



**EARLY CHILDHOOD OUTCOMES
SUMMARY FORM**

SECTION 1: CHILD INFORMATION

| | | |
|------------------------------|-----------------|--------------------------------------------------------------|
| Child's First and Last Name: | DOB: | BRIDGES ID: |
| Date of Rating: | Type of Rating: | <input type="checkbox"/> Entry <input type="checkbox"/> Exit |

SECTION 2: PERSONS COMPLETING THE EARLY CHILDHOOD OUTCOMES RATINGS:

| NAME | ROLE | NAME | ROLE |
|------|------|------|------|
| | | | |
| | | | |
| | | | |

SECTION 3: EARLY CHILDHOOD OUTCOMES RATING

OUTCOME 1: CHILD HAS POSITIVE SOCIAL RELATIONSHIPS

Includes relating to adults, relating to other children, and (for those older than 18 Months) following rules related to groups or interacting with others. To what extent does this child function in ways appropriate for his or her age across a variety of situations and settings?

| SOURCE | SUMMARY AND DATE OF RATING |
|---------------------------------|----------------------------|
| FAMILY ASSESSMENT | |
| CHILD ASSESSMENT | |
| EIS PROVIDER | |
| NON-IDEA/ PART C SERVICES | |

FUNCTIONAL RATING:

Please circle the rating agreed upon on by the parent & the IFSP Team for this Outcome

| | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|

EXIT ONLY:

Has the child acquired any new skills related to this Outcome since entry rating?

| | |
|--------------------------|-----|
| <input type="checkbox"/> | YES |
| <input type="checkbox"/> | NO |

OUTCOME 2: CHILD ACQUIRES AND USES KNOWLEDGE AND SKILLS

Includes thinking, reasoning, remembering, and problem solving; understanding symbols; and understanding the physical and social worlds. To what extent does this child function in ways appropriate for his or her age across a variety of situations and settings?

| SOURCE | SUMMARY AND DATE OF RATING |
|---------------------------------|----------------------------|
| FAMILY ASSESSMENT | |
| CHILD ASSESSMENT | |
| EIS PROVIDER | |
| NON-IDEA/ PART C SERVICES | |

FUNCTIONAL RATING:

Please circle the rating agreed upon on by the parent & the IFSP Team for this Outcome

| | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|

EXIT ONLY:

Has the child acquired any new skills related to this Outcome since entry rating?

| | |
|--------------------------|-----|
| <input type="checkbox"/> | YES |
| <input type="checkbox"/> | NO |

OUTCOME 3: CHILD TAKES APPROPRIATE ACTION TO MEET HIS/HER NEEDS

Includes taking care of basic needs; getting from place to place and using tools; and (if older than 24 months) contributing to own health and safety. To what extent does this child function in ways appropriate for his or her age across a variety of situations and settings?

| SOURCE | SUMMARY AND DATE OF RATING |
|---------------------------------|----------------------------|
| FAMILY ASSESSMENT | |
| CHILD ASSESSMENT | |
| EIS PROVIDER | |
| NON-IDEA/ PART C SERVICES | |

FUNCTIONAL RATING:

Please circle the rating agreed upon on by the parent & the IFSP Team for this outcome

| | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|

EXIT ONLY:

Has the child acquired any new skills related to this Outcome since entry rating?

| | |
|--------------------------|-----|
| <input type="checkbox"/> | YES |
| <input type="checkbox"/> | NO |