**Virginia Department of Education**

**Indicator 7: Child Outcomes Summary (COS)**

This Child Outcomes Summary (COS) form is used to report progress made by a preschooler between entry into and exit from early childhood special education services. A COS form is completed for a child who received services for six months or more. A rating and supporting evidence are documented on pages 2-4. Ratings are then transferred to this page 1. Place the paper copy in the child’s official special education record. Page 1 is a summary page and may be used by the person responsible for entering ratings into the VDOE Single Sign-on Web System.

**Student Full Name:** Click or tap here to enter text. **ID Number:** Click or tap here to enter text.

**State Testing ID:** Click or tap here to enter text. **Date of Birth:** Click or tap here to enter text.

**Age at Entry:** Click or tap here to enter text. **Age at Exit:** Click or tap here to enter text.

|  | **ENTRY**Make entry ratings within the first month of service. | **EXIT**Complete exit ratings as close to the child’s exit as possible. Exit occurs when a child is evaluated and determined ineligible, transitions to kindergarten, moves out of state, parents voluntarily discontinue service, the child’s whereabouts are unknown, or upon the death of the child.  |
| --- | --- | --- |
| **Date** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Primary** **Disability**Circle one. | Autism | Deaf-Blindness | Developmental Delay | Autism | Deaf-Blindness | Developmental Delay |
| Emotional Disability | Hearing Impairment | Intellectual Disability | Emotional Disability | Hearing Impairment | Intellectual Disability |
| Multiple Disabilities | Orthopedic Impairment | Other Health Impairment | Multiple Disabilities | Orthopedic Impairment | Other Health Impairment |
| Specific Learning Disability | Speech or Language Impairment | Traumatic Brain Injury | Specific Learning Disability | Speech or Language Impairment | Traumatic Brain Injury |
| Visual Impairment |  |  | Visual Impairment |  |  |
| **How Family Information on Child Functioning was Collected**Check all applicable. | [ ]  Received in team meeting | [ ]  Received in team meeting |
| [ ]  Collected separately | [ ]  Collected separately |
| [ ]  Incorporated into assessment(s) | [ ]  Incorporated into assessment(s) |
|  | **Ratings** | **Ratings** | **Progress\*** |
| **Outcome 1** | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  6 [ ]  7 | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  6 [ ]  7 | [ ]  Yes [ ]  No |
| **Outcome 2** | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  6 [ ]  7 | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  6 [ ]  7 | [ ]  Yes [ ]  No |
| **Outcome 3** | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  6 [ ]  7 | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  6 [ ]  7 | [ ]  Yes [ ]  No |

\* **To be completed at EXIT:** Has the child shown any new skills or behaviors? If the child earns the same numerical rating at entry and exit, the child made progress. Circle *yes.*

|  **Persons Involved in Deciding the Summary Rating** |
| --- |
| **ENTRY** | **EXIT** |
| Name  | Role | Name | Role |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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**OUTCOME 1: POSITIVE SOCIAL-EMOTIONAL SKILLS (INCLUDING SOCIAL RELATIONSHIPS)**

**To what extent does this child show age-appropriate functioning, across a variety of settings and situations, on this outcome?** (Circle one number and provide the supporting evidence. Transfer the rating to Outcome 1 on page 1.)

This outcome involves relating to adults, relating to other children, and for older children, following rules related to groups or interacting with others. Outcome 1 also includes concepts and behaviors such as attachment/separation/autonomy, expressing emotions and feelings, learning rules and expectations in social situations, and social interactions and social play.

| **ENTRY** | **EXIT** |
| --- | --- |
| Overall Not Age-Appropriate | Some Not Age-Appropriate/Some Age-Appropriate | Overall Age-Appropriate | Overall Not Age-Appropriate | Some Not Age-Appropriate/Some Age-Appropriate | Overall Age-Appropriate |
| Foundational | Immediate Foundational | Age-Expected | Foundational | Immediate Foundational | Age-Expected |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **1** | **2** | **3** | **4** | **5** | **6** | **7** |
| **Supporting Evidence** |
| Source | Summary of Relevant Results | Source | Summary of Relevant Results |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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**OUTCOME 2: ACQUISITION AND USE OF KNOWLEDGE AND SKILLS**

**(INCLUDING EARLY LANGUAGE/COMMUNICATION AND EARLY LITERACY)**

**To what extent does this child show age-appropriate functioning, across a variety of settings and situations, on this outcome?** (Circle one number and provide the supporting evidence. Transfer the rating to Outcome 2 on page 1.)

This outcome involves activities such as thinking, reasoning, remembering, problem solving, number concepts, counting, and understanding the physical and social worlds. It also includes a variety of skills related to language and literacy including vocabulary, phonemic awareness, and letter recognition.

| **ENTRY** | **EXIT** |
| --- | --- |
| Overall Not Age-Appropriate | Some Not Age-Appropriate/Some Age-Appropriate | Overall Age-Appropriate | Overall Not Age-Appropriate | Some Not Age-Appropriate/Some Age-Appropriate | Overall Age-Appropriate |
| Foundational | Immediate Foundational | Age-Expected | Foundational | Immediate Foundational | Age-Expected |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **1** | **2** | **3** | **4** | **5** | **6** | **7** |
| **Supporting Evidence** |
| Source | Summary of Relevant Results | Source | Summary of Relevant Results |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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**OUTCOME 3: USE OF APPROPRIATE BEHAVIORS TO MEET THEIR NEEDS**

**To what extent does this child show age-appropriate functioning, across a variety of settings and situations, on this outcome?** (Circle one number and provide the supporting evidence. Transfer the rating to Outcome 3 on page 1.)

This outcome involves behaviors like taking care of basic needs, getting from place to place, using tools (such as forks, toothbrushes, and crayons), and, in older children, contributing to their own health, safety and well-being. This outcome addresses integrating motor skills to compete tasks; taking care of one’s self in areas like dressing, feeding, grooming, and toileting; and acting on the world in socially appropriate ways to get what one wants.

| **ENTRY** | **EXIT** |
| --- | --- |
| Overall Not Age-Appropriate | Some Not Age-Appropriate/Some Age-Appropriate | Overall Age-Appropriate | Overall Not Age-Appropriate | Some Not Age-Appropriate/ Some Age-Appropriate | Overall Age-Appropriate |
| Foundational | Immediate Foundational | Age-Expected | Foundational | Immediate Foundational | Age-Expected |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **1** | **2** | **3** | **4** | **5** | **6** | **7** |
| **Supporting Evidence** |
| Source | Summary of Relevant Results | Source | Summary of Relevant Results |
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