



CHILD OUTCOMES SUMMARY

Educational and Developmental Intervention Services

Early Intervention Services

EDIS Location _____

For use of this form see, MEDCOM Reg 40-53, the proponent agency is MCHO

Date of Rating: _____ / _____ / _____ Initial IFSP/First rating Annual IFSP/Subsequent rating Exit rating
 Month Day Year

Child's Full Name: _____ Child's date of birth: _____ / _____ / _____
 Month Day Year

♦To answer the questions below, think about the child's functioning as indicated by assessments & based on observations from individuals in close contact with the child. ♦ Answer questions 1b, 2b, and 3b for annual and exit ratings.

1. POSITIVE SOCIAL-EMOTIONAL SKILLS (INCLUDING SOCIAL RELATIONSHIPS)

•Relating with adults •Relating with other children •Following rules related to groups or interacting with others (if older than 18 mos.)

1a. To what extent does this child show age-appropriate functioning, across a variety of settings and situations, on this outcome?

Not Yet		Emerging		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

1b. Has the child shown any new skills or behaviors related to positive social-emotional skills (including positive social relationships) since the last outcomes summary? No Yes

2. ACQUIRING AND USING KNOWLEDGE AND SKILLS

•Thinking, reasoning, remembering, & problem solving •Understanding symbols •Understanding the physical & social worlds

2a. To what extent does this child show age-appropriate functioning, across a variety of settings and situations, on this outcome?

Not Yet		Emerging		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

2b. Has the child shown any new skills or behaviors related to acquiring and using knowledge and skills since the last outcomes summary? No Yes

3. TAKING APPROPRIATE ACTION TO MEET NEEDS

•Taking care of basic needs (e.g., showing hunger, dressing, feeding, toileting, etc.) •Contributing to own health & safety (e.g., follows rules, assists with hand washing, avoids inedible objects) (if older than 24 mos) •Getting from place to place (mobility) & 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?

Not Yet		Emerging		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

3b. Has the child shown any new skills or behaviors related to taking appropriate action to meet needs since the last outcomes summary? No Yes

*** The child's IFSP and record include documentation to fully support these ratings. Yes No
 If yes, this form is complete. If no, supporting documentation must be completed on the back of this form.

Names	Roles

Child's name:

Child Outcomes Summary

Additional Supporting Evidence for Outcome Ratings

1. POSITIVE SOCIAL-EMOTIONAL SKILLS (INCLUDING SOCIAL RELATIONSHIPS)

Sources of information	Date	Child's skills or behaviors related to this outcome.

2. ACQUIRING AND USING KNOWLEDGE AND SKILLS

Sources of information	Date	Child's skills or behaviors related to this outcome.

3. TAKING APPROPRIATE ACTION TO MEET NEEDS

Sources of information	Date	Child's skills or behaviors related to this outcome.

Child's name:

Child Outcomes Summary

Additional Supporting Evidence for Outcome Ratings

Empty box for additional supporting evidence.