

Wyoming Child Outcomes Summary Form

Instructions:

This form should be completed for Part C entry/exit, transition from Part C to Part B, and Part B entry/exit.

Items with an asterisk (*) are required for the form to be complete.

Questions? Contact the WDE and/or EIEP:

- Wyoming Department of Education (WDE): Sheila Thomalla at sheila.thomalla2@wyo.gov
- Early Intervention and Education Program (EIEP): Kim Caylor at kim.caylor@wyo.gov

I. Background

A. COS Type/Date

*1. What type of Child Outcomes Summary is being completed?

- a Part C Entry
- b Part C Exit
- c Transition (exit from Part C, entry to Part B)
- d Part B Entry
- e Part B Exit

*2. What date were these scores determined (MM/DD/YYYY)? ____/____/____

B. Student Information

*1. Name of LEA (District/Region/Charter): _____

*2. Name of School or Site: _____

*3. Student First Name: _____

*4. Student Last Name: _____

*5. Student Date of Birth (MM/DD/YYYY): ____/____/____

*6. WISER ID: _____

C. Sources of Evidence

1. Who is involved in **assigning ratings**? Must include a parent, special education teacher, general education teacher, and related services personnel.

Title/Role	First and Last Name
Parent	
Special Education Teacher	
General Education Teacher	
Related Services Personnel	
Other (specify:_____)	

*2. How was information from the child's parent gathered? *(select all that apply)*

- a Received in team meeting
- b Collected separately
- c Incorporated into assessment(s)
- d Other: _____

*3. What types of activities and settings was the child observed in?? *(select all that apply)*

- a Child engaged in adult directed and self-initiated activities
- b Child engaged in preferred and non-preferred activities
- c Child engaged in easy to difficult activities
- d Child engaged in activities across different social settings (home, playground, centers, etc.)
- e Child engaged in activities across different routines (play/learning, adult directed, meal time, outdoor activities)
- f Other: _____

*4. What data collection methods were used?? *(select all that apply)*

- a Progress notes
- b Screening instruments
- c Curriculum based information
- d Standardized/Norm referenced assessment
- e Live observations
- f Interviews
- g Progress toward IEP goals
- h Other: _____

5. List any "special considerations" (e.g., child hospitalized, new intervention was implemented, new adaptations used, other family issues, etc.) that are important in interpreting the summary of results:

II. Positive Social-Emotional Skills

To answer the questions below, think about the child's functioning in these and closely related areas:

- *Relating with adults;*
- *Relating with other children;*
- *Following rules related to groups or interacting with others (if older than 18 months)*

A. Evidence of Skills

*1. State-Approved Core Assessments

List the state-approved core assessments that you used in assigning your rating (include assessment name, assessment date, and the test results). Also list the highest level of positive social-emotional skills the child demonstrated; and then indicate the category of skill the child demonstrated. Must list at least one (up to three).

Assessment Name	Assessment Date	Relevant test score	List the positive social-emotional age-expected (AE) skills the child demonstrated on this assessment. If none, list the positive social-emotional immediate foundational (IF) skills the child demonstrated. If none, list the positive social-emotional foundational (F) skills this child demonstrated. Be specific.	Select the category of highest skill listed (AE, IF, or F)
				AE IF F
				AE IF F
				AE IF F

2. Other Data

List the other data you used to assign your ratings. This could include Teacher Feedback, IFSP/IEP Goals, Parent Feedback, or other useful data sources (e.g., non-core assessments). Then indicate the highest category of skill the child demonstrated on each of these sources.

Did you use this source?	Data Collection Date	List the positive social-emotional age-expected (AE) skills the child demonstrated via this source. If none, list the positive social-emotional immediate foundational (IF) skills the child demonstrated. If none, list the positive social-emotional foundational (F) skills this child demonstrated.	Select the category of highest skill listed (AE, IF, or F)
*a. Parent Feedback: 1 Yes 0 No			AE IF F
*b. Teacher Feedback: 1 Yes 0 No			AE IF F
*c. IFSP/IEP Goals: 1 Yes 0 No			AE IF F
d. Other (specify):			AE IF F

To determine the Overall Rating for Positive Social-Emotional Skills, answer the following two questions.

*3. Think of the positive social-emotional **age-expected** skills the child demonstrated as indicated in the tables above. Did the child demonstrate these **age-expected** skills across all or almost all everyday situations (multiple settings)? *(select one response)*

- Yes → 7 (go to section III)
- Yes → 6 (but child's functioning borders on not keeping pace with age expectations) (go to section III)
- Somewhat → 5 (go to section III)
- Rarely → 4 (go to section III)
- Child demonstrated **no** age-expected skills (go to Q4)

*4. Think of the positive social-emotional **immediate foundational** skills the child demonstrated as indicated in the tables above. Did the child demonstrate these **immediate foundational** skills across all or almost all everyday situations (multiple settings)? *(select one response)*

- Yes → 3
- Somewhat → 2
- No → 1
- Child demonstrated no immediate foundational skills → 1

III. Acquisition and Use of Knowledge and Skills

To answer the questions below, think about the child's functioning in these and closely related areas:

- *Thinking, reasoning, remembering, and problem solving;*
- *Understanding symbols;*
- *Understanding the physical and social worlds*

A. Evidence of Skills

*1. State-Approved Core Assessments

List the state-approved core assessments that you used in assigning your rating (include assessment name, assessment date, and the test results). Also list the highest level of positive social-emotional skills the child demonstrated; and then indicate the category of skill the child demonstrated. Must list at least one (up to three).

