

ARIZONA PART B 619 SAMPLE CHILD OUTCOMES SUMMARY FORM

Entry COS
 End of Year COS
 Exit COS
 Transfer COS

I. Child Information:

Name: _____			DOB: _____			
Entity ID: _____			Student ID _____			
District: _____			Program: _____			
<input type="checkbox"/> Autism	<input type="checkbox"/> Deaf-Blind	<input type="checkbox"/> Deaf	<input type="checkbox"/> Developmental Delay	<input type="checkbox"/> Emotional Disturbance	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Intellectual Disability
<input type="checkbox"/> Multiple Disabilities	<input type="checkbox"/> Orthopedic Impairment	<input type="checkbox"/> Other Health Impairment	<input type="checkbox"/> Preschool Severe Delay	<input type="checkbox"/> Specific Learning Disability	<input type="checkbox"/> Speech or Language Impairment	<input type="checkbox"/> Visual Impairment Including Blindness

II. Intervention Period & Rating Summary Date _____:

Child exiting program? YES NO

***Progress Made?**

Positive Social-Emotional Skills Score:	<input type="checkbox"/> Y <input type="checkbox"/> N
Knowledge and Skills Score:	<input type="checkbox"/> Y <input type="checkbox"/> N
Actions to Meet Needs Score:	<input type="checkbox"/> Y <input type="checkbox"/> N

III. Source of Information:

- Brigance
- DAY-C
- Teaching Strategies GOLD/TSG
- Hawaii Early Learning Profile
- Battelle Developmental Inventory
- Other Tool/Process: _____

IV. Additional Sources of Information:

- Anecdotal Records
 Observations
 Classroom Data
 Interviews
 Other

V. Persons involved in completing the form:

Name	Role

Family information on child's functioning (check all that apply):

- Received in IEP Team Meeting Collected Separately
 Incorporated into Assessment(s) Not Included

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, referenced in age-anchoring tools, and/or based on observations from individuals in close contact with the child):

- Relating to adults
- Relating to 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? (Choose one number)

Overall Not Age-Appropriate				Overall Age-Appropriate		
Not Yet		Nearly		Somewhat		Completely
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

Supporting evidence for this outcome rating:

Age-appropriate functioning:
Concerns? <input type="checkbox"/> No <input type="checkbox"/> Yes (describe)
Immediate foundational skills/Functioning that is not yet 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? (Choose Yes or No)

<input type="checkbox"/> Yes	1 → Describe progress:
<input type="checkbox"/> 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, referenced in age-anchoring tools, and/or 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? (Choose one number)

Overall Not Age-Appropriate					Overall Age-Appropriate	
Not Yet		Nearly		Somewhat		Completely
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

Supporting evidence for this outcome rating:

Age-appropriate functioning:
Concerns? <input type="checkbox"/> No <input type="checkbox"/> Yes (describe)
Immediate foundational skills/Functioning that is not yet 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? (Choose Yes or No)

<input type="checkbox"/> Yes	1 → Describe progress:
<input type="checkbox"/> No	2

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, referenced in age-anchoring tools, and/or 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? (Choose one number)

Overall Not Age-Appropriate					Overall Age-Appropriate	
Not Yet		Nearly		Somewhat		Completely
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

Supporting evidence for this outcome rating:

Age-appropriate functioning:
Concerns? <input type="checkbox"/> No <input type="checkbox"/> Yes (describe)
Immediate foundational skills/Functioning that is not yet 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? (Choose Yes or No)

<input type="checkbox"/> Yes	1 → Describe progress:
<input type="checkbox"/> No	2