

# Positive Social Relationships Exit Summary

Child's Legal Name: \_\_\_\_\_ DOB: \_\_\_\_\_

FSC : \_\_\_\_\_ Date of Exit: \_\_\_\_\_

Reason for exit: \_\_\_\_\_

Was this child eligible for Medicaid at any time during their participation in our program?

Yes No

Initial ECO Rating in Positive Social Relationships: \_\_\_\_\_

Exit ECO Rating in Positive Social Relationships: \_\_\_\_\_

At any point in our services, were there outcomes to address social emotional needs: Yes

No If yes, how many on the *most recent* IFSP: \_\_\_\_\_

In addition in to the RBI/HELP, please check any assessments used to evaluate the social emotional needs of this family

ASQ-SE2

SEAM

Sensory Profile

Other (please list) \_\_\_\_\_

What interventions did you use to support the family in meeting their social emotional needs:

What do you think was the most significant factor impacting social emotional progress (or lack thereof)?