

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:
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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"/> Positive Social Relationships	<input type="checkbox"/> Acquire and Use Knowledge and Skills	<input type="checkbox"/> Take Appropriate Action to Meet Own Needs
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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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Speech/ Language Pathologist <input type="checkbox"/> Yes <input type="checkbox"/> No
Early Childhood Teacher <input type="checkbox"/> Yes <input type="checkbox"/> No	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.	2 Parent did not attend, but provided information.	3 – Parent Did Not Participate in Ratings Process
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Entered into SIS by _____ Date: _____ Form Revision Date – 9/30/22