

Wyoming Child Outcomes Summary

Instructions:

This 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.

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: _____

7. The student was in the Part B/619 program less than 6 months. ☐

Note: If a child is enrolled in the program for less than 6 months, an Exit record is not required. However, Entry records and Transition records must be completed regardless of the length of time the child participates in the program.

C. Sources of Evidence

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

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 IFSP/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 skills for this area the child demonstrated; and then indicate the category of skill the child demonstrated. Must list at least one assessment (up to three).

Assessment Name	Assessment Date	Relevant test score	List the age-expected (AE) skills for this area that the child demonstrated on this assessment. If none, list the immediate foundational (IF) skills for this area that the child demonstrated. If none, list the foundational (F) skills for this area that the 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 age-expected (AE) skills for this area that the child demonstrated via this source. If none, list the immediate foundational (IF) skills for this area that the child demonstrated. If none, list the foundational (F) skills for this area that the 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

*3. Based on the data above, the child shows skills that are:

7. All Age Expected
6. All Age Expected, but with Concerns
5. Mostly Age Expected with some Immediate Foundational
4. Mostly Immediate Foundational with some Age Expected
3. All Immediate Foundational **OR** Mostly Immediate Foundational with some Foundational
2. Mostly Foundational with some Immediate Foundational
1. All Foundational

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 skills for this area the child demonstrated; and then indicate the category of skill the child demonstrated. Must list at least one assessment (up to three).

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2. Other Data

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*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

*3. Based on the data above, the child shows skills that are:

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6. All Age Expected, but with Concerns
5. Mostly Age Expected, with some Immediate Foundational
4. Mostly Immediate Foundational, with some Age Expected
3. All Immediate Foundational **OR** Mostly Immediate Foundational with some Foundational
2. Mostly Foundational with some Immediate Foundational
1. All Foundational

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 skills for this area the child demonstrated; and then indicate the category of skill the child demonstrated. Must list at least one assessment (up to three).

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*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

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2. Mostly Foundational with some Immediate Foundational
1. All Foundational

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?

1 Yes 0 No

*a. If yes, 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?

1 Yes 0 No

*a. If yes, 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?

1 Yes 0 No

*a. If yes, describe the new skills or behaviors demonstrated by the child.