**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)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Role** |  | **Sources of supporting evidence** | **Date** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

***Persons involved in deciding summary ratings:***

|  |  |  |  |
| --- | --- | --- | --- |
|  | **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)* |

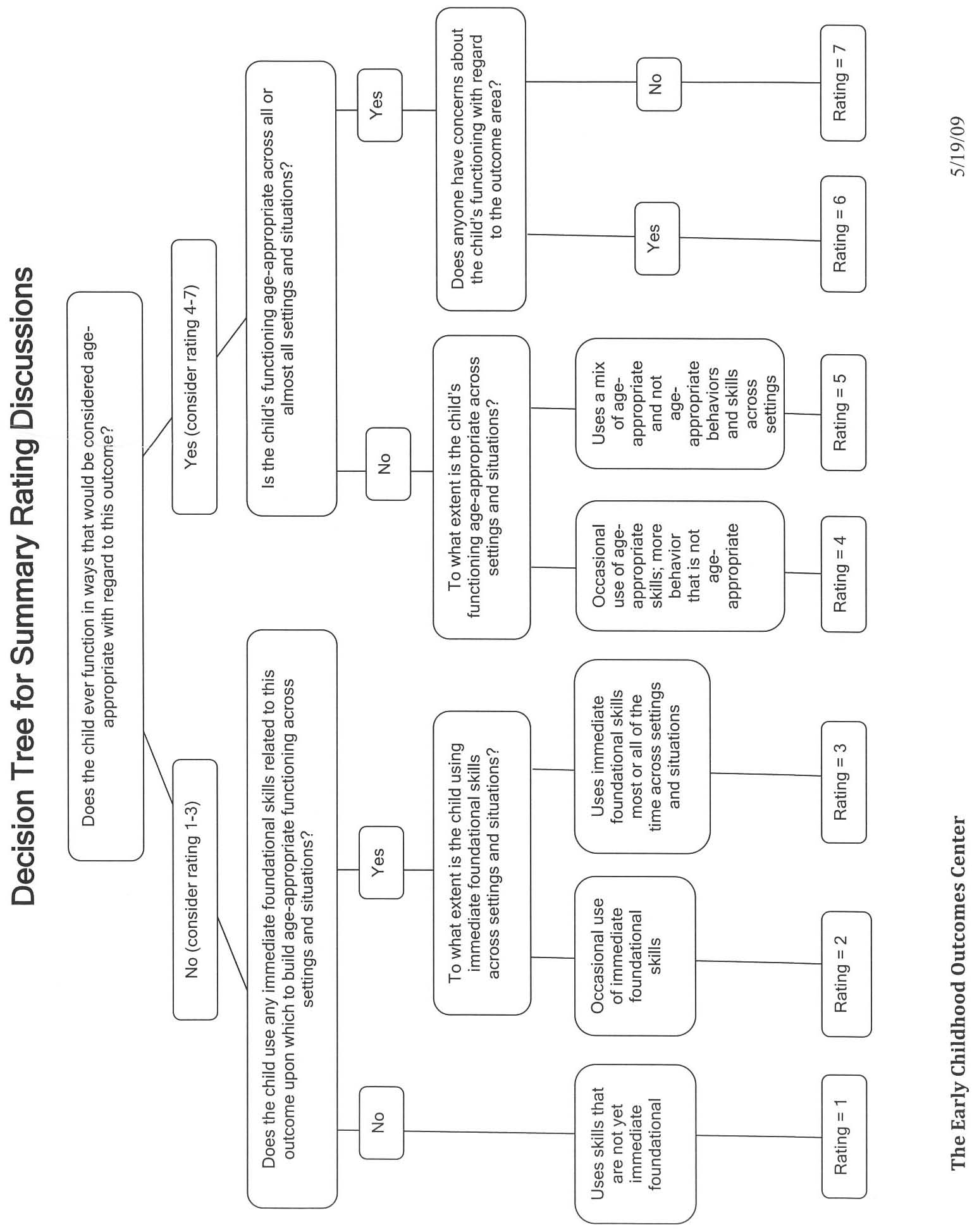
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **RATING** | Completely | < Completely | Somewhat | < Somewhat | Emerging | < 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** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| 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).*

**