

**Illinois Child Outcomes Summary (COS) Form**

Entry  **Progress**  Date: \_\_\_\_\_

Name: \_\_\_\_\_ SID: \_\_\_\_\_ Male  Female  DOB: \_\_\_\_\_  
Last First Middle

District: \_\_\_\_\_ School: \_\_\_\_\_

**Persons Involved in Deciding Summary Ratings - Role/Title**


**Progress Rating Only (choosing "Yes" does not require a rating change)**

Made Progress Toward Increasing Positive Social Relationships?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Made Progress Toward Increasing Acquisition and Use of Knowledge Skills?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Made Progress Toward Increasing Taking Appropriate Action to Meet Own Needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Summary of Evidence:	Summary of Evidence:	Summary of Evidence:

Sources of Supporting Evidence – Date:	Sources of Supporting Evidence – Date:	Sources of Supporting Evidence – Date:
Special Considerations:	Special Considerations:	Special Considerations:

**Entry and Progress Ratings (use ECO Decision Tree to determine ratings, then choose from below and note rating in box)**

1 - Not Yet	3 - Nearly	5 – Somewhat	7 - Completely
2 - Between Not Yet and Nearly	4 -Between Nearly and Somewhat	6 - Between Somewhat and Completely	

<input type="checkbox"/> <b>Positive Social Relationships</b>	<input type="checkbox"/> <b>Acquire and Use Knowledge and Skills</b>	<input type="checkbox"/> <b>Take Appropriate Action to Meet Own Needs</b>
---------------------------------------------------------------	----------------------------------------------------------------------	---------------------------------------------------------------------------

**Primary Assessment for Progress Ratings Only (select one)**

<input type="checkbox"/> 1 – Assessment and Evaluation Programming System (AEPS)	<input type="checkbox"/> 10 – My Teaching Strategies™ GOLD	<input type="checkbox"/> 12 – Ages and Stages Questionnaire (ASQ) (Child has an IEP for Speech Services Only)
<input type="checkbox"/> 3 – High Scope Child Observation Record	<input type="checkbox"/> 11 – Early Learning Scales (ELS)	<input type="checkbox"/> 13 – Desired Results Developmental Profile (DRDP)
<input type="checkbox"/> 8 – The Work Sampling System		

Did _____ Participate in the Meeting?	Psychologist or Social Worker	<input type="checkbox"/> Yes <input type="checkbox"/> No
Coordinator, LEA Representative or Administrator	Speech/ Language Pathologist	<input type="checkbox"/> Yes <input type="checkbox"/> No
Early Childhood Teacher	Another Related Service Provider (e.g. OT/PT)	<input type="checkbox"/> Yes <input type="checkbox"/> No

How was Parent Involved in the Ratings?	<input type="checkbox"/> 1- Parent participated in meeting.	<input type="checkbox"/> 2 Parent did not attend, but provided information.	<input type="checkbox"/> 3 – Parent Did Not Participate in Ratings Process
-----------------------------------------	-------------------------------------------------------------	-----------------------------------------------------------------------------	----------------------------------------------------------------------------

Entered into SIS by \_\_\_\_\_

Date: \_\_\_\_\_

Form Revision Date – 9/30/22