Indicator 7: Child Outcomes Summary Process Technical Assistance

Virginia Department of Education
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# Table of Contents

**Introduction** ................................................................. 5

**Understanding Indicator 7** .............................................. 6

  - Rationale for Reporting Child Outcomes Data .......................... 6
  - Functional Outcomes .......................................................... 6
    - Outcome 1: Positive social-emotional skills (including social relationships) ........................................ 6
    - Outcome 2: Acquisition and use of knowledge and skills (including early language/communication and early literacy) .................................................................................................................. 6
    - Outcome 3: Use of appropriate behaviors to meet their needs ........................................................................ 6

**Understanding the Child Outcomes Summary Process** .................. 7

  - The Process ........................................................................... 7
  - Age Anchoring ....................................................................... 8
  - Teamwork ................................................................................ 8

**The Child Outcomes Summary Process at Entry and Exit** ............... 9

  - When to Complete the Entry Rating ....................................... 9
  - Rating a Child Transitioning from Part C Early Intervention .......... 9
  - When to Complete an Exit Rating ........................................... 9
  - When a Child Moves between Virginia School Divisions .......... 9
  - Sending a Child to another Virginia School Division ................ 9
  - When a Child Ceases to Access Special Education Services .... 10
  - When a Child is Deceased ..................................................... 10

**Sources of Information** ....................................................... 10

  - Professional Expertise ............................................................ 10
  - Family Input .......................................................................... 11
  - Assessment Tools ................................................................... 11
  - Factors to Consider When Selecting Assessments .................... 12
  - Age-Anchoring Assessments .................................................. 12
    - Curriculum-Based Assessments ............................................. 12
    - Norm-Referenced Assessments ............................................. 14
    - Criterion-Referenced Assessments ....................................... 15

**Child Outcomes Summary Team Process** ..................................... 18

  - Steps in the Child Outcome Summary Process ....................... 18

**Completing the Indicator 7: Child Outcomes Summary Form** .......... 21

  - Reporting Child Outcome Summary Ratings to the Virginia Department of Education .................................................. 22
  - Indicator 7 Data Reported to Office of Special Education Programs ........................................................................ 22

**Resources** ............................................................................. 23

**References** .......................................................................... 23

**Appendices**

  A: Child Outcomes Summary Rating Guide .................................. 25
  B: Decision Tree for Summary Rating Discussions ....................... 26
  C: Indicator 7 Child Outcomes Summary Form ............................ 27
  D: Child Outcome Summary Process Discussion Prompts ............... 31
Introduction

The United States Department of Education (USDOE) requires states to report data for Indicator 7, Child Outcomes. States report on the percent of preschoolers with Individualized Education Programs (IEPs) who demonstrate improved child outcomes in three areas:
- positive social-emotional skills,
- acquisition and use of knowledge and skills, and
- use of appropriate behavior to meet their needs.

To report data, states must have information about children’s functioning between the time they enter and exit preschool and have a way to examine the level of improvement or progress in functioning between the time points. The Child Outcomes Summary (COS) process is a team process for summarizing information related to a child’s progress on each of the three child outcome areas. The COS process is an effective way to describe a child’s functioning in each outcome area and is to be used in Virginia by local school divisions to report Indicator 7.

The purpose of this technical assistance document is to assist local school division teams in completing the COS process accurately and with fidelity.
Understanding Indicator 7

Rationale for Reporting Child Outcomes Data

In this age of accountability, policymakers ask questions about the outcomes achieved through participation in programs supported with public funds. Judging the effectiveness of any program requires looking at results, not simply at the process of providing services. The Office of Special Education Programs (OSEP) in the U.S. Department of Education requires states to report outcomes data for children and families served through Part C (early intervention) and Part B (preschool) of the Individuals with Disabilities Education Act (IDEA) as part of their State Performance Plan/Annual Performance Report (SPP/APR).

OSEP requires states to measure and report on the percentage of preschoolers with IEPs who, between the time they enter and exit early childhood special education services, demonstrate improved:

- positive social-emotional skills,
- acquisition and use of knowledge and skills, and
- use of appropriate behaviors to meet their needs.

**Indicator 7: Child Outcomes** is an accountability measure focused on the improved performance of preschool children with disabilities. (States also report progress on infants and toddlers with Individualized Family Service Plans in accordance with Part C of IDEA.)

**Functional Outcomes**

Indicator 7 outcomes are functional outcomes. They describe children’s mastery and appropriate application of behaviors, knowledge, and skills in a meaningful way in their everyday lives. The three child outcomes refer to actions that children need to be able to carry out and knowledge that children need to use in order to function successfully across a variety of settings. For example, across settings it is important for children to be able to get along with others, follow the rules in a group, continue to learn new things, and take care of their basic needs in an appropriate way. Ultimately, achieving these outcomes will help children thrive at home, in school, and throughout their communities.

Outcome 1: Positive social-emotional skills (including social relationships)

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.

Outcome 2: Acquisition and use of knowledge and skills (including early language/communication and early literacy)

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.

Outcome 3: Use of appropriate behaviors to meet their needs

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.

Note that these functional outcomes differ from developmental domains. Many assessment tools...
examine children’s development in domains. Domains describe children’s skills and abilities within areas of development such as social, fine motor, gross motor, cognitive, and language. The skills and abilities described by domains are a necessary but not sufficient component of functioning within the routines and activities of early childhood like toileting, feeding, and playing with peers.

Functioning within these routines and activities requires the integration of skills across the various domains. For example, playing with peers requires a social desire to play with peers; expressive communication to initiate, maintain, and direct the peers’ attention; cognitive skills to sequence actions in play; and fine and gross motor skills to manipulate objects. Functional outcomes look at the integration of behaviors across domains that children need to participate in developmentally appropriate routines and activities. The three child outcomes focus on functioning rather than traditional domains.

