

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: _____

District: _____ **Program:** _____

Autism
 Deaf-Blind
 Deaf
 Developmental Delay
 Emotional Disturbance
 Hearing Impairment
 Intellectual Disability
 Multiple Disabilities
 Orthopedic Impairment
 Other Health Impairment
 Preschool Severe Delay
 Specific Learning Disability
 Speech or Language Impairment
 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