|  |  |  |  |
| --- | --- | --- | --- |
| Child Name | Click or tap here to enter text. | Child ID |  Click or tap here to enter text. |
|  |  |  |  |
| Completion Date | Click or tap to enter a date. | Date of Birth | Click or tap to enter a date. |
|  |  |  |  |
| Location/LES | Click or tap here to enter text. | Age | Click or tap here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
|[ ]  Entry Summary |[ ]  Periodic/Annual Summary | [ ]   | Exit Summary |

|  |  |
| --- | --- |
| If **Entry** Summary, list date of initial IFSP: | Click or tap to enter a date. |
|  |  |
| If **Exit** Summary, list date of last service: | Click or tap to enter a date. |

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| **Persons involved in deciding the summary ratings:** |
| **Name & Organization** | **Role**  |
| Click or tap here to enter text. | Choose an item. |
| Click or tap here to enter text. | Choose an item. |
| Click or tap here to enter text. | Choose an item. |
| Click or tap here to enter text. | Choose an item. |
| Click or tap here to enter text. | Choose an item. |
| Click or tap here to enter text. | Choose an item. |
| Click or tap here to enter text. | Choose an item. |

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| **Sources of Evidence:** *Check all that apply* |
| Family information on child functioning |[ ]  Received in a team meeting |[ ]  Incorporated into assessment(s) |
|  |[ ]  Collected separately through family report |[ ]  Not included |
|  |  |  |  |  |
| Evidence collected in a variety of settings and situations |[ ]  Child engaged in caregiver-directed and self-initiated activities |  |   |
|  |  |  |  | Child engaged in activities across different routines |
|  |[ ]  Child engaged in preferred and non-preferred activities |  |  |
|  |  |  |[ ]  Play/Learning |
|  |[ ]  Child engaged in activities across different social settings (e.g., home with family, playground with multiple children; please specify) |[ ]  Caregiving |
|  |  |  |[ ]  Chores/Community |
|  |  |  |[ ]  Transition |
|  |  |  |[ ]  Child engaged in easy to difficult activities |
|  |  | Click or tap here to enter text. |  |  |
|  |  |  |  |  |
| Evidence collected using variety of methods | *Formal sources & methods* | *Informal assessment methods* |
|  |[ ]  Monthly progress notes |  |  |
|  |[ ]  Screening instruments (e.g., ASQ-SE) |[ ]  Live observations of the child |
|  |[ ]  Curriculum-based (e.g., AEPS-2, DPIYC) |[ ]  Video observations of the child |
|  |[ ]  Standardized, norm-referenced (e.g., BDI) |[ ]  Interview with caregivers and service providers |
|  |[ ]  IFSP progress determination |[ ]  5Q Visual Model |
|  |[ ]  Other source |  |  |
|  |  | Click or tap here to enter text. |  |  |

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| **1. POSITIVE SOCIAL-EMOTIONAL SKILLS (INCLUDING SOCIAL RELATIONSHIPS)** |
| **1a. To what extent does this child show age-appropriate functioning, across a variety of settings and****situations, on this outcome?** *(Select rating with descriptor)* |
| Choose an item. |
| **Provide a written explanation for the selection of the above rating.** |
| Click or tap here to enter text. |
| **1b. (Do not complete at entry): Has the child shown any new skills or behaviors related to positive social-emotional skills (including positive social relationships) since the last outcomes summary?** *(Check one box)* |
| Progress measured from what point in time (Provide month/year): | Click or tap to enter a date. |
| [ ] Yes | 1 🡪 Describe progress: | Click or tap here to enter text. |
| [ ]  No | 2  |  |
|  |

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| **2. ACQUIRING AND USING KNOWLEDGE AND SKILLS** |
| **2a. To what extent does this child show age-appropriate functioning, across a variety of settings and****situations, on this outcome?** *(Select rating with descriptor)* |
| Choose an item. |
| **Provide a written explanation for the selection of the above rating.** |
| Click or tap here to enter text. |
| **2b. (Do not complete at entry): Has the child shown any new skills or behaviors related to acquiring and using****knowledge and skills since the last outcomes summary?***(Check one box)* |
| Progress measured from what point in time (Provide month/year): | Click or tap to enter a date. |
| [ ] Yes | 1 🡪 Describe progress: | Click or tap here to enter text. |
| [ ]  No | 2  |  |
|  |

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| **3. TAKING APPROPRIATE ACTION TO MEET NEEDS** |
| **3a. To what extent does this child show age-appropriate functioning, across a variety of settings and****situations, on this outcome?** *(Select rating with descriptor)* |
| Choose an item. |
| **Provide a written explanation for the selection of the above rating.** |
| Click or tap here to enter text. |
| **3b. (Do not complete at entry): Has the child shown any new skills or behaviors related to taking action to meet****needs since the last outcomes summary?** *(Check one box)* |
| Progress measured from what point in time (Provide month/year): | Click or tap to enter a date. |
| [ ] Yes | 1 🡪 Describe progress: | Click or tap here to enter text. |
| [ ]  No | 2  |  |
|  |