Understanding the Child Outcomes Summary Process

The Process

In order to accurately and systematically collect Indicator 7 data, the Virginia Department of Education (VDOE) recommends the use of the COS process as described in this technical assistance document. The COS process is based on a team of individuals rating each child on a seven-point scale at entry into and exit from early childhood special education services. Team members consider family input, results from an age-anchoring assessment, and professional expertise in determining the numerical rating. The Child Outcomes Summary Rating Guide (Appendix A) and the Decision Tree for Summary Rating Discussions (Appendix B) assist the team in considering the child’s functioning in comparison to same-age peers.

The COS process itself does not serve as an assessment. Rather, it is a process that allows school divisions to summarize information for Indicator 7 reporting as well as for their own purposes, such as accountability, program planning, and program improvement. Likewise, the COS process is not designed to determine eligibility for special education services and should not be used in this manner.

In order to accurately and systematically collect Indicator 7 data, the VDOE recommends the use of the COS process. This process allows school divisions to summarize information for Indicator 7 reporting as well as for their own purposes, such as accountability, program planning, and program improvement.

The COS process asks teams to consider and report on what is known about a child’s behavior across a variety of settings and situations. Children are with different people (e.g., mother, big brother, child care provider) and in different settings (e.g., home, grocery store, playground). The summary rating provides an overall picture of how the child functions across the variety of people and settings in his or her life.

The summary scale is based on a developmental framework that assumes the following.

- Children develop new skills and behaviors and integrate those skills and behaviors into more complex behaviors as they get older.
- These skills and behaviors emerge in a somewhat predictable developmental sequence in most children, thus allowing for descriptions of what two-year-olds generally do, what three-year-olds generally do, etc.
- The development of children with disabilities can be compared to the development of their same-age peers.
- Some of the skills and behaviors that develop early serve as the foundation for later skills and behavior. 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 alongside one another before they interact in play.
- Some children’s development is characterized by delays and acquisition of skills and behaviors at a substantially slower pace than other children.
• 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.

Age Anchoring

In addition to summarizing the child’s functioning across settings and situations, the COS rating process asks teams to compare a child’s skills and behaviors to those of same-age peers. The COS process requires an understanding of the timing and sequences of development that enable children to have positive social relationships (Outcome 1), acquire and use knowledge and skills (Outcome 2), and take action to meet their needs (Outcome 3). When determining COS ratings, team members need to consider the child’s functioning relative to what is expected for his or her chronological age. This is referred to as age anchoring.

Age anchoring provides the COS team with concrete examples of the child’s functioning relative to age expectations to use in the discussion and documentation of COS ratings. The categories age-expected, immediate foundational, and foundational are helpful descriptors for summarizing a child’s abilities. The set of skills and behaviors expected for their chronological age are called age-expected (AE) skills. The skills that occur developmentally just before age-expected functioning are immediate foundational (IF), and the skills that are developmentally much earlier or farther from age-expected on the developmental progression are foundational (F).

Think of it like a staircase. Some of the abilities and behaviors that develop early are the foundation for later skills and behaviors. In most cases, later skills build on earlier skills in predictable ways. For example, children typically roll over, sit, crawl, stand independently, and cruise before they walk.

When completing the COS process at entry and exit, teams consider “To what extent does this child show age-appropriate functioning across a variety of settings and situations, on this outcome?” A rating is then applied accordingly using a seven-point rating scale.

• Children with **immediate foundational skills**, receive a rating of 3, 4, or 5.
• Children with **foundational level skills**, receive a rating of 1 or 2.

While ECSE practitioners know a great deal about child development, it may be difficult for COS team members to remember the detailed developmental progression or age range for every set of functional abilities. There are a variety of child development resources available to aid teams. Further, assessments provide age-anchors and help teams determine accurate ratings.

Teamwork

The COS process is designed to be completed by a team of individuals who know the child, and thus can provide multiple sources of information for consideration when completing the ratings. Team members work together to reach consensus using assessment results, observations, progress on IEP goals (at exit), and personal experience with the child.

School divisions identify personnel to assume responsibility for completion of entry and exit ratings. When COS ratings are completed by IEP team members, the case manager may serve as the team leader.

Possible COS team members include:

- Teacher (special and/or general education),
- Psychologist,
- Speech therapist,
- Occupational therapist,
- Physical therapist,
- Family members, and
- Others as needed.

The COS process requires that ratings be determined by a team consisting of a minimum of two people at both entry and exit. Generally, the process is completed during a face-to-face team meeting; however, it is possible for team members to contribute to the COS ratings virtually.
The Child Outcomes Summary Process at Entry and Exit

Entry and exit COS ratings are completed for preschoolers with IEPs who receive six months or more of special education services prior to exiting. Since typically it is not known if a child who begins early childhood special education services will move or discontinue services for some other reason, a team should complete an entry rating on each child. The only exception to this guidance is when a four-year-old child just entering services will transition to kindergarten before receiving six months or more of preschool services.

When to Complete the Entry Rating

Entry ratings are made within the first month of service. Local school divisions should designate a consistent time and process for completing the ratings. Options include:

- the eligibility meeting,
- initial IEP meeting, or
- within the first four weeks of special education services.

The VDOE recommends that the COS process be completed at the initial IEP meeting. This is the date that special education services were determined and provides a consistent date for teams to use.

Rating a Child Transitioning from Part C Early Intervention

At local discretion, school divisions may choose to use the exit ratings completed by a child’s Part C Early Intervention team as the entry ratings for early childhood special education services. The school division team will complete the Indicator 7: Child Outcomes Summary (Appendix C) form using the ratings and supporting documentation provided by Part C Early Intervention.

When to Complete an Exit Rating

Exit ratings are completed for all children who received early childhood special education services for six months or more. The exit rating is to be completed within the last 30 days of preschool prior to exiting.

As with the entry ratings, this can be completed at a formal meeting provided the meeting takes place near the child’s exit date. For example, the exit rating may be completed at an IEP meeting or an eligibility meeting held prior to the transition to kindergarten. Additionally, some divisions may hold a special meeting to support the transition to kindergarten making this an appropriate time to complete the ratings.

