

Name: \_\_\_\_\_ SID: \_\_\_\_\_ Male  Female  DOB: \_\_\_\_\_  
 Last First Middle

District: \_\_\_\_\_ School: \_\_\_\_\_

Persons involved in deciding summary ratings - Role/Title			

Bottom of Form

Top of Form

Positive Social Relationships		Acquire and Use Knowledge and Skills		Take Appropriate Action to Meet Own Needs	
<input type="checkbox"/>	1 - Not Yet	<input type="checkbox"/>	1 - Not Yet	<input type="checkbox"/>	1 - Not Yet
<input type="checkbox"/>	2 - Between Emerging and Not Yet	<input type="checkbox"/>	2 - Between Emerging and Not Yet	<input type="checkbox"/>	2 - Between Emerging and Not Yet
<input type="checkbox"/>	3 - Emerging skills	<input type="checkbox"/>	3 - Emerging skills	<input type="checkbox"/>	3 - Emerging skills
<input type="checkbox"/>	4 -Between Somewhat and Emerging	<input type="checkbox"/>	4 -Between Somewhat and Emerging	<input type="checkbox"/>	4 -Between Somewhat and Emerging
<input type="checkbox"/>	5 - Somewhat	<input type="checkbox"/>	5 - Somewhat	<input type="checkbox"/>	5 - Somewhat
<input type="checkbox"/>	6 - Between Somewhat and Completely	<input type="checkbox"/>	6 - Between Somewhat and Completely	<input type="checkbox"/>	6 - Between Somewhat and Completely
<input type="checkbox"/>	7 - Completely	<input type="checkbox"/>	7 - Completely	<input type="checkbox"/>	7 - Completely
Summary of Evidence:		Summary of Evidence:		Summary of Evidence:	
Sources of Supporting Evidence – Date		Sources of Supporting Evidence – Date		Sources of Supporting Evidence – Date	
special considerations		special considerations		special considerations	

Did a Coordinator, LEA Representative or Administrator Participate in the Ratings?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Did an Early Childhood Teacher Participate in the Ratings?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Did a Psychologist or Social Worker Participate in the Ratings?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Did a Speech/ Language Pathologist Participate in the Ratings?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Did another Related Service Provider (e.g. OT/PT) Participate in the Ratings?			<input type="checkbox"/> Yes <input type="checkbox"/> No
How was Parent Involved in the Ratings?	<input type="checkbox"/> 1- Information Received in Team Meeting from Parent	<input type="checkbox"/> 2 - Information from Parent Incorporated into assessment(s)	<input type="checkbox"/> 3 - Did Not Use Information from Parent in Ratings Process

**Exit Rating Only**

Made Progress Positive Social Relationships?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Made Progress Acquire use and Knowledge Skills?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Made Progress Take Appropriate Action to Meet Own Needs?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Assessment (Select Only One)			
<input type="checkbox"/>	1 - Assessment and Evaluation Programming System (AEPS)	<input type="checkbox"/>	4 - Creative Curriculum Assessment
<input type="checkbox"/>	2 - Carolina Curriculum for Infants and Toddlers / Preschoolers with Special Needs	<input type="checkbox"/>	5 - Hawaii Early Learning Profile (HELP)
<input type="checkbox"/>	3 - High Scope Child Observation Record	<input type="checkbox"/>	6 - Individual Growth and Development Indicators (IGDI)
<input type="checkbox"/>		<input type="checkbox"/>	7- Transdisciplinary Play-Based Assessment (TPBA)
<input type="checkbox"/>		<input type="checkbox"/>	8 - Work Sampling System
<input type="checkbox"/>		<input type="checkbox"/>	9 - Child has an IEP for Speech Only

Entered into SIS by \_\_\_\_\_

Date: \_\_\_\_\_