

ILLINOIS CHILD OUTCOMES SUMMARY FORM

Entry Exit Date: _____

Name: _____ SID: _____ Male Female DOB: _____
Last First Middle

District: _____ School: _____

Persons involved in deciding summary ratings - Role/Title			

<input type="checkbox"/> Positive Social Relationships	<input type="checkbox"/> Acquire and Use Knowledge and Skills	<input type="checkbox"/> Take Appropriate Action to Meet Own Needs
---	--	---

1 - Not Yet 2 - Between Not Yet and Nearly	3 - Nearly 4 -Between Nearly and Somewhat	5 - Somewhat 6 - Between Somewhat and Completely	7 - Completely
---	--	---	----------------

Summary of Evidence:	Summary of Evidence:	Summary of Evidence:
----------------------	----------------------	----------------------

Sources of Supporting Evidence – Date special considerations	Sources of Supporting Evidence – Date special considerations	Sources of Supporting Evidence – Date special considerations
---	---	---

Did _____ Participate in the Ratings?	Psychologist or Social Worker	<input type="checkbox"/> Yes <input type="checkbox"/> No
Coordinator, LEA Representative or Administrator	Speech/ Language Pathologist	<input type="checkbox"/> Yes <input type="checkbox"/> No
Early Childhood Teacher	Another Related Service Provider (e.g. OT/PT)	<input type="checkbox"/> Yes <input type="checkbox"/> No

How was Parent Involved in the Ratings? <input type="checkbox"/>	1- Information Received in Team Meeting from Parent	2 - Information from Parent Incorporated into assessment(s)	3 – Parent Did Not Participate in Ratings Process
--	---	---	---

Exit Rating Only

Made Progress Positive Social Relationships?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Made Progress Acquire use and Knowledge Skills?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Made Progress Take Appropriate Action to Meet Own Needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Primary Assessment (Select Only One)		
<input type="checkbox"/> 1 - Assessment and Evaluation Programming System (AEPS)	<input type="checkbox"/> 4 - Creative Curriculum Assessment	<input type="checkbox"/> 7- Transdisciplinary Play-Based Assessment (TPBA)
<input type="checkbox"/> 2 - Carolina Curriculum for Infants and Toddlers / Preschoolers with Special Needs	<input type="checkbox"/> 5 - Hawaii Early Learning Profile (HELP)	<input type="checkbox"/> 8 - Work Sampling System
<input type="checkbox"/> 3 - High Scope Child Observation Record	<input type="checkbox"/> 6 - Individual Growth and Development Indicators (IGDI)	<input type="checkbox"/> 9 – Child has an IEP for Speech Only

Entered into SIS by _____ Date: _____ Revision Date: _____