Household independence/responsibility

Not Yet		Emerging		Somewhat		Completely
1	2	3	4	5	6	7

Supporting evidence for the rating (including parent report, observations, and assessment results):

Skills/Behaviors that are immediate or otherwise foundational	Skills/Behaviors that are age appropriate

Are there any concerns in this area? (Please describe if the child received a rating of 6 (Overall age- appropriate) but the team has significant concerns that the child will need support in this area to prevent from slippage)

3a. (Required For Exit): Has the child shown any new skills or behaviors related to taking appropriate actions to meet needs since the last outcomes summary? If the child HAS NOT made progress please explain:

Yes	<input type="checkbox"/>	
No	<input type="checkbox"/>	Explanation: