



Child Outcomes Summary ENTRY Form

All fields are required to be completed.

Please Write Legibly

The Child Outcomes Summary Entry form is required for children in the cohort who are eligible for the EIP, are less than 30 months old, and have not had any prior service. The form should be completed by the IFSP team at the Initial IFSP meeting. Thank you for your assistance in meeting this Federal reporting requirement.

Child's NYEIS Identifier: _____

1. Date Assessed: ____/____/____
Mo Day Year

2. Child's Name: _____
First Last

3. Child's Date of Birth: ____/____/____
Mo Day Year

4. Child's Sex: M F

5. County/Borough/Residence: _____
(FIPS No.)

6. **IFSP Team Members:** Check all members who participated and completed this form. If individual forms are being completed by each participant, please check only the box for the participant completing this form:

Parent(s) Evaluator(s) EIO/D Service Coordinator Service Provider(s) Other: _____

7. Please rate the child's STATUS in each of the three functional areas, **by circling the number** which **BEST DESCRIBES THE CHILD'S CURRENT BEHAVIORS AND SKILLS**:

7A. To what extent does this child show **POSITIVE SOCIAL EMOTIONAL SKILLS (INCLUDING RELATIONSHIPS)** APPROPRIATE FOR HIS OR HER AGE and ACROSS A VARIETY OF SETTINGS AND SITUATIONS?

Completely		Somewhat		Emerging		Not Yet
7	6	5	4	3	2	1

7B. To what extent does this child **ACQUIRE AND USE KNOWLEDGE AND SKILLS** APPROPRIATE FOR HIS OR HER AGE and ACROSS A VARIETY OF SETTINGS AND SITUATIONS?

Completely		Somewhat		Emerging		Not Yet
7	6	5	4	3	2	1

7C. To what extent does this child **TAKE APPROPRIATE ACTION TO MEET NEEDS** APPROPRIATE FOR HIS OR HER AGE and ACROSS A VARIETY OF SETTINGS AND SITUATIONS?

Completely		Somewhat		Emerging		Not Yet
7	6	5	4	3	2	1