School divisions should identify a consistent designated time and process for completion of COS exit ratings. An exit occurs when the:

- child is evaluated and determined to no longer be a child with a disability (ineligible),
- child is transitioning to kindergarten,
- child is moving out of state,
- child’s whereabouts are unknown and the school has been unable to locate him/her,
- child is deceased, or
- parents voluntarily discontinue service.

When a Child Moves between Virginia School Divisions

If a child has had initial eligibility established by a Virginia school division, but subsequently moves to another Virginia division before beginning services, the receiving school division—the first division to provide services through the IEP—should complete the COS ratings.

When a child has received early childhood special education services and transfers to a new division, options exist. The receiving division may use the previous division’s entry ratings or complete their own. The VDOE recommends that the receiving division review the existing entry ratings and student information. If the existing ratings are determined to be valid, then the previous division’s entry ratings may be used.
In situations where a child was served by the previous Virginia division for less than six months, the receiving division may choose to complete their own entry ratings. Likewise, when a child moves into a division but has had a gap in services of six months or more, the receiving school division may complete their own entry ratings.

**Sending a Child to another Virginia School Division**

When a child moves to another Virginia school division and will continue to receive special education and related services, the COS form with completed entry ratings is to be sent to the receiving division along with other appropriate documents. The child is not exited.

**When a Child Ceases to Access Special Education Services**

When a child ceases to access special education services and cannot be located, follow local division policies and procedures regarding attendance and attempts to locate the child. If the child’s whereabouts remain unknown, complete an exit rating.

**When a Child is Deceased**

When a child dies, complete an exit rating within 30 days.

**Sources of Information**

The COS process requires the use of three sources of information to accurately rate the child’s level of functioning in each of the three child outcome areas:

- professional expertise;
- family input; and
- assessment results.

For each outcome, the team answers the question, “To what extent does the child show age-appropriate functioning, across a variety of settings and situations? In conjunction with the Indicator 7: Child Outcomes Summary (Appendix C) form, the Child Outcomes Summary Rating Guide (Appendix A) and the Decision Tree for Summary Rating Discussions (Appendix B) assist the COS team in using the information gathered to accurately rate the child’s level of functioning.

**Professional Expertise**

Professional expertise is based on both the professional’s knowledge of child development and age expectations as well as their observation of a child’s skills and behaviors across settings and situations. When applying their expertise to the determination of ratings, professionals may consider the following:

- observations by teachers, therapists, child care providers, and others across settings and situations,
- service provider notes,
- records review,
collections of evidence such as child portfolios and/or work samples, and
progress monitoring data on IEP goals.

**Family Input**

At both entry and exit, teams must obtain input from family members to inform ratings. Hearing from families is essential to developing a complete picture of the child’s functioning and must be considered to select the most accurate description of the child’s functioning compared to age expectations. Parents and other family members know their child the best! They are the experts on how the child functions across settings and situations including natural environments. Teams have different ways of obtaining family information, including the option to have parents present for the discussion. Teams may:

- receive family information on child functioning during IEP or eligibility team meetings;
- collect family input separately; and/or
- use family information incorporated into assessments.

Likewise, it is important to share information about the COS process with families as their child enters and exits the program. This will include information regarding why and how the outcomes data are used at state and federal levels. If the information is used at the school or program level, this information should be shared as well.

**Assessment Tools**

Virginia localities must use assessment as an age-anchoring tool when determining COS ratings. Assessment is defined as the process of gathering information to make decisions. Assessment provides an objective source of information that helps determine the extent to which a child’s functioning on each outcome is appropriate given his or her age, and whether the child made progress toward age-appropriate behavior. Age-anchored assessments can include curriculum-based, norm-referenced, and criterion-referenced assessments.

The Division for Early Childhood (DEC) of the Council for Exceptional Children (CEC) developed the *Official 2014 DEC Recommended Practices* and identified assessment as a key recommended practice. DEC endorses the following assessment practices.

A2. Practitioners work as a team with the family and other professionals to gather assessment information.

A4. Practitioners conduct assessments that include all areas of development and behavior to learn about the child’s strengths, needs, preferences, and interests.

A6. Practitioners use a variety of methods, including observation and interviews, to gather assessment information from multiple sources, including the child’s family and other significant individuals in the child’s life.

A7. Practitioners obtain information about the child’s skills in daily activities, routines, and environments such as home, center, and community.

A8. Practitioners use clinical reasoning in addition to assessment results to identify the child’s current levels of functioning and to determine the child’s eligibility and plan for instruction.
Factors to Consider When Selecting Assessments

Local school divisions should select assessment tools that best meet the needs of the children and families they serve. Assessments must measure the child's performance in each of the three outcome areas and measure functional, not discrete, skills. As a component of the COS process, use of an age-anchoring assessment tool is necessary at both entry and exit. However, use of the same assessment at entry and exit is not a requirement. At exit, use of curriculum-based assessment likely will yield greater insight into a child's overall functioning in the three outcome areas.

The following questions may help teams evaluate possible age-anchoring tools. Good age-anchoring tools would have a yes response to each of the following five questions.

- Does the tool include sufficient density of items to illustrate developmental progressions, or are there large leaps between different developmental skills?

- Does the tool include the age-anchored items for skills at the child’s chronological age as well as several items below to sufficiently capture AE, IF, and F skills?

- Are actual ages included for the included items? NOTE: “Basal” (starting points) in norm-referenced tools do not represent the age expectation for that skill or set of skills.

- Does the tool include age-anchored items of typically developing children of a culture similar to that of the child being age anchored? NOTE: Some tools are for specific populations (e.g., children with Down syndrome, children with visual or hearing impairments).

- Are the items and ages included in the tool based on functional application, or are they based on specifically structured performance? NOTE: We cannot accurately infer that a skill elicited in a highly standardized manner is also used spontaneously in a functional manner.

