New York State Department of Health - Early Intervention Program

Child Outcomes ENTRY Summary Form

All fields are required to be completed.

Please Write Legibly

The ENTRY CHILD OUTCOMES SUMMARY FORM IS COMPLETED FOR CHILDREN IN OUTCOME COHORTS WHO ARE ELIGIBLE FOR THE EIP. The form should be completed at the IFSP team meeting to develop the INITIAL IFSP. Thank you for helping us to meet this Federal reporting requirement!

Child's NYEIS Identifier: _____

1. Date Completed: _____/____/____ (Mo Day Year)

2. Child's Name: _____ (First Last)

3. Child's Date of Birth: ____/____/_____ (Mo Day Year)

4. Child's Sex: ☐ M ☐ F

5. County/Borough/Residence: _____ (FIPS No.)

6. **IFSP Team Members:** **C**heck 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. 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

7B. 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

7C. 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