

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

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

Data Sources

| | | |
|---|---|---|
| Primary Assessment Tool Used <i>(Choose only one)</i> | If Other Please Specify | Date Assessment Tool was Completed |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |

(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)

| | |
|---|---|
| Method for Obtaining Parent Input for COSF <i>(Choose only one)</i> | Date Parent Input was Gathered |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |

Initial IFSP Date
(Date Parent Signed)

Outcomes Ratings

| | |
|---|---|
| Date COSF Ratings were Determined | Type of Rating (Choose only one) |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |

| | | |
|---|---|---|
| <p>1. Children have positive social relationships. _____ (1 to 7)</p> <p>For Annual or Exit only: Has the child shown any 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>For Annual or Exit only: Has the child shown any 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>For Annual or Exit only: Has the child shown any 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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