Age-Anchoring Assessments

An appropriate age-anchoring assessment may be an assessment that is part of an evidence-based curriculum that incorporates sound, ongoing assessments (for a list of curricula, refer to the vetted, evidence-based comprehensive curricula provided by VDOE) or may be one of the assessments listed below. Following is a list of assessments cross-referenced by the Early Childhood Outcomes (ECO) Center (http://ectacenter.org/eco/pages/crosswalks.asp). The ECO Center cross-referenced the functional skills assessed by various published instruments with the three child outcomes required by OSEP for Part B/619 and Part C programs to assess the degree to which these instruments measure the outcomes. Screeners and diagnostic tools were not included as they are not appropriate for assessing the outcome areas and determining ratings. This is not an exhaustive list but is designed to provide guidance. There may be other assessment measures appropriate for some children.

The information on curriculum-based, criterion-referenced, and norm-referenced assessments listed below is excerpted from the ECO Center crosswalks, and includes basic information on the purpose, areas/domains included, age range, publisher, and a link to the ECO Center’s COS crosswalk. These crosswalks may differ from those developed by the publisher and/or test developers.

When considering assessments to use as a part of the COS process, school division personnel should also consider the technical adequacy of the tools. Information on technical adequacy should be available on publishers’ websites. In particular, note the validity, reliability, and normative sample of the assessment instrument. Simply, validity refers to the extent to which an assessment accurately measures what it purports to measure. Reliability describes the consistency and stability of assessment results. The normative sample (or norm group) is the initial set of test-takers identified to represent the entire population of children for whom the tool was designed.
Curriculum-Based Assessments

In general, curriculum-based assessments reflect a child's performance in relation to the local curriculum. Direct observation and record-keeping are utilized over time to gather information about the child's functioning in order to make decisions regarding instruction.

The Assessment, Evaluation, and Programming System (AEPS 3-6, 2003)

Purpose: The AEPS is designed to identify children's strengths across developmental areas, identify functional goals and objectives for IEPs or other individualized plans, assist in planning and guiding intervention, and monitor children's progress.

Areas Included:
- Fine Motor
- Gross Motor
- Adaptive
- Cognitive
- Social-Communication
- Social

Age Range: 3-6 years developmental age
Publisher: Brookes Publishing: https://brookespublishing.com/product/aeps/


Purpose: The CCPSN is a systematic curriculum that directly links a skills assessment with activities to promote skills that have not been mastered.

Areas Included:
- Personal-Social
- Cognition
- Communication
- Fine Motor
- Gross Motor

Age Range: Children functioning in the 24-60 month range
Publisher: Brookes Publishing: https://brookespublishing.com/product/the-carolina-curriculum/
Notes: A companion tool, The Carolina Curriculum for Infants and Toddlers with Special Needs, may be administered to children from birth to 36 months.


Purpose: Assesses child progress and guides curriculum planning.

Areas Included:
- Social Emotional (Sense of self; Responsibility for self and others, Prosocial behavior)
- Cognitive (Learning and problem solving, Logical thinking, Representation and symbolic thinking)
- Language (Listening and speaking, Reading and writing)
- Physical (Gross motor, Fine motor)

Age Range: 3 to 5 years
Publisher: Teaching Strategies: https://teachingstrategies.com/
COS Crosswalk: http://ectacenter.org/eco/assets/pdfs/Creative_curric_pres_3-6-07.pdf

Hawaii Early Learning Profile (HELP Birth to 3, 2004)

Purpose: The HELP is not standardized; it is used for identifying needs, tracking growth and development, and determining next steps (target objectives).

Areas Included:
- Regulatory/Sensory Organization
- Cognitive
Norm-Referenced Assessments

Norm-referenced assessments allow comparisons of a child’s performance to that of other children of the same chronological age. Generally, norm-referenced assessments have standardized administration and scoring procedures. In early childhood special education, norm-referenced measures often contribute to decision-making regarding eligibility.

Teaching Strategies GOLD Assessment System (2010)

Purpose
GOLD is an authentic, ongoing observational system for assessing children in the context of everyday experiences. GOLD can be used with any developmentally appropriate early childhood curriculum, but is aligned with The Creative Curriculum.

Areas Included
- Social-Emotional
- Language
- Literacy
- Mathematics
- Physical
- Cognitive
- Science and Technology
- Social Studies
- The Arts
- English Language Acquisition

Age Range
Birth through Kindergarten

Publisher
Teaching Strategies: https://teachingstrategies.com/solutions/assess/gold/

COS Crosswalk
http://ectacenter.org/eco/assets/pdfs/Crosswalk-TS%20GOLD.pdf

Notes
All components are available in Spanish.


Purpose
The BDI-2 tests five global developmental domains and 13 subdomains, and determines strengths and needs. Test results can help determine a child’s readiness for school and need for special education services.

Areas Included
- Personal-Social
- Adaptive
- Motor
- Communication
- Cognitive

Age Range
Birth to 7 years, 11 months

Publisher
Houghton Mifflin Harcourt: https://www.hmhco.com/programs/battelle-developmental-inventory/overview

COS Crosswalk

Notes
Available in Spanish.

The Battelle Developmental Inventory-2 Normative Update, published in 2016, includes norms that have been re-weighted and calculated using U.S. Census projections for 2015, reflecting an increase in Hispanic and Latino populations.
Brigance Inventory of Early Development III Standardized (IED III Standardized, 2013)

**Purpose**
This inventory is designed to help educators address ongoing developmental assessment requirements, derive a range of standardized (normative) scores to support reporting needs, communicate normative scores to parents/caregivers, support referrals for further evaluation or special services and/or confirm a diagnosis, and monitor individual and group progress.

**Areas Included**
- Physical Development: Gross Motor and Fine Motor
- Language Development: Receptive and Expressive
- Academic Skills/Cognitive Development: Literacy
- Academic Skills/Cognitive Development: Mathematics
- Adaptive Behavior: Daily Living
- Social and Emotional Development: Interpersonal and Self-Regulatory

**Age Range**
Birth through 7 years

**Publisher**
Curriculum Associates:
https://www2.curriculumassociates.com/products/detail.aspx?Title=BrigEC-IED3-std

**COS Crosswalk**
http://ectacenter.org/~pdfs/eco/ECOIEDIII%28St%29crosswalkFinal2014.pdf

**Notes**
The Brigance Inventory of Early Development III is available in both norm-referenced and criterion-referenced formats.


