



## Early On Exit Summary

Today's Date: \_\_\_\_\_ Date of Change: \_\_\_\_\_

Submitted by: \_\_\_\_\_ Agency/District: \_\_\_\_\_

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Birth Date: \_\_\_\_\_ UIC: \_\_\_\_\_

Please complete the following sections:

I. If the child is transitioning out of *Early On*, please indicate WHY *Early On* services are no longer needed. Please check one:

- AGE THREE, PART B ELIGIBLE:** Child has reached age 3, and has been determined to have a disability requiring Special Education services. (This requires a referral to Special Education, Parental Consent for Evaluation, and an IEP determining eligibility)
- AGE THREE, NOT PART B ELIGIBLE, REFERRED:** Child has reached age 3, was evaluated and determined NOT eligible for Special Education, and was referred to other programs or services.
- AGE THREE, NOT PART B ELIGIBLE, NOT REFERRED:** Child has reached age 3, was evaluated and determined NOT eligible for Special Education, and was NOT referred to other programs or services.
- AGE THREE, PART B ELIGIBILITY NOT DETERMINED:** Child has reached age 3, unknown eligibility for Special Education. 1. Referred for Part B but the eligibility determination has not yet been made or reported, or 2. Parents did not consent to evaluation for Part B, or 3. Exited without a referral to Part B.
- COMPLETION OF IFSP:** Child has successfully completed the IFSP prior to reaching age 3 and no longer requires services under Part C.
- DECEASED:** Child died prior to reaching age 3
- MOVED IN STATE:** Child moved from the service area prior to age 3 and is KNOWN to be continuing with Part C services in the new location within the State. (specify location, if known) \_\_\_\_\_
- WITHDRAWN BY PARENT:** Parents declined all services and provided written or verbal indication of withdrawal from services prior to the child's 3<sup>rd</sup> birthday.
- UNABLE TO CONTACT:** Child is under age 3, and personnel have been unable to contact or locate the family or child after repeated, documented attempts. Include any child who has not completed their IFSP and exited before age 3, or a child who has moved from the service area and is not known to be continuing services
- MOVED OUT OF STATE:** Child moved out of State before their 3<sup>rd</sup> birthday . (specify location, if known) \_\_\_\_\_

Copies to Parent/Guardian/Surrogate Parent and *Early On* Coordinator

# Michigan Child Outcomes Summary Form (COSF)

**Required for Entry IFSP, (unless child is 2.5 years or older at the time of entry), and Exit, (unless child was enrolled less than 6 months)**

## Child Identification Information

<b>Child's Name (last)</b> <input style="width: 100%;" type="text"/>	<b>(first)</b> <input style="width: 100%;" type="text"/>	<b>(mi)</b> <input style="width: 100%;" type="text"/>	<b>Service Provider</b> <input style="width: 100%;" type="text"/>
<b>Gender</b> M <input type="checkbox"/> F <input type="checkbox"/>	<b>Date of Birth</b> <input style="width: 100%;" type="text"/>	<b>District</b> <input style="width: 100%;" type="text"/>	
<b>Type of Eligibility</b> _____	<b>Race/Ethnicity (Choose only one)</b> _____	<b>Hispanic (Please Select)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

## Data Sources

<b>Primary Assessment Tool Used</b> <i>(Choose only one)</i> _____	<b>If Other Please Specify</b> _____	<b>Date Assessment Tool was Completed</b> <input style="width: 100%;" type="text"/>
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*(For Annual/Exit: Please use the ongoing assessment date, not the initial assessment date. Assessment and Parent Input dates must be within 90 days of the Date Ratings were determined)*

<b>Method for Obtaining Parent Input for COSF</b> <i>(Choose only one)</i> _____	<b>Date Parent Input was Gathered</b> <input style="width: 100%;" type="text"/>
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**Initial IFSP Date**  
*(Date Parent Signed)*

## Outcomes Ratings

<b>Date COSF Ratings were Determined</b> <input style="width: 100%;" type="text"/>	<b>Type of Rating (Choose only one)</b> _____
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<p>1. Children have positive social relationships. _____ (1 to 7)</p> <p><b>For Annual or Exit only:</b> Has the child shown <b>any</b> new skills or behaviors related to this outcome since the last outcomes summary?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>2. Children acquire and use knowledge and skills. _____ (1 to 7)</p> <p><b>For Annual or Exit only:</b> Has the child shown <b>any</b> new skills or behaviors related to this outcome since the last outcomes summary?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>3. Children take appropriate actions to meet needs. _____ (1 to 7)</p> <p><b>For Annual or Exit only:</b> Has the child shown <b>any</b> new skills or behaviors related to this outcome since the last outcomes summary?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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