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| **DEPARTMENT OF HEALTH SERVICES**  Division of Medicaid Services  F-00989E (02/2017) | | | **STATE OF WISCONSIN** | | | |
| **SUMMARY OF DEVELOPMENT**  **CHILD’S INDEPENDENCE AND ABILITY TO MEET OWN NEEDS:**   * Taking care of basic needs (e.g., showing hunger, dressing, feeding, toileting) * Contributing to own health and safety (e.g., following rules, assisting with handwashing, avoiding inedible objects) * Getting from place to place (mobility) and using tools (e.g., forks, pencils, strings attached to objects) | | | | | | |
| 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) | | | | | | |
| 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? | | | | | | |
| Evidence to Support Child Outcome Process: | | | | | | |
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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 | | | | | | |