



Hillsdale County Intermediate School District
FORM FOR ENTERING/EXITING EO/ECSE STUDENTS



Teacher Name: _____ **Change or Termination Date:** _____

Student Name: _____ **Student Birthday:** _____

Please mark below the reason for exit:

Moved in state Reached maximum age of three Enrolled in Part B Classroom
 Moved out state Refused services Deceased No longer eligible for services
 Enrolled in another district in Hillsdale County: Location _____

For Students Transitioning from ECSES Home Based to ECSEP Classroom

Exiting ECSES Date _____ Entering School Name _____

Entering Date: _____ Receiving Teacher _____

<i>Primary Service</i>	<i>Service</i>	<i>Provider</i>	<i>Actual Start Date</i>

Child Outcomes Review (COSF)

Child Outcomes Review (COSF) at: Entry Exit Exit COSF N.A. (with less than 6 months continuous service)

Assessment date: _____ **Parent Input Date:** _____ **Date COSF ratings were determined:** _____
Tool Used: AEPS; Battelle; Bayley; EIDP; E-LAP; HELP; Carolina; Brigance; IDA; Other:
Parent input came from: Meetings; Collected Separately; Incorporated into assessments; Not included

OUTCOME RATINGS:

1. Child has positive social relationships.

Not Yet Some foundational skills Emerging Rarely uses age level skills Somewhat age level
 Mostly Completely

At Exit: PROGRESS MADE? YES NO

2. Child acquires and uses knowledge and skills

Not Yet Some foundational skills Emerging Rarely uses age level skills Somewhat age level
 Mostly Completely

At Exit: PROGRESS MADE? YES NO

3. Child takes appropriate action to meet his/her needs

Not Yet Some foundational skills Emerging Rarely uses age level skills Somewhat age level
 Mostly Completely

At Exit: PROGRESS MADE? YES NO