**Purpose**
Assesses developmental language skills.

**Areas Included**
- Attention
- Play
- Gesture
- Vocal Development
- Semantics
- Language Structure
- Integrative Language Skills
- Emergent Literacy Skills

**Age Range**
Birth-7 years, 11 months

**Publisher**
Pearson Education, Inc.:

**COS Crosswalk**
http://ectacenter.org/eco/assets/pdfs/PLS-5Crosswalk112216.pdf

**Note**
Available in Spanish.

**Criterion-Referenced Assessments**
Criterion-referenced assessments compare a child’s performance to a predetermined set of skills. They describe what a child knows and is able to do, rather than how the child compares to chronological age peers.

Brigance Inventory of Early Development III

**Purpose**
This inventory is designed to help educators determine a student’s specific strengths and needs to support instructional planning, monitor a student’s developmental and academic progress, evaluate a student’s school readiness by tapping predictors of school success, communicate a student’s development to parents/caregivers, address ongoing developmental assessment requirements, provide an appropriate student assessment system that aligns with curriculum standards, and support referrals for further evaluation or special services.

**Areas Included**
- Physical Development: Preambulatory Motor, Gross Motor, and Fine Motor
- Language Development: Receptive and Expressive
- Academic/Cognitive: Literacy
- Academic/Cognitive: Mathematics and Science
• Daily Living: Self-help and Independent Living
• Social and Emotional Development: Interpersonal and Self-Regulatory

Age Range
Birth through developmental age 7

Publisher
Curriculum Associates, LLC
https://www.curriculumassociates.com/Products/BRIGANCEDaythroughEarlyChildhood

COS Crosswalk
http://ectacenter.org/~pdfs/eco/ECOIEDIII%28CRT%29%2COS%2COS.pdf

Notes
The Brigance Inventory of Early Development III is available in both norm-referenced and criterion-referenced formats.

Early Learning Accomplishment Profile (ELAP, 2002)

Purpose
The purpose is to assist teachers, clinicians, and parents in assessing individual skill development in six domains of development. The results can be used to generate a complete picture of a child’s developmental progress in the six domains so that individualized, developmentally appropriate activities can be planned and implemented. This assessment can be used with any infant and toddler, including children with disabilities.

Areas Included
• Gross Motor
• Fine Motor
• Cognitive
• Language
• Self-Help
• Social Emotional

Age Range
Birth to 36 months of age (developmental age; appropriate for older children with delays as well)

Publisher
Kaplan Early Learning Company:

COS Crosswalk
http://ectacenter.org/eco/assets/pdfs/ELAP_crosswalk_10-3-06.pdf

Notes
Most early education programs enter, analyze, and report scores electronically, using the online tool. HighScope does offer a paper-based version.
Child reports and teacher resources are available in Spanish.

HighScope Child Observation Record (COR) Advantage (2013)

Purpose
The COR Advantage is an observation-based, criterion-referenced instrument that provides systematic assessment of children’s knowledge and abilities in all areas of development. COR Advantage can be used with any developmentally appropriate curriculum (not limited to those using the HighScope curriculum).

Areas Included
• Approaches to Learning
• Social and Emotional Development
• Physical Development and Health
• Language, Literacy, and Communication
• Mathematics
• Creative Arts
• Science and Technology
• Social Studies
• English Language Learning

Age Range
Birth through kindergarten

Publisher
HighScope: http://coradvantage.org/

COS Crosswalk
http://ectacenter.org/eco/assets/pdfs/CORAdvantageFinalCrosswalk.pdf

Notes
Most early education programs enter, analyze, and report scores electronically, using the online tool. HighScope does offer a paper-based version.


Purpose
The LAP-3 assists teachers, clinicians, and parents in assessing individual skill development of young children. The results can be used to generate a complete picture of a child’s developmental progress across seven developmental domains so that individualized, developmentally appropriate activities can be planned and implemented. This assessment can be used with children with typical and atypical development.

Areas Included
• Gross Motor
• Fine Motor
• Pre-Writing
• Cognitive
• Language
• Self-Help
• Personal/Social

Age Range: 36-72 months of age (developmental age; appropriate for older children with delays as well)
Publisher: Kaplan: [https://www.kaplanco.com/lap](https://www.kaplanco.com/lap)
COS Crosswalk: [http://ectacenter.org/eco/assets/pdfs/LAP_crosswalk_10-3-06.pdf](http://ectacenter.org/eco/assets/pdfs/LAP_crosswalk_10-3-06.pdf)
Notes: Available in Spanish.

The Rossetti Infant-Toddler Language Scale

Purpose: This scale identifies preverbal and verbal language development problems in infants to three-year-olds and provides essential information to early intervention team members.

Areas Included:
• Interaction-Attachment
• Pragmatics
• Gesture
• Play
• Language Comprehension
• Language Expression

Age Range: Birth to three
Publisher: Linguisystems: [http://www.linguisystems.com](http://www.linguisystems.com)
COS Crosswalk: [http://ectacenter.org/eco/assets/pdfs/Crosswalk-Rossetti.pdf](http://ectacenter.org/eco/assets/pdfs/Crosswalk-Rossetti.pdf)
Notes: The parent questionnaire is available in Spanish.
Child Outcomes Summary Team Process

Steps in the Child Outcome Summary Process

At entry and exit, teams of two or more members should complete the following steps of the Child Outcomes Summary process:

Step 1:
As needed, review general COS background information including the:
- meaning of the three outcomes,
- rating criteria,
- seven-point rating scale,
- Child Outcomes Summary Rating Guide,
- Decision Tree for Summary Rating Discussions,
- steps of the COS process, and
- age-expected growth and development for the age of the child.

COS team members are expected to have working knowledge of the child outcome areas and the COS process. Further, practitioners must have a clear understanding of typical development since the COS ratings are based upon how close a child is to age-expected development in each of the three outcome areas.

Step 2:
For each of the three child outcome areas and across settings and situations, ensure that multiple sources of information about the child’s functioning are available for review. Included are assessment results and family input. Other information may also be available (e.g., observations, evaluations, progress reports, and reports from specialists and others who know the child.)

