WV BIRTH TO THREE
Office of Maternal, Child and Family Health
Bureau for Public Health
Department of Health and Human Resources

Instructions: Child Outcome Summary Form

Purpose: The Child Outcome Summary Form (COSF) is to be used to assist the IFSP team, which includes the family, in evaluating and reporting the child's functioning across a range of settings and progress toward three important child outcomes. These outcomes are measured and reported to the U.S. Department of Education by every state's early intervention system.

Legal Basis: Individuals with Disabilities Education Improvement Act (IDEA)

Completing the Form: Child Outcome Summary Form

The Interim Service Coordinator and/or Ongoing Service Coordinator is responsible for assuring that the Initial, Annual and Exit COSF is completed for every child on their caseload. **In situations where there is no Developmental Specialist present (face to face or by phone) at the annual eligibility meeting or when the child exits WV Birth to Three, the Ongoing Service Coordinator is responsible for facilitating the IFSP team's completion of the COSF following the guidelines below. If the Developmental Specialist is participating by phone, the Developmental Specialist will facilitate the conversation, but the Ongoing Service Coordinator is responsible for completion of the COSF form and ensuring that the form is sent to the State Office for data entry.**

> **Type of COSF: Use the following three definitions to select the appropriate type of COSF that has been completed**

Initial COSF: The Initial COSF is completed during the Initial IFSP meeting. The Developmental Specialist who completed assessment will facilitate the discussion and completion of the COSF immediately following the determination of eligibility and prior to the development of the IFSP Outcome pages. The IFSP team is to consider the information gathered during assessment and discussion of the child's participation across a variety of settings, activities and interactions.

In the rare circumstance that a Developmental Specialist is not present during the initial IFSP meeting, the Interim Service Coordinator will facilitate the IFSP team's completion of the COSF during the meeting.

Annual COSF: The Annual COSF is completed during the Annual IFSP meeting. The Developmental Specialist who completed assessment for the annual IFSP will facilitate the team's discussion and completion of the COSF immediately following the determination of eligibility and prior to the development of the IFSP Outcome pages. The IFSP team is to consider information from ongoing assessment and discussion of the child's functional participation across a variety of settings, activities and interactions.

Exit COSF: Exit from WV Birth to Three can occur for a variety of reasons such as when: the child turns three years of age; the family moves or otherwise has elected to no longer receive services; the IFSP team cannot locate the child/family; or when the child is no longer eligible for services at the Annual IFSP meeting. Hopefully most exits can be planned for and the child/family will receive support for the transition. _Whether the child's Exit was planned or occurs unexpectedly, a COSF rating needs to be completed for each child when he/she exits._

The early intervention team may complete the Exit COSF rating during natural junctures such as Annual

IFSP or IFSP review as long as the child will be exiting at or near that event (within the next 30 days). If the child's planned Exit is more than 30 days after any of these naturally occurring events, the IFSP team should meet for an Exit meeting and complete the Exit COSF during that meeting. If it is not possible to convene an Exit meeting, the Developmental Specialist (or OSC if no Developmental Specialist on the team) will gather information from team members and complete the COSF. The COSF is to be submitted within five days of completion.

If the child exits unexpectedly, the Developmental Specialist (or OSC if there is not a Developmental Specialist on the IFSP team) is responsible for gathering information from the IFSP team and facilitating completion of the Exit COSF rating.

In situations where parents are not available to conduct an Exit meeting face to face, and the IFSP team completes the Exit COSF via a conference call, the team members may be reimbursed for actual teaming time spent on the joint call, up to 2 units. Documentation on the Teaming Activity Note must explain why the parent was not available to participate.

NOTE: *In situations when the team is unable to contact or locate the family, the TA Bulletin, "Inability to Provide IFSP Services," must be followed and steps documented prior to determining that exit has occurred. Once the team has determined an unplanned exit has occurred, the Exit COSF rating must be completed within five days of exit.*

Filling in the Blanks: Use the following guidance to complete remainder of the Child Outcome Summary Form

Filling in the blanks:

Child's Identifying Information:
- Enter child's name – last name, first name and middle initial.
- Enter the child's numerical date of birth (month, day, and year). ***Check to be sure that the date of birth is accurate.***
- Enter the date the form is being completed.

COSF Facilitator/Discipline:
- Enter the name of the individual who is facilitating the completion of the COSF.
- Enter the discipline of the individual who is facilitating the completion of the COSF.

Date of COSF completion:
- Enter the numerical date the COSF is being completed.

Type of COSF completed today:
- Check the appropriate box indicating if you have completed an: ☐ Initial COSF; ☐ Annual COSF; ☐ Exit COSF

Rating in the Three Outcome areas:
- A.; 2. A.; or 3. A: Check one box per outcome area which best describes the child's current level of functioning.

- 1. B.; 2. B.; or 3. B: For initial COSF, check Not Applicable. For Annual or Exit COSF, check the box that best describes whether or not the child has shown any new skills or behaviors related to the outcome area in the last 12 months: ☐ Yes or ☐ No

To Help You Decide on the Outcome Ratings

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 should be considered in deciding on an answer. Individuals providing input for the discussion may include (but not be limited to): parents and family members, caregivers or child care providers, therapists, service providers, case managers, teachers, and physicians.

Many types of information could be considered in selecting an answer. This may include (but are not be limited to): parent and clinical observation, curriculum-based assessments, norm-referenced assessments, service provider notes about performance in different situations, and progress and issues identified in the IFSP.

Depending on the assessment, assessments can a useful source of information for reaching a summary rating decision but assessment information should be placed in context with other information available about a child. Many assessments 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's participation across settings and activities. 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.

Answers should reflect the child's current functioning across the typical setting and situations that make up his/her day. Answers should convey the child's **typical** functioning across typical settings, *not* his/her capacity to function under ideal circumstances.

If assistive technology or special accommodations are available in the child's everyday environments, then the answer 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. Answers are to reflect the child's **actual** functioning across a range of settings, *not* his/her capacity to function under ideal circumstances.

Documentation Used to Support the Ratings on the COSF

Check the appropriate boxes to document the type of documentation used to support the rating.

☐ Activity Notes   ☐ Child Observation   ☐ Evaluation/Assessment   ☐ Family Interview
☐ IFSP   ☐ Medical Record Review ☐ Transition Summary Update ☐ Other

Team Members Participating in Rating of COSF

This section documents who and how the multi–disciplinary evaluation/IFSP team members participated in the completion of the COSF. Practitioners who attend the eligibility determination/IFSP meeting face to face will complete the required information and provide signature. For practitioners who participate via phone, the Service Coordinator will complete required information and print the practitioner's name.
- *Name:* Enter name

- *Signature/Credential:* Sign with credential

- *Date:* Enter numerical date of participation

- *Role on Team:* Enter role on MDT team; for example, "Service Coordinator", "Speech Therapist", "Developmental Specialist"

- *Method of Contribution:* Enter whether the practitioner participated face to face, on the phone or sent an authorized representative

Submission of the Completed COSF

Initial COSF: The Interim Service Coordinator will return the completed COSF to the RAU following the initial IFSP meeting, for entry into the child's educational record.

Annual and Exit COSFs: The Developmental Specialist (or Ongoing Service Coordinator) will submit the COSF to the WV Birth to Three State Office to the address on the form, via mail or fax. (*The Developmental Specialist (or Ongoing Service Coordinator) should keep a copy of the Annual and Exit COSF forms for his/her records for quality assurance purposes.*