

ILLINOIS CHILD OUTCOMES SUMMARY FORM (COSF) FOR EXIT

Child's Name: 	Date of Birth: ____/____/____		Student ID _____
	District: _____		School: _____
Date of Exit Rating ____/____/____			
How process represents child's functioning in multiple contexts	Brief description:		
Rating process used by team	Brief description:		
People involved in ratings	Name	Role/Title	How Involved*
People involved in consensus summary decision (outcome indicators)	Name	Role/Title	How Involved*

* in person; completed ratings and gave them to the committee, etc.

CHILD OUTCOMES EXIT RATING FORM

Child Outcome Area #1 - POSITIVE SOCIAL RELATIONSHIPS-Exit Rating

<p>To what extent does this child show functioning appropriate for his or her age across a variety of settings and situations?</p> <p><i>As indicated by assessments and based on observations from individuals in close contact with the child</i></p>	Completely		Somewhat		Nearly		Not Yet
<p>OVERALL SUMMARY RATING-Positive Social Relationships (circle one number, considering all sub-areas below)</p>	7	6	5	4	3	2	1
<p>Sub-areas (Illinois Early Learning Standards)</p> <ul style="list-style-type: none"> • Developing positive sense of self, emotional stability, and self regulations (ELS Goal 31A) • Relating with adults; relating with other children; following rules related to groups and interaction with others (ELS Goal 32 A,B) • Understanding and using language in everyday routines (ELS 4-5) (<i>focus on using language to relate to others</i>) 							
Child Outcome Area	Overall Summary Rating (from scale 1-7)						
Positive Social Relationships							
Made Progress Positive Social Relationships?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
EVIDENCE SUPPORTING OVERALL SUMMARY RATINGS							
1. Information supporting Overall Summary Rating for <i>Positive Social Relationships</i>							
Types/Sources of Information	Date	Brief Summary of Relevant Results	Special Considerations				

Child Outcome Area #2-ACQUIRE AND USE KNOWLEDGE AND SKILLS-Exit Rating

<p>To what extent does this child show functioning appropriate for his or her age across a variety of settings and situations? (<i>circle one number</i>)</p> <p><i>As indicated by assessments and based on observations from individuals in close contact with the child</i></p>				Completely		Somewhat		Nearly		Not Yet
<p>SUMMARY RATING-Acquire and Use Knowledge and Skills (circle one number, considering all sub-areas below)</p>				7	6	5	4	3	2	1
<p>Sub-areas</p> <ul style="list-style-type: none"> • Exploring, using tools, thinking, reasoning, remembering and problem solving (ELS 11A) • Understanding and using language in everyday routines (ELS 4-5) • Understanding symbols, including emergent literacy (ELS 1-5) and mathematical (ELS 6-10) • Understanding the physical and cultural worlds (ELS 11-18; 25-26) 										
Child Outcome Area				Overall Summary Rating (from scale 1-7)						
Acquire and Use Knowledge and Skills										
Made Progress Acquire and Use Knowledge and Skills				<input type="checkbox"/> Yes <input type="checkbox"/> No						
EVIDENCE SUPPORTING OVERALL SUMMARY RATINGS										
2. Information supporting Overall Summary Rating for <i>Acquire and Use Knowledge and Skills</i>										
Types/Sources of Information	Date	Brief Summary of Relevant Results	Special Considerations							

Child Outcome Area #3-TAKE APPROPRIATE ACTION TO MEET OWN NEEDS-Exit Rating

<p>To what extent does this child show functioning appropriate for his or her age across a variety of settings and situations? (circle one number)</p> <p><i>As indicated by assessments and based on observations from individuals in close contact with the child</i></p>		<p>Completely</p>		<p>Somewhat</p>		<p>Nearly</p>		<p>Not Yet</p>
<p>SUMMARY RATING-Take Appropriate Action to Meet Own Needs (circle one number, considering all sub-areas below)</p>		7	6	5	4	3	2	1
<p>Sub-areas</p> <ul style="list-style-type: none"> • Taking care of basic needs (showing hunger, feeding self, toileting, dressing) • Contributing to own health and safety (physical development and health; mobility) (State Goals 19-24) • Understanding and using language in everyday routines (ELS 4-5) <i>(focus on using language to meet own needs)</i> 								
Child Outcome Area		Overall Summary Rating (from scale 1-7)						
Take Appropriate Action to Meet Own Needs								
Made Progress Take Appropriate Action to Meet Own Needs		<input type="checkbox"/> Yes <input type="checkbox"/> No						
EVIDENCE SUPPORTING OVERALL SUMMARY RATINGS								
<i>2. Information supporting Overall Summary Rating for Acquire and Use Knowledge and Skills</i>								
Types/Sources of Information	Date	Brief Summary of Relevant Results			Special Considerations			

Did _____ Participate in the Ratings?		Psychologist or Social Worker	<input type="checkbox"/> Yes <input type="checkbox"/> No
Coordinator, LEA Representative or Administrator	<input type="checkbox"/> Yes <input type="checkbox"/> No	Speech/ Language Pathologist	<input type="checkbox"/> Yes <input type="checkbox"/> No
Early Childhood Teacher	<input type="checkbox"/> Yes <input type="checkbox"/> No	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			
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"/>	2 - Carolina Curriculum for Infants and Toddlers / Preschoolers with Special Needs	<input type="checkbox"/>	5 - Hawaii Early Learning Profile (HELP)
<input type="checkbox"/>	3 - High Scope Child Observation Record	<input type="checkbox"/>	6 - Individual Growth and Development Indicators (IGDI)
<input type="checkbox"/>		<input type="checkbox"/>	7- Transdisciplinary Play-Based Assessment (TPBA)
<input type="checkbox"/>		<input type="checkbox"/>	8 - Work Sampling System
<input type="checkbox"/>		<input type="checkbox"/>	9 – Child has an IEP for Speech Only

Entered into SIS by _____

Date: _____

Revision Date: _____