



New York State Department of Health - Early Intervention Program

Child Outcomes EXIT Summary Form**All fields are required to be completed**

Child's NYEIS Identifier: _____

1. Date Completed: ____/____/____
Mo Day Year2. Child's Name: _____
First Last3. Child's Date of Birth: ____/____/____ 4. Child's Sex: M F 5. County/Borough/Residence: _____
Mo Day Year (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. (1) 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

(2) Has the child shown ANY new skills or behaviors related to **POSITIVE SOCIAL EMOTIONAL SKILLS (INCLUDING RELATIONSHIPS)** since the ENTRY outcomes form was completed? Please choose Yes or No below. YES NO

If Yes, briefly describe progress made, including new skills, behaviors, and/or functional abilities:

7B. (1) 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

(2) Has the child shown ANY new skills or behaviors related to **ACQUIRING AND USING KNOWLEDGE AND SKILLS** since the ENTRY outcomes form was completed? Please choose Yes or No below. YES NO

If Yes, briefly describe progress made, including new skills, behaviors, and/or functional abilities:

7C. (1) 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

(2) Has the child shown ANY new skills or behaviors related to **TAKES APPROPRIATE ACTION TO MEET NEEDS** since the ENTRY outcomes form was completed? Please choose Yes or No below. YES NO

If Yes, briefly describe progress made, including new skills, behaviors, and/or functional abilities:

8. **Questions 7A, 7B, and 7C were not completed due to:**
 Parents refused EI services Loss contact with Family
 Moved out of state Child passed away Less than 6 months of service