

CHILD OUTCOMES SUMMARY FORM

Date of Rating: _____ First/Last Date of Services: _____
Mon Day Yr Mon Day Yr

Child Information:

Legal Name: _____
First Middle Last

Date of birth: _____
Mon Day Yr

KIDS ID #: _____

Persons involved in deciding the summary ratings:

Name (First, Middle Initial, Last)	Role

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

- Received in 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 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 behaviors and skills related to this outcome appropriate for his or her age across a variety of settings and situations? (circle one number)

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

Supporting evidence for answer to Question 1a

Source of Information	Date	Summary of Relevant Results

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

Yes	1 -->	If yes, 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 behaviors and skills related to this outcome appropriate for his or her age across a variety of settings and situations? (Circle one number)

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

Supporting evidence for answer to Question 2a

Source of Information	Date	Summary of Relevant Results

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 -->	If yes, describe progress:
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 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, pencils, strings attached to objects)

3a. To what extent does this child show behaviors and skills related to this outcome appropriate for his or her age across a variety of settings and situations? (Circle one number)

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

Supporting evidence for answer to Question 3a

Source of Information	Date	Summary of Relevant Results

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)

Yes	1 -->	If yes, describe progress:
No	2	