

Child Outcome Summary Form Quality Assurance Checklist

Child's Name: _____ Teacher: _____

Date COS completed: _____ Date of Review: _____

- Entry Rating Review
 Annual Rating Review
 Exit Rating Review
 Child received at least 6 months of service
 PSE Supervisor completing the review: _____
- Staff Completing the COS:

Checklist Components	YES	NO	Comments	
1. COS was completed in a timely manner.				
Entry--within 30 calendar days of eligibility				
Exit--within 30 calendar days of an exit ETR, last day of preschool special education services, or withdrawal				
Annual--within the year when no entry or exit				
2. The core group was involved in completing the COS.				
Early Childhood Intervention Specialist				
General education teacher (unless child has no interaction with a general education teacher)				
Parent				
Related service providers (List area of service in comment section.)				
Others (e.g., teaching assistant, bus driver, etc.)				
3. All areas of the COS form were completed.				
4. Sources of evidence are identified on the cover sheet.				
Respond 'yes' (Y) or 'no' (N) for each outcome	Outcome			Comments
	1	2	3	
5. Each outcome has a numeric rating (1 - 7)				
6. Supporting evidence statements for the rating are recorded.				
7. Multiple sources of information are documented.				
8. Evidence relates to the outcome area.				
9. Evidence includes performance across settings and situations.				
10. Evidence supports the rating criteria.				
11. Outcome has 'yes' or 'no' recorded for progress.(N/A would apply only to initial entry ratings.)				
12. Progress was described.				