



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. This rating should reflect the child's current functioning across settings and activities and take into consideration modifications and adaptations that have been made to assist the child's participation. **Consult the Child Outcomes Summary Form Instructions for further clarification on form completion.**

COSF Facilitator	Discipline

Date of COSF completion:

Month	Day	Year

Type of COSF completed today: ☐ Initial COSF ☐ Annual COSF ☐ Exit COSF

#### 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



Child's Name: \_\_\_\_\_

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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 25301  
Fax: 304-558-2183  
Email: DHHRWVBTT@wv.gov