



Child Outcomes Summary Form

Child Name Child ID

Completion Date Date of Birth

Location/LES Age

Entry Summary Periodic/Annual Summary Exit Summary

If **Entry** Summary, list date of referral to LES:

If **Exit** Summary, list date of last service:

Persons involved in deciding the summary ratings:

Name & Organization	Role
	Select One
	Select One
	Select One
	Select One
	Select One
	Select One
	Select One

Sources of Evidence: *Check all that apply*

Family information on child functioning	<input type="checkbox"/> Received in a team meeting <input type="checkbox"/> Collected separately through family report	<input type="checkbox"/> Incorporated into assessment(s) <input type="checkbox"/> Not included
Evidence collected in a variety of settings and situations	<input type="checkbox"/> Child engaged in caregiver-directed and self-initiated activities <input type="checkbox"/> Child engaged in preferred and non-preferred activities <input type="checkbox"/> Child engaged in activities across different social settings (e.g., home with family, playground with multiple children; please specify) <input type="text"/>	<input type="checkbox"/> Child engaged in activities across different routines <input type="checkbox"/> Play/Learning <input type="checkbox"/> Caregiving <input type="checkbox"/> Chores/Community <input type="checkbox"/> Transition <input type="checkbox"/> Child engaged in easy to difficult activities
Evidence collected using variety of methods	<i>Formal sources & methods</i> <input type="checkbox"/> Monthly progress notes <input type="checkbox"/> Screening instruments (e.g., ASQ-SE) <input type="checkbox"/> Curriculum-based (e.g., AEPS-2, DPIYC) <input type="checkbox"/> Standardized, norm-referenced (e.g., BDI) <input type="checkbox"/> IFSP progress determination <input type="checkbox"/> Other source: <input type="text"/>	<i>Informal assessment methods</i> <input type="checkbox"/> Live observations of the child <input type="checkbox"/> Video observations of the child <input type="checkbox"/> Interview with caregivers and service providers <input type="checkbox"/> 5Q Visual Model



Child Outcomes Summary Form

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

1a. To what extent does this child show age-appropriate functioning, across a variety of settings and situations, on this outcome? *(Select rating with descriptor)*

7. Child shows functioning expected for his or her age in all or almost all everyday situations that are part of the child's life. No

Provide a written explanation for the selection of the above rating.

1b. (Do not complete at entry): Has the child shown any new skills or behaviors related to positive social-emotional skills (including positive social relationships) since the last outcomes summary? *(Check one box)*

Progress measured from what point in time (Provide month/year):

<input type="checkbox"/> Yes
<input type="checkbox"/> No

1 →
2

Describe progress:

2. ACQUIRING AND USING KNOWLEDGE AND SKILLS

2a. To what extent does this child show age-appropriate functioning, across a variety of settings and situations, on this outcome? *(Select rating with descriptor)*

Provide a written explanation for the selection of the above rating.

2b. (Do not complete at entry): Has the child shown any new skills or behaviors related to acquiring and using knowledge and skills since the last outcomes summary? *(Check one box)*

Progress measured from what point in time (Provide month/year):

<input type="checkbox"/> Yes
<input type="checkbox"/> No

1 →
2

Describe progress:



Child Outcomes Summary Form

3. TAKING APPROPRIATE ACTION TO MEET NEEDS

3a. To what extent does this child show age-appropriate functioning, across a variety of settings and situations, on this outcome? *(Select rating with descriptor)*

Provide a written explanation for the selection of the above rating.

3b. (Do not complete at entry): Has the child shown any new skills or behaviors related to taking action to meet needs since the last outcomes summary? *(Check one box)*

Progress measured from what point in time (Provide month/year):

<input type="checkbox"/> Yes

1 →

Describe progress:

<input type="checkbox"/> No

2