

# CHILD OUTCOMES SUMMARY FORM

Date:      /      /       
Mon Day Yr

## Child Information

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

Date of birth:      /      /       
Mon Day Yr

ID: \_\_\_\_\_

## Persons involved in deciding the summary ratings:

Name	Role

## Family information on child functioning (Check all that apply):

- Received in team meeting
- Collected separately
- Incorporated into assessment(s)
- Not included



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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)*

**1a. To what extent does this child show age-appropriate functioning, across a variety of settings and situations, on this outcome?** (Circle one number)

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

### Supporting evidence for answer to Question 1a

Age-appropriate functioning
Concerns? No Yes_____ (describe)
Immediate foundational skills/ Functioning that is not age-appropriate
Functioning that is not yet age appropriate or immediate foundational

**1b. (If Question 1a has been answered previously): Has the child shown any new skills or behaviors related to positive social-emotional skills (including positive social relationships) since the last outcomes summary?** (Circle one number)

Yes	1 → Describe progress:
No	2



## 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

**2a. To what extent does this child show age-appropriate functioning, across a variety of settings and situations, on this outcome?** (Circle one number)

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

### Supporting evidence for answer to Question 2a

Age-appropriate functioning
Concerns? No Yes _____ (describe)
Immediate foundational skills/ Functioning that is not age-appropriate
Functioning that is not yet age appropriate or immediate foundational

**2b. (If Question 2a has been answered previously): Has the child shown any new skills or behaviors related to acquiring and using knowledge and skills since the last outcomes summary?** (Circle one number)

Yes	1 → Describe progress:
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No	2	
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### 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)

**3a. To what extent does this child show age-appropriate functioning, across a variety of settings and situations, on this outcome?** (Circle one number)

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

#### Supporting evidence for answer to Question 3a

Age-appropriate functioning
Concerns? No Yes _____ (describe)
Immediate foundational skills/ Functioning that is not age-appropriate
Functioning that is not yet age appropriate or immediate foundational

**3b. (If Question 3a has been answered previously): Has the child shown any new skills or behaviors related to taking appropriate action to meet needs since the last outcomes summary?** (Circle one number)



<b>Yes</b>	<b>1</b> →	Describe progress:
<b>No</b>	<b>2</b>	

