

# Child Outcomes Summary Form

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Month Day Year

Name: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Month Day Year

**Persons involved in deciding the summary ratings**

Name	Role

**Source of Supporting Evidence**

Date

1.	
2.	
3.	
4.	
5.	

**1. POSITIVE SOCIO-EMOTIONAL SKILLS**

**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?  
*(check one rating box)*

Not Yet	< emerging	Emerging	< somewhat	Somewhat	< completely	Completely

**B. Progress since last outcomes summary.**  
 Check One: Yes  No

**Summary of Evidence:**


**2. ACQUIRING AND USING KNOWLEDGE AND SKILLS**

**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?  
*(check one rating box)*

Not Yet	< emerging	Emerging	< somewhat	Somewhat	< completely	Completely

**B. Progress since last outcomes summary.**  
 Check One: Yes  No

**Summary of Evidence:**


**3. TAKING APPROPRIATE ACTIONS TO MEET NEEDS**

**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?  
*(check one rating box)*

Not Yet	< emerging	Emerging	< somewhat	Somewhat	< completely	Completely

**B. Progress since last outcomes summary.**  
 Check One: Yes  No

**Summary of Evidence:**
