

## CHILD OUTCOME SUMMARY (COS)

**Student Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Student ID Number:** \_\_\_\_\_

**Date of ENTRY summary:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Person completing summary:** \_\_\_\_\_

*Entry Instructions: Must be completed by age 3 or at the beginning of services (up to age 5½)*

**Date of EXIT summary:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Person completing summary:** \_\_\_\_\_

*Exit Instructions: Complete at age 6 or when completed with special ed services (received services for at least 6 months)*

**Persons involved in deciding summary ratings:**

Name	Role

Sources of supporting evidence	Date

	<b>Positive Socio-Emotional Skills</b> A. To what extent does this child show behaviors related to this outcome appropriate for his or her age across a variety of settings and situations? <i>(mark one rating box)</i>	<b>Acquiring and Using Knowledge and Skills</b> A. To what extent does this child show behaviors related to this outcome appropriate for his or her age across a variety of settings and situations? <i>(mark one rating box)</i>	<b>Taking Appropriate Actions to Meet Needs</b> A. To what extent does this child show behaviors related to this outcome appropriate for his or her age across a variety of settings and situations? <i>(mark one rating box)</i>
<b>RATING</b>	Completely < Completely Somewhat < Somewhat Emerging < Emerging Not Yet	Completely < Completely Somewhat < Somewhat Emerging < Emerging Not Yet	Completely < Completely Somewhat < Somewhat Emerging < Emerging Not Yet
<b>Enter</b>	<input type="radio"/> 7 <input type="radio"/> 6 <input type="radio"/> 5 <input type="radio"/> 4 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1	<input type="radio"/> 7 <input type="radio"/> 6 <input type="radio"/> 5 <input type="radio"/> 4 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1	<input type="radio"/> 7 <input type="radio"/> 6 <input type="radio"/> 5 <input type="radio"/> 4 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1
<b>Exit</b>	<input type="radio"/> 7 <input type="radio"/> 6 <input type="radio"/> 5 <input type="radio"/> 4 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1	<input type="radio"/> 7 <input type="radio"/> 6 <input type="radio"/> 5 <input type="radio"/> 4 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1	<input type="radio"/> 7 <input type="radio"/> 6 <input type="radio"/> 5 <input type="radio"/> 4 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1
	B. Has there been progress since the entry summary? Check One: <input type="radio"/> Yes <input type="radio"/> No Comments:	B. Has there been progress since the entry summary? Check One: <input type="radio"/> Yes <input type="radio"/> No Comments:	B. Has there been progress since the entry summary? Check One: <input type="radio"/> Yes <input type="radio"/> No Comments:

*This form is for state reporting purposes - Do not collect or report annual progress on this form.  
 Limit data to the information gathered at the initial entry (within 3 months) and upon the exit.  
 This document should be attached to the student's Individual Education Program (IEP).*

# Decision Tree for Summary Rating Discussions