Assessment Name	Assessment Date	Relevant test score	List the positive social-emotional age-expected (AE) skills the child demonstrated on this assessment. If none, list the positive social-emotional immediate foundational (IF) skills the child demonstrated. If none, list the positive social-emotional foundational (F) skills this child demonstrated. Be specific.	Select the category of highest skill listed (AE, IF, or F)
				AE IF F
				AE IF F
				AE IF F

2. Other Data

List the other data you used to assign your ratings. This could include Teacher Feedback, IFSP/IEP Goals, Parent Feedback, or other useful data sources (e.g., non-core assessments). Then indicate the highest category of skill the child demonstrated on each of these sources.

Did you use this source?	Data Collection Date	List the positive social-emotional age-expected (AE) skills the child demonstrated via this source. If none, list the positive social-emotional immediate foundational (IF) skills the child demonstrated. If none, list the positive social-emotional foundational (F) skills this child demonstrated.	Select the category of highest skill listed (AE, IF, or F)
*a. Parent Feedback: 1 Yes 0 No			AE IF F
*b. Teacher Feedback: 1 Yes 0 No			AE IF F
*c. IFSP/IEP Goals: 1 Yes 0 No			AE IF F
d. Other (specify):			AE IF F

To determine the Overall Rating for Acquisition and Use of Knowledge and Skills, answer the following two questions.

*3. Think of the positive social-emotional **age-expected** skills the child demonstrated as indicated in the tables above. Did the child demonstrate these **age-expected** skills across all or almost all everyday situations (multiple settings)? *(select one response)*

- a Yes → 7 (go to section IV)
- b Yes → 6 (but child's functioning borders on not keeping pace with age expectations) (go to section IV)
- c Somewhat → 5 (go to section IV)
- d Rarely → 4 (go to section IV)
- e Child demonstrated **no** age-expected skills (go to Q4)

*4. Think of the positive social-emotional **immediate foundational** skills the child demonstrated as indicated in the tables above. Did the child demonstrate these **immediate foundational** skills across all or almost all everyday situations (multiple settings)? *(select one response)*

- a Yes → 3
- b Somewhat → 2
- c No → 1
- d Child demonstrated no immediate foundational skills → 1

IV. Use of Appropriate Behaviors to Meet Needs

To answer the questions below, think about the child's functioning in these and closely related areas:

- *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)*

A. Evidence of Skills

*1. State-Approved Core Assessments

List the state-approved core assessments that you used in assigning your rating (include assessment name, assessment date, and the test results). Also list the highest level of positive social-emotional skills the child demonstrated; and then indicate the category of skill the child demonstrated. Must list at least one (up to three).

Assessment Name	Assessment Date	Relevant test score	List the positive social-emotional age-expected (AE) skills the child demonstrated on this assessment. If none, list the positive social-emotional immediate foundational (IF) skills the child demonstrated. If none, list the positive social-emotional foundational (F) skills this child demonstrated. Be specific.	Select the category of highest skill listed (AE, IF, or F)
				AE IF F
				AE IF F
				AE IF F

2. Other Data

List the other data you used to assign your ratings. This could include Teacher Feedback, IFSP/IEP Goals, Parent Feedback, or other useful data sources (e.g., non-core assessments). Then indicate the highest category of skill the child demonstrated on each of these sources.

Did you use this source?	Data Collection Date	List the positive social-emotional age-expected (AE) skills the child demonstrated via this source. If none, list the positive social-emotional immediate foundational (IF) skills the child demonstrated. If none, list the positive social-emotional foundational (F) skills this child demonstrated.	Select the category of highest skill listed (AE, IF, or F)
*a. Parent Feedback: 1 Yes 0 No			AE IF F
*b. Teacher Feedback: 1 Yes 0 No			AE IF F
*c. IFSP/IEP Goals: 1 Yes 0 No			AE IF F
d. Other (specify):			AE IF F

To determine the Overall Rating for Use of Appropriate Behaviors to Meet Needs, answer the following two questions.

*3. Think of the positive social-emotional **age-expected** skills the child demonstrated as indicated in the tables above. Did the child demonstrate these **age-expected** skills across all or almost all everyday situations (multiple settings)? *(select one response)*

- Yes → 7 (go to section V)
- Yes → 6 (but child's functioning borders on not keeping pace with age expectations) (go to section V)
- Somewhat → 5 (go to section V)
- Rarely → 4 (go to section V)
- Child demonstrated **no** age-expected skills (go to Q4)

*4. Think of the positive social-emotional **immediate foundational** skills the child demonstrated as indicated in the tables above. Did the child demonstrate these **immediate foundational** skills across all or almost all everyday situations (multiple settings)? *(select one response)*

- Yes → 3
- Somewhat → 2
- No → 1
- Child demonstrated no immediate foundational skills → 1

V. CHILD'S PROGRESS

Complete this section **only if this is an exit or transition** outcomes summary. Do not complete this section if this is an initial outcomes summary for this child.

Think of the progress the child has made since the initial or prior annual outcomes summary. Then answer the following three questions.

A. Positive Social-Emotional Skills

*1. Has the child shown any new skills or behaviors related to positive social-emotional skills (including positive social relationships) since the last completion of the child outcomes summary form?

1 Yes 0 No

*a. Describe the new skills or behaviors demonstrated by the child.

B. Acquisition and Use of Knowledge and Skills

*1. Has the child shown any new skills or behaviors related to acquiring and using knowledge and skills since the last completion of the child outcomes summary form?

1 Yes 0 No

*a. Describe the new skills or behaviors demonstrated by the child.

C. Use of Appropriate Behaviors to Meet Needs

*1. Has the child shown any new skills or behaviors related to use of appropriate behaviors to meet needs since the last completion of the child outcomes summary form?

1 Yes 0 No

*a. Describe the new skills or behaviors demonstrated by the child.