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| **DEPARTMENT OF HEALTH SERVICES**Division of Medicaid ServicesF-00989B (02/2017) | **STATE OF WISCONSIN** |
| **S**UMMARY OF DEVELOPMENT**(For use with the Early Intervention Team Report, IFSP and Child Outcome Summary Data)** |
| Child’s Name | Child Outcomes (CO) Completed Dates |
| Enter date | Entrydate | Exitdate |
| Date of Birth | Age At Evaluation | Adjusted Age |
| Enter date | Enter date | Enter date |
|  |
| Entry CO Date |
| Enter date |
| Participants in Information Gathering (List by name and role, include family) |
| Enter date |
| Procedures used for obtaining information (Check all that apply) |
|[ ]  Medical Records |  |
|[ ]  Health/Developmental History |  |
|[ ]  Professional Observations |  |
|[ ]  Discussion with Parents/Others |  |
|[ ]  Ongoing Visits with Child/Family |  |
|[ ]  Research |  |
|[ ]  List Assessment Tools | Enter date |
|  |  |  |
| Information gathered in the following locations: |
| Click here to enter text. |
|  |
| Exit CO Date |
| Enter date |
| Participants in Information Gathering (List by name and role, include family) |
| Click here to enter text. |
| Procedures used for obtaining information (Check all that apply) |
|[ ]  Medical Records |  |
|[ ]  Health/Developmental History |  |
|[ ]  Professional Observations |  |
|[ ]  Discussion with Parents/Others |  |
|[ ]  Ongoing Visits with Child/Family |  |
|[ ]  Research |  |
|[ ]  List Assessment Tools | Enter date |
|[ ]  Received in IEP Team Meeting |  |
| Information gathered in the following locations: |
| Click here to enter text. |
| **Health** (Include only information appropriate and relevant to child’s development) |
| Date: |
| Click here to enter text. |
| **Vision / Hearing** (Screening, Glasses, Hearing Aids, History of Ear Infections): |
| Date: |
| Click here to enter text. |