

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

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

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

PROGRESS ELEMENT (GM245)

<input type="checkbox"/> NA -Not Applicable- child not assessed	<input type="checkbox"/> N -Child has not shown any new skills or behaviors
<input type="checkbox"/> F - First Assessment (can be used only once) so progress is not noted	<input type="checkbox"/> 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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K-Acquiring and Using Knowledge & Skills	K-Acquiring and Using Knowledge & Skills
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STR Standard

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CHILD'S NAME _____

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STR Standard

SCORE (GM240)

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T-Taking Appropriate Action to Meet Needs

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CHECK ONE: 1 2 3 4 5 6 7

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.*