Step 3:
For each outcome, discuss the child’s current functioning
- from multiple sources (e.g., family input, assessments, observations, progress monitoring, child care providers, specialists);
- across settings and situations (includes settings with different caregivers, people, and demands);
- focusing on the child’s functional use of skills versus isolated, discrete skills; and
- in sufficient depth to describe how the child uses skills in meaningful ways.

The Child Outcome Summary Process Discussion Prompts (Appendix D) provides examples of questions or prompts that may be used to elicit conversation about a child’s functioning with regard to the three global child outcome statements.

Step 4:
Discuss skills the child has and has not yet mastered. Addressing behaviors that are and are not part of the child’s repertoire helps the team fully understand the complete mix of a child’s functioning related to each outcome as well as understanding functional abilities that the child is not yet, almost, or intermittently demonstrating.

Step 5:
Consider how the child’s current use of skills relates to age-expected development (AE-age-expected, IF-immediate foundational, F-foundational) with reference to age-anchoring tools and resources. The team considers the child’s functional skills and how close they are to abilities of same-aged peers without disabilities.
- Age-expected (AE) functioning is demonstrating skills and abilities in day-to-day activities in ways that are consistent with what is expected for a child’s chronological age.
- Immediate foundational (IF) functioning is demonstrating skills and abilities that typically occur developmentally just before age-expected development. It can be thought of as skills like those of a slightly younger child.
- Foundational (F) functioning is demonstrating skills and abilities like those of a much younger child. These are important developmental skills to build upon, but there is greater distance between the observed functional skills and what is expected for a child this age.

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.

**Step 6:**
Using the *Child Outcomes Summary Rating Guide* (Appendix A) and the *Decision Tree for Summary Rating Discussions* (Appendix B), determine a rating for each outcome.

Once the team has a thorough understanding of the child’s functioning in an outcome area and how those abilities compare to age-expectations, the team applies the criteria to determine an accurate rating.

**Step 7:**
At exit only, determine whether the child has made progress on each outcome.

Progress means that the child has acquired at least one new skill or behavior related to the outcome. Compared to age-expected functioning, if the child has moved closer to age-expectations, the child has made progress. For example, if the child’s functioning was rated a three at entry meaning that the child uses foundational skills most or all of the time, and is rated a five at exit, showing age-expected functioning some of the time or in some situations, the child has made progress.

Confusion may occur when team members mistakenly believe that a numerical rating should increase from the entry rating to the exit rating because the child has made progress. The rating reflects how close the child’s current functioning is to age-expected functioning. In typical development, skills increase with age, so even maintaining the same rating between entry and exit means that the child has made progress. Logically, at entry if a two-year-old child’s skills are rated at immediate foundational level four in comparison to two-year-olds demonstrating age-expected skills, if the child’s skills at exit are also at immediate foundational level 4 when the child is four years old, the child has made progress. The child has improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers.

**Step 8:**
Document the team’s deliberations on the *Indicator 7: Child Outcomes Summary form* (Appendix C.)

Describe the supporting evidence for the ratings. Enough information to defend each decision should be provided. Consider that the team completing exit ratings may differ from the team completing the COS process at entry; therefore, documentation at entry must be sufficiently descriptive for the exit team to determine progress. The evidence provided should support the rating. For example, if a child’s functioning receives a rating of five, then the relevant results should include a mix of age-expected and not expected skills and behavior.
Steps in the Child Outcomes Summary Process

**Step 1:** As needed, review general COS background information.

**Step 2:** For each of the three child outcome areas and across settings and situations, ensure that multiple sources of information about the child’s functioning are available for review.

**Step 3:** For each outcome, discuss the child’s current functioning  
- from multiple sources (e.g., family input, assessments, observations, progress monitoring, child care providers, specialists, neighbors),  
- across settings and situations,  
- focusing on the child’s functional use of skills versus isolated, discrete skills, and  
- in sufficient depth to describe how the child uses skills in meaningful ways.

**Step 4:** Discuss skills the child has and has not yet mastered.

**Step 5:** Consider how the child’s current use of skills relates to age-expected development (AE-age-expected, IF-immediate foundational, F-foundational) with reference to age-anchoring tools and resources.

**Step 6:** Using the *Child Outcomes Summary Rating Guide* (Appendix A), and the *Decision Tree for Summary Rating Discussions* (Appendix B) determine a rating for each outcome.

**Step 7:** At exit only, determine whether the child has made progress on each outcome.
## Completing the Indicator 7: Child Outcomes Summary Form

The VDOE’s *Indicator 7: Child Outcomes Summary form* (Appendix C) or a locally devised comparable form, is used to document the COS process. Additionally, page one of the form serves as a mechanism to communicate the necessary information to designated school division personnel who enter COS ratings into the Single Sign-on Web System (SSWS) at entry and exit.

The child’s case manager (or other designated school division employee) completes the required descriptive information on page one of the form. The same form is to be used at both entry into and exit from services and includes the following fields:

- student full name,
- identification number (locally assigned, if applicable),
- State Testing Identification number 1 (STI number),
- date of birth,
- age at entry or exit (in years and months),
- date of form completion, and
- primary disability at entry or exit (circle one).

Record the results of the Child Outcome Summary process as completed by the team.

- For each of the three child outcomes, circle one rating.
- Document the supporting evidence discussed by the team including the source and summary of relevant results. Evidence in the child’s file (e.g., evaluation reports, teacher observations, family input, IEP progress reports) should support each rating.
- Transfer the numerical outcome ratings from pages two through four, to page one.
- At exit, record the results of the team’s discussion regarding child progress on page one. Circle yes or no.
- Record the method(s) of including family information on child functioning on page one. Circle all that apply.
- Record the name and role of each COS team member involved in deciding the summary ratings on page two.

