

**ASSESSMENT RECORD –YEAR SUMMARY**  
**EARLY CHILDHOOD OUTCOMES SUMMARY FORM (ECOSF)**

Child's Name		Student ID#	
IEP Begin Date		IEP End Date	

<b>October K Reporting Period</b>	<b>Yearend N Reporting Period</b>
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<b>E-Positive Social-Emotional Skills</b>	<b>E-Positive Social-Emotional Skills</b>
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**DURATION OF IEP (# OF MONTHS)** \_\_\_\_\_  
**TEST DATE (GM210)**  
**Beginning of year - December 1**  
**TEST DATE: Year** \_\_\_\_\_ **Month** \_\_\_\_\_

**PROGRESS ELEMENT (GM245)**  
 **NA**-Not Applicable- child not assessed  
 **F**- First Assessment (can be used only once) so progress is not noted  
 **N**-Child has not shown any new skills or behaviors  
 **Y**-Child has shown any new skills or behaviors

**SCORE NOT REPORTED (GM235)**  
 \* Not Applicable  
 **A** Medical Reasons  
 **B** Parent Refusal  
 **D** Suspension/Expulsion  
 **F** Other (reason not listed)  
 **J** Student moved in or out of district before summary completed

**TYPE OF ASSESSMENT (GM215)**  
 **STR** Standard

**SCORE (GM240)**  
 \*Not applicable-child was not assessed  
 **PNO** Parents request results not be reported to state

**CHECK ONE: 1**  **2**  **3**  **4**  **5**  **6**  **7**

**TEST DATE (GM210)**  
**December 2 - May 15**  
**TEST DATE: Year** \_\_\_\_\_ **Month** \_\_\_\_\_

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<b>K-Acquiring and Using Knowledge &amp; Skills</b>	<b>K-Acquiring and Using Knowledge &amp; Skills</b>
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CHILD'S NAME \_\_\_\_\_

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**T-Taking Appropriate Action to Meet Needs**

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Teacher Signature \_\_\_\_\_

Date \_\_\_\_\_

**To be completed in fall (left column) and then again in the spring (right column) for each student enrolled in the classroom.**

*When complete; distribute copy to District EMIS Personnel and CIMS Specialist.  
Original in Student Permanent File at year's end.*