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| **DEPARTMENT OF HEALTH SERVICES**  Division of Medicaid Services  F-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 | | | | | Entry  date | | Exit  date |
| 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. | | | | | | | |