### ENTRY

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<th>Overall Age-Appropriate</th>
<th>Overall Not Age-Appropriate</th>
<th>Some Not Age-Appropriate/Some Age-Appropriate</th>
<th>Overall Age-Appropriate</th>
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</thead>
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<td>Age-Expected</td>
<td>Foundational</td>
<td>Immediate Foundational</td>
<td>Age-Expected</td>
</tr>
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<td>4</td>
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### EXIT

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<th>Overall Age-Appropriate</th>
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<td>Age-Expected</td>
<td>Foundational</td>
<td>Immediate Foundational</td>
<td>Age-Expected</td>
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<td>2</td>
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### Supporting Evidence

<table>
<thead>
<tr>
<th>Source</th>
<th>Summary of Relevant Results</th>
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**Source**

**Summary of Relevant Results**
Following the COS Process team meeting, the child’s case manager or other designated individual:

- Transmits page one of the COS form to the person responsible for entering ratings into the VDOE Single Sign-on Web System.
- Ensures that the paper copy of the COS Form is maintained with the child’s official special education records.

**Reporting Child Outcome Summary Ratings to the Virginia Department of Education**

At entry and at exit, designated school division personnel enter COS ratings into the VDOE Single Sign-on Web System (SSWS). All information required for COS data entry may be obtained from the first page of the Indicator 7: Child Outcomes Summary form for each child.

COS information may be entered at any time the SSWS window is open. The VDOE recommends that entry ratings be recorded in SSWS as they are determined. Check the “Student Exit Not Expected” button until exit ratings are entered.

When a child exits, record the exit ratings in SSWS and submit to the VDOE as soon as they are determined.

**Indicator 7 Data Reported to Office of Special Education Programs**

The VDOE reports both progress categories and summary statements to the USDOE OSEP. The calculations necessary to convert ratings from the Indicator 7: Child Outcomes Summary form to the progress category and applicable summary statements are completed in SSWS. School division personnel do not have to convert ratings.

The child’s entry and exit rating in addition to the progress indicator are used to calculate five progress categories across each of the three outcome areas. These are indicated as a-e.

- a. Children who did not improve functioning.
- b. Children who improved functioning but not sufficient to move nearer to functioning comparable to same aged peers.
- c. Children who improved functioning to a level nearer to same aged peers but did not reach it.
- d. Children who improved functioning to reach a level comparable to same aged peers.
- e. Children who maintained functioning at a level comparable to same aged peers.

These five progress categories are then converted into two summary statement percentages for each of the three child outcomes:

**Summary Statement 1:** Of those children who entered the program below age expectations, the percent who substantially increased their rate of growth by the time they exited the program. (State derives a percentage for each child outcome area.) Formula: 

\[
\left(\frac{c + d}{a + b + c + d}\right) \times 100,
\]

where letters represent the actual number of children in each progress category group.

**Summary Statement 2:** The percent of children who were functioning within age expectations in each outcome by the time they exited the program. (State derives a percentage for each child outcome area.) Formula: 

\[
\left(\frac{d + e}{a + b + c + d + e}\right)
\]

The assessment must measure the child’s performance in each of the three outcome areas and measure functional, not discrete, skills.
Resources

The COS process was developed by federal technical assistance centers. The technical assistance centers, as well as the Virginia Department of Education, have developed resources including this technical assistance document to support school division personnel in completing the process accurately and with fidelity.

Resources may be found on the Virginia Department of Education website at www.doe.virginia.gov and on the Leadership in Effective and Developmentally-Appropriate Services (LEADS) website at http://va-leads-ecse.org/.

Additional resources, including modules appropriate for professional development, may be accessed from the national Early Childhood Technical Assistance Center at http://ectacenter.org/

References


Appendices
## Appendix A:
### Child Outcomes Summary Rating Guide

<table>
<thead>
<tr>
<th>Age Expected</th>
<th>Description</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Age Expected - 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. Relative to same age peers, _____ has all of the skills that we would expect of a child his age in the area of (outcome e.g., taking action to meet needs).</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Age Expected - Child’s functioning generally is considered appropriate for child’s age but there are some significant concerns about the functioning in this outcome area. Concerns are substantial enough to suggest monitoring or possible additional support. Although age-appropriate, the child’s functioning borders on not keeping pace with age expectations. Relative to same age peers, _____ has the skills that we would expect of his age in regard to (outcome); however, there are concerns with how he (functional area that is of concern/quality of ability/lacking skill).</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Immediate Foundational - 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. Relative to same age peers, _____ shows many age expected skills, but continues to show some functioning that might be described like that of a slightly younger child in the area of (outcome).</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Immediate Foundational - Child shows occasional age-appropriate functioning across settings and situations. More functioning is not age-appropriate than age-appropriate. Relative to same age peers, _____ shows occasional use of some age expected skills, but more of his skills are not yet age expected in the area of (outcome).</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Immediate Foundational - 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. Relative to same age peers, _____ is not yet using skills expected of his age. He does however use many important and immediate foundational skills to build upon in the area of (outcome).</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Foundational - Child occasionally uses immediate foundational skills across settings and situations. More functioning reflects skills that are not immediate foundational than are immediate foundational. Relative to same age peers, _____ is showing some emerging or immediate foundational skills, which will help him to work toward age appropriate skills in the area of (outcome).</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Foundational - 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. Relative to same age peers, _____ functioning might be described as like that of a much younger child. He shows early skills, but not yet immediate foundational or age expected skills in the (outcome) area.</td>
<td></td>
</tr>
</tbody>
</table>

Adapted from the Child Outcomes Summary (COS) Ratings and Maryland COS Descriptors w/Buckets. Based upon Early Childhood Outcomes Center and from materials developed by Naomi Younggren, DoD for EDIS October 2011 – The Early Childhood Intervention and Education Branch/Division of Special Education/Early Intervention Services/MSDE
Decision Tree for Summary Rating Discussions

Does the child ever function in ways that would be considered age-expected with regard to this outcome?

No (consider rating 1–3)

Does the child use any immediate foundational skills related to this outcome upon which to build age-expected functioning across settings and situations?

No

To what extent is the child using immediate foundational skills across settings and situations?

Uses skills that are not yet immediate foundational

Rating = 1

Occasional use of immediate foundational skills

Rating = 2

Uses immediate foundational skills most or all of the time

Rating = 3

Yes (consider rating 4–7)

Does the child function in ways that would be considered age-expected across all or almost all settings and situations?

