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| **DEPARTMENT OF HEALTH SERVICES**Division of Medicaid ServicesF-00989C (02/2017) | **STATE OF WISCONSIN** |
| **SUMMARY OF DEVELOPMENT****CHILD’S POSITIVE SOCIAL EMOTIONAL SKILLS****(Including Social Relationships)*** Relating with adults
* Relating with other children
* Following rules related to groups or interacting with others (if older than 18 months)
 |
| Child’s Name | Date of Report |
| Enter date | Enter date |
| **Areas of Development Include**:* **Cognitive Development** (thinking; learning; problem solving; playing with adults or peers; attending; imitating actions of peers)
* **Social Emotional** (regulating emotions; engaging with peers, siblings, parents and other adults; showing affection)
* **Communication** (expressing self through gestures, sounds or words to indicate needs; communicating with peers; imitating sounds and gestures)

**Adaptive Development/Self-Help** **(**adapting to changes in routine or setting; helping meet own needs during routines with family, such as requesting more food during meals, putting on coat after play date; avoiding common dangers)* **Motor Skills** (ability to move and manipulate objects during play; reacting to changes in environment; need for positioning so child can interact with family and peers)
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| Date: |
| Click here to enter text. |
| In addition to the comprehensive summary above, provide **evidence** to answer the following questions:* Does the child ever function in ways that would be considered age appropriate?
* Does the child use any immediate foundational skills upon which to build age-appropriate functioning across settings and situations?
* To what extent is the child using immediate foundational skills across settings and situations?
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| Evidence to Support Child Outcome Process: |
| 1. Click here to enter text.
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| 1. Click here to enter text.
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| 1. Click here to enter text.
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| Entry CO Rating# | enter date | Exit CO Rating# | enter date |  |
| Exit CO: Has the child shown any new skills or behaviors related to each outcome area since the previous rating? |
| [ ]  Yes [ ]  No |