Instructions for Completing the Child Outcomes Summary Form

Directions for Completing the Form

1. Page 1: Provide all the requested information. It is strongly recommended that the family be asked to provide information about the child's functioning, but if the family's information was not included, check "not included." Additional state-specific information also may be requested.

2. Questions 1a, 2a, 3a: Circle only **one** number for each outcome. Definitions for the scale points are provided at the end of the instructions.

3. Supporting evidence: Provide the evidence that supports the rating. Indicate the source of the evidence (e.g., parent, speech therapist, teacher, XYZ assessment) and the nature of the evidence from the source. For example, if a child's functioning receives a rating of '5', relevant results should provide evidence of a mix of age appropriate and not age appropriate skills and behaviors. A sample completed evidence table is provided below.

Source of information	Date	Summary of Relevant Results
Candace's mom	4/12/06	Mom reports that when Candace eats by herself she makes a big mess. She eats finger foods but does not use a fork or spoon. She uses a "sippy" cup with two hands. Mom reports that she has not begun to toilet train Candace. Candace does not let mom know when she has a wet or soiled diaper. She pulls off her socks when getting ready for bed.
Candace's child care provider	4/5/06	Child care provider said that Candace is learning to use a spoon, but usually uses her fingers to feed herself. Candace uses diapers and tugs on diaper after it is wet or soiled.
Carolina Curriculum for Infants and Toddlers with Special Needs	Administered 3/13/06	Self-Help: Eating – 12-15 months Self-Help: Dressing – 15-18 months Self-Help: Grooming – 18-21 months Self-Help: Toileting -- <15-18 months
Developmental specialist	Observed over a 4 week period in March 2006	Observed in her child care environment during structured activities and unstructured play time. She clapped and jumped during a group song. During free play Candace tended to sit quietly unless engaged in a play activity by her caregiver. Candace did not object to having hands washed by caregiver, but needed assistance.

4. Questions 1b, 2b, 3b: Complete questions 1b, 2b, and 3b only when questions 1a, 2a, and 3b have been answered previously. Circle one number to indicate if the child has made progress since the previous outcomes rating. Progress is defined as the acquisition of at least one new skill or behavior related to the outcome. Describe the general nature of the progress in the space provided.

To Help You Decide on the Summary Rating for Questions 1a, 2a, and 3a:

This outcomes summary asks you to consider and report on what is known about how this child behaves across a variety of settings and situations.[*] Children are with different people (for example, mother, big brother, child care provider) and in different settings (for example, home, grocery store, playground). The summary rating provides an overall picture of how the child behaves across the variety of people and settings in his or her life at this particular time in his or her life.

In addition to summarizing across settings and situations, the rating process asks you to compare a child's skills and behaviors to those of his or her same-age peers. For each of the three summary questions, you need to decide the **extent to which the child displays behaviors and skills expected for his or her age** related to each outcome area.

The summary scale is based on a developmental framework that assumes:

1. Children develop new skills and behaviors and integrate those skills and behaviors into more complex behaviors as they get older;
2. These skills and behaviors emerge in a somewhat predictable developmental sequence in most children, thus allowing for descriptions of what 2 year olds generally do, what 3 year olds generally do, etc.;
3. The development of children with disabilities can be compared to the development of their same-age peers.
4. Some of the skills and behaviors that develop early serve as the foundation for later skills and behavior, or expressed another way, later skills build on earlier skills in predictable ways. Teachers and therapists can use the earlier skills to help children move to the next higher level of functioning developmentally. We refer to these earlier skills that serve as the base and are conceptually linked to the later skills, as "**immediate foundational skills**." For example, children play along side one another before they interact in play.
5. Some children's development is characterized by delays, meaning they acquire skills and behaviors at a substantially slower pace than other children.
6. Some children's development is atypical in that their functioning is so different from that of other children their age that it is considered outside the limits of age expected behavior for children of that age.

Use the following information to help you answer each question:

- Ratings are expected to take into account the child's functioning across a full range of situations and settings. Therefore, information from many individuals in contact with the child could be considered in deciding on a rating. These may include (but are not limited to): parents and family members, caregivers or child care providers, therapists, service providers, case managers, teachers, and physicians. If there is not enough information available about a child's functioning across settings and situations, you will need to gather more information before you can decide on a rating.