Does the child function in ways that would be considered age-expected across all or almost all settings and situations?

No (consider rating 1–3)

To what extent is the child using immediate foundational skills across settings and situations?

Uses skills that are not yet immediate foundational

Rating = 1

Occasional use of immediate foundational skills

Rating = 2

Uses immediate foundational skills most or all of the time

Rating = 3

No

To what extent does the child function in ways that are age-expected across settings and situations?

Occasional use of age-expected skills; more behavior that is not age-expected

Rating = 4

Uses a mix of age-expected and not age-expected behaviors and skills

Rating = 5

Yes

Does anyone have concerns about the child’s functioning with regard to the outcome area?

Yes

No

Rating = 6

Rating = 7
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**__________________________________________________ **ID Number**__________________________

**State Testing ID**___________________________________________________ **Date of Birth**______________________________

**Age at Entry**__________ years, _________ months **Age at Exit**__________ years, _________ months

<table>
<thead>
<tr>
<th>ENTRY Make entry ratings within the first month of service.</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date</strong></td>
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<table>
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<td>Traumatic Brain Injury</td>
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**How Family Information on Child Functioning was Collected**

- » Received in team meeting
- » Collected separately
- » Incorporated into assessment(s)

**Ratings**

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<tr>
<th>Outcome 1</th>
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<tr>
<td>Outcome 3</td>
<td>1 2 3 4 5 6 7</td>
<td>1 2 3 4 5 6 7</td>
<td>Yes</td>
<td>No</td>
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</tbody>
</table>

*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

<table>
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<th>EXIT</th>
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<tbody>
<tr>
<td>Name</td>
<td>Name</td>
</tr>
<tr>
<td>Role</td>
<td>Role</td>
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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.

<table>
<thead>
<tr>
<th>ENTRY</th>
<th>EXIT</th>
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<tbody>
<tr>
<td>Overall Not Age-Appropriate</td>
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### Supporting Evidence

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<tr>
<td>Summary of Relevant Results</td>
<td>Summary of Relevant Results</td>
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</tbody>
</table>
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.

<table>
<thead>
<tr>
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<tr>
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**Supporting Evidence**

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</table>
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.

<table>
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<th>EXIT</th>
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Supporting Evidence

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Appendix D:
Child Outcome Summary Process Discussion Prompts

The questions and prompts that follow may be used to stimulate conversation about a child’s functioning with regard to the three global child outcome statements. The list is not a comprehensive list of the types of questions or topics that might be discussed, nor is it intended to be used as a checklist necessary for discussion. Rather, it is intended to assist teams in generating specific descriptions of the child the child’s functioning

• from multiple sources,
• across settings and situations,
• focusing on the functional use of skills versus isolated, discrete skills, and
• in sufficient depth to describe how the child uses skills in meaningful ways.

For each outcome, team members should compare the child’s functioning to peers of the same age. How would you expect other children this age to act in these situations?

Outcome 1: Positive Social-Emotional Skills (Including Social Relationships)

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.

• How does the child relate to his/her parent(s) or primary caregiver(s)?
• How does the child relate to other familiar caregivers (e.g., extended family, child care providers, babysitters)? To strangers?
• How does the child relate to his/her siblings? To peers (at child care, in the park)?
• How does the child initiate and maintain interactions with people? Does he/she establish eye contact? Display affection? Seek out others after an accomplishment? Seek out others when frustrated or angry?
• Are there behaviors that may interfere with relationships or seem inappropriate in interactions expected for the child’s age (e.g., screaming, biting, tantrums)? How often does this occur? In what situations?
• How does the child display his/her emotions? How does the child read and react to the emotions and expressions of others?
• Does the child display awareness of routines? How? How does the child respond to transitions? To changes in routines or activities?
• How does the child engage in mutual activity (e.g., establish joint attention, communicate to convey a desire to engage, initiate interaction or play)?
• Does the child participate in games (e.g., social, cooperative, rule-based, with turn-taking)? What do the child’s interactions look like in these situations?
• Does the child display an awareness of social rules and expectations? How? Does the child behave differently in different contexts (e.g., quieter in church, more active outside)?

Outcome 2: Acquisition and Use of Knowledge and Skills (Including Early Language/Communication and Early Literacy)

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.

• How does the child use the words and skills he/she has in everyday settings (e.g., home, school, play)?
• Tell me about a time when he/she tried to solve a problem (e.g., overcome an obstacle/problem interfering with something important). What did he/she do?
• How does the child understand and respond to directions and requests from others?
• How does the child imitate others’ actions across settings to learn or try new things?
• How does the child display understanding of differences in roles, characteristics, and expectations across people and situations?
• Does the child use something learned at one time at a later time or in another situation?
• Does the child display an awareness of the distinctions between things (e.g., object characteristics, size differences, differences in object functions)?

• What does the child do if an action or a strategy attempted isn’t successful (e.g., try to modify approach, show persistence, etc.)?

• How does the child interact with books, pictures, and print?

• How does the child’s play suggest understanding of familiar scripts for how things work, what things are related, what comes next, and memory of previous actions in that situation?

Outcome 3: Use of Appropriate Behaviors to Meet Their Needs

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.

• How does the child convey his/her wants and needs? How does it differ across settings and people?

• What does the child do when he/she can’t get or doesn’t have what she wants? When having to wait?

• What does the child do when he/she is upset or needs comfort?

• How does the child get from place to place?

• Tell me about the child’s actions when dressing and/or undressing. At mealtime? Toileting?

• Tell me about the child’s actions/reactions with regard to hygiene (tooth brushing, washing hands/face, blowing nose, etc.)

• Does the child display toy preferences? How do you know? What does the child do when he/she is interested in a different toy than he/she has?

• Does the child show awareness of situations that might be dangerous (e.g., hot stoves, cars/crossing streets, strangers, etc.)?

• How does the child respond to problematic or unwanted peer behavior?

• How does the child use materials to have an effect (e.g., drawing materials, tools, etc.)?
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