**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 when the child exits preschool special education services (serviced at least 6 months)*

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| **Name** | **Role** |  | **Sources of supporting evidence** | **Date** |
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 ***Persons involved in deciding summary ratings:***

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|  | **Positive Socio-Emotional Skills** | **Acquiring and Using Knowledge and Skills** | **Taking Appropriate Actions to Meet Needs** |
|  | 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? *(mark one rating box)*  | 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? *(mark one rating box)* | 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? *(mark one rating box)* |

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| **RATING** | Completely | < Completely | Somewhat | < Somewhat | Emerging | < Emerging | Not Yet |  | Completely | < Completely | Somewhat | < Somewhat | Emerging | < Emerging | Not Yet |  | Completely | < Completely | Somewhat | < Somewhat | Emerging | < Emerging | Not Yet |  |
|  | 7 | 6 | 5 | 4 | 3 | 2 | 1 |  | 7 | 6 | 5 | 4 | 3 | 2 | 1 |  | 7 | 6 | 5 | 4 | 3 | 2 | 1 |  |
| **Enter** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Exit** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| B. Has there been progress since the entry summary?Check One: Yes No | B. Has there been progress since the entry summary?Check One: Yes No | B. Has there been progress since the entry summary?Check One: Yes No |
| Comments: | Comments: | 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).*

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