- Many types of information could be considered in selecting a rating. These may include (but are not limited to): parent and clinical observation, curriculum-based

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[*] Note: The outcomes summary form was not designed to determine eligibility for services. It would be inappropriate to use it in this way.

assessments, norm-referenced assessments, service provider notes about performance in different situations, and progress and issues identified in the IFSP/IEP or individualized planning process.

- Depending on the assessment tool, assessment tools can be a useful source of information for reaching a summary decision but resulting information should be placed in context with other information available about a child. Many assessment tools are domain-based and were not designed to provide information about functional behaviors and functioning across a variety of situations. Knowing that a child has or has not mastered assessment items that are related to the outcome provides helpful information but the information should be used in conjunction with what else is known about the child. A high score on a set of items in a domain related to the outcome might not mean the child has achieved the outcome and, conversely, a low score might not mean the child has not achieved it.

- Ratings should reflect the child's current functioning across settings and in situations that make up his/her day. Ratings should convey the child's functioning across multiple settings and in everyday situations, *not* his/her capacity to function under unusual or ideal circumstances.

- A standardized testing situation is an unusual setting for a young child. If the child's functioning in a testing situation differs from the child's everyday functioning, the rating should reflect the child's everyday functioning.

- If the child is from a culture that has expectations that differ from published developmental milestones for when young children accomplish common developmental tasks, such as feeding themselves or dressing themselves, use the expectations for the child's culture to decide if child's functioning is at the level expected for his or her age.

- If the child was born prematurely, use the expectations for the child's chronological age, not the corrected age. The intent of the form is to describe the child's current functioning relevant to expectations for his or her age. Presumably over time and with support, many children born prematurely eventually will perform like same age peers.

- If assistive technology or special accommodations are available in the child's everyday environments, then the rating should describe the child's functioning using those adaptations. However, if technology is only available in some environments or is not available for the child, rate the child's functioning with whatever assistance is commonly present. Ratings are to reflect the child's **actual** functioning across a range of settings, *not* his/her capacity to function under ideal circumstances if he or she had the technology.

Additional Information

The outcomes reflect several beliefs about young children:

- It is important that all children be successful participants in a variety of settings both now and in the future. Achieving the three outcomes is key to being successful participants in life.

- Programs for young children and their families are working to ensure that all children will have the best possible chance of succeeding in kindergarten and later in school – even though school might be several years off for some children. Children who have achieved the outcomes at a level comparable to their same aged peers prior to kindergarten entry have a high probability of being successful in kindergarten.

- Learning and development occur continuously in the years preceding kindergarten. There is much variation in how children develop but children whose development is consistently below what is expected for their age are at risk of not being successful in kindergarten and later school years.

Definitions for Outcome Ratings

Overall Age-Appropriate	**Completely** *means*:	**7**	• Child shows functioning expected for his or her age in **all or almost all everyday situations** that are part of the child's life. Functioning is considered **appropriate** for his or her age. • No one has any concerns about the child's functioning in this outcome area.
		6	• Child's functioning generally is considered **appropriate** for his or her age but there are **some significant concerns** about the child's functioning in this outcome area. These concerns are substantial enough to suggest monitoring or possible additional support. • Although age-appropriate, the child's functioning may border on not keeping pace with age expectations.
Overall Not Age-Appropriate	**Somewhat** *means:*	**5**	• Child shows functioning expected for his or her age **some of the time and/or in some settings and situations**. Child's functioning is a mix of age-appropriate and not age-appropriate behaviors and skills. • Child's functioning might be described as like that of a **slightly younger child***.
		4	• Child shows occasional age-appropriate functioning across settings and situations. More functioning is **not** age-appropriate than age-appropriate.
	Emerging *means:*	**3**	• Child does **not yet** show functioning expected of a child of his or her age in any situation. • Child uses **immediate foundational skills,** most or all of the time, across settings and situations. Immediate foundational skills are the skills upon which to build age-appropriate functioning. • Functioning might be described as like that of a **younger child***.
		2	• Child occasionally uses **immediate foundational skills** across settings and situations. More functioning reflects skills that are **not** immediate foundational than are immediate foundational.
	Not yet *means*:	**1**	• Child does **not yet** show functioning expected of a child his or her age in any situation. • Child's functioning does **not yet include immediate foundational skills** upon which to build age-appropriate functioning. • Child functioning reflects skills that developmentally come before immediate foundational skills. • Child's functioning might be described as like that of a **much younger child***.

*The characterization of functioning like a younger child only will apply to some children receiving special services, such as children with developmental delays