



Child's Name: _____

Child's DOB: _____

STATE OFFICE USE - SPOE ID #:										
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WV BIRTH TO THREE CHILD OUTCOMES SUMMARY FORM

This Child Outcomes Summary Form (COSF) is to be used to assist the team, including the family, in evaluating and reporting the child's individual progress toward important national child outcomes as required by the U.S. Department of Education. The IFSP team will consider information gathered as part of the evaluation/ assessment process as documented on pages 2-6 of the IFSP for the discussion of the initial and annual COSF rating. If the child is exiting the WV Birth to Three system at age three, the Transition Summary Update is to be used for discussion for the Exit COSF.

COSF Facilitator	Discipline

Date of COSF completion:

Month	Day	Year

Type of COSF completed today: Initial COSF Initial COSF rating not completed because child is 30 months or older at initial IFSP Annual COSF Exit COSF
 Exit COSF rating not completed due to inability to locate family Exit COSF rating not completed, the initial IFSP was completed less than six months ago

1. POSITIVE SOCIAL EMOTIONAL SKILLS (INCLUDING SOCIAL RELATIONSHIPS) – Check box that applies

1. A. To what extent does this child show behaviors and skills related to this outcome **appropriate for his or her age across a variety of settings and situations?**

For example: attachment/separation/autonomy, expressing emotions and feelings, social interactions and play, following rules if older than 18 months.

Completely		Somewhat		Emerging		Not Yet
<input type="checkbox"/> The child uses age expected behaviors and skills in all or almost all everyday situations - no concerns	<input type="checkbox"/> The child uses age expected behaviors and skills but there are still some significant concerns	<input type="checkbox"/> The child uses a mix of age expected and not age expected behaviors and skills across settings and situations	<input type="checkbox"/> The child occasionally uses age expected behaviors and skills across settings and situations – more not age expected	<input type="checkbox"/> The child uses immediate foundational skills most of the time across settings and situations – not yet age expected	<input type="checkbox"/> The child occasionally uses immediate foundational skills across settings and situations – more foundational skills	<input type="checkbox"/> The child uses no immediate foundational skills across settings and situations – has mostly foundational skills similar to a much younger child

1. B. Has this child shown any new skill or behaviors related to 'positive social emotional skills' in the last 12 months? YES NO Not applicable – Initial IFSP

2. ACQUIRING AND USING KNOWLEDGE AND SKILLS – Check box that applies

2. A. To what extent does this child show behaviors and skills related to this outcome **appropriate for his or her age across a variety of settings and situations?**

For example: attends, explores, imitates, object permanence, early concepts, expressive language and communication, problem solving.

Completely		Somewhat		Emerging		Not Yet
<input type="checkbox"/> The child uses age expected behaviors and skills in all or almost all everyday situations - no concerns	<input type="checkbox"/> The child uses age expected behaviors and skills but there are still some significant concerns	<input type="checkbox"/> The child uses a mix of age expected and not age expected behaviors and skills across settings and situations	<input type="checkbox"/> The child occasionally uses age expected behaviors and skills across settings and situations – more not age expected	<input type="checkbox"/> The child uses immediate foundational skills most of the time across settings and situations – not yet age expected	<input type="checkbox"/> The child occasionally uses immediate foundational skills across settings and situations – more foundational skills	<input type="checkbox"/> The child uses no immediate foundational skills across settings and situations – has mostly foundational skills similar to a much younger child

2. B. Has this child shown any new skill or behaviors related to 'acquiring and using knowledge' in the last 12 months? YES NO Not applicable – Initial IFSP



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3. TAKING APPROPRIATE ACTION TO MEET NEEDS – Check box that applies

3. A. To what extent does this child show behaviors and skills related to this outcome **appropriate for his or her age across a variety of settings and situations?**

For example: independent mobility, use of objects to make things happen, feeding, toileting, dressing, requests

Completely		Somewhat		Emerging		Not Yet
<input type="checkbox"/> The child uses age expected behaviors and skills in all or almost all everyday situations - no concerns	<input type="checkbox"/> The child uses age expected behaviors and skills but there are still some significant concerns	<input type="checkbox"/> The child uses a mix of age expected and not age expected behaviors and skills across settings and situations	<input type="checkbox"/> The child occasionally uses age expected behaviors and skills across settings and situations – more not age expected	<input type="checkbox"/> The child uses immediate foundational skills most of the time across settings and situations – not yet age expected	<input type="checkbox"/> The child occasionally uses immediate foundational skills across settings and situations – more foundational skills	<input type="checkbox"/> The child uses no immediate foundational skills across settings and situations – has mostly foundational skills similar to a much younger child

3. B. Has this child shown any new skill or behaviors related to 'taking actions to meet needs' in the last 12 months? YES NO Not applicable – Initial IFSP

DOCUMENTATION USED TO SUPPORT THE RATINGS ON THE COSF

<input type="checkbox"/> Activity Notes	<input type="checkbox"/> Child Observation	<input type="checkbox"/> Evaluation/Assessment Report	<input type="checkbox"/> Family Interview
<input type="checkbox"/> IFSP	<input type="checkbox"/> Medical Record Review	<input type="checkbox"/> Transition Summary Update	<input type="checkbox"/> Other

TEAM MEMBERS PARTICIPATING IN RATING OF COSF

Name	Signature/Credential	Date	Role on Team	Method of Contribution

Please send completed COSF to: WV Birth to Three/COSF
 Office of Maternal, Child and Family Health
 350 Capitol Street, Room 427
 Charleston, WV 25305
 Fax: 304-558-2183
 Email: DHHRWVBTT@wv.gov