

**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> |
|-----------------------------------|-----------------------------------|

|   |   |
|---|---|
| <b>E-Positive Social-Emotional Skills</b> | <b>E-Positive Social-Emotional Skills</b> |
|---|---|

**DURATION OF IEP (# OF MONTHS)** \_\_\_\_\_  
**TEST DATE (GM210)**  
**Beginning of year - December 1**  
**TEST DATE: Year** \_\_\_\_\_ **Month** \_\_\_\_\_

**PROGRESS ELEMENT (GM245)**

|   |  |
|---|--|
| <input type="checkbox"/> <b>NA</b> -Not Applicable- child not assessed<br><input type="checkbox"/> <b>F</b> - First Assessment (can be used only once) so progress is not noted | <input type="checkbox"/> <b>N</b> -Child has not shown any new skills or behaviors<br><input type="checkbox"/> <b>Y</b> -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** \_\_\_\_\_

**PROGRESS ELEMENT (GM245)**

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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**

**TEST DATE (GM210)**

Beginning of year - December 1

TEST DATE: Year \_\_\_\_\_ Month \_\_\_\_\_

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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.*