ND Child Outcome Summary Form
Quality Assurance Checklist

Child's Name_____ ☐ entry rating review ☐ exit rating review
Person completing the ND COSF review_____ Date of review_____
Child's Case Manager _____

Checklist Components		Comments
1. ND COSF was completed in a timely manner For entry – up to 60 days upon entrance to ECSE services	☐yes ☐no ☐n/a	
For exit – time period right before the child leaves ECSE services	☐yes ☐no ☐n/a	
2. The child's IEP team completed the ND COSF	☐yes ☐no ☐n/a	
3. All areas of the COSF were completed Demographic Section completed	☐yes ☐no ☐n/a	

Respond Yes (Y), No (N) or Not Applicable (NA) for each outcome	Outcome			Comments
	1	**2**	**3**	
Entry and/or Exit ratings for each outcome (as appropriate)				
Sources of Information were listed				
Supporting Evidence was provided for each outcome				
For Exit COSF, answers were given for each "b" section.				
4. Multiple Sources of Information Multiple Sources of Information were documented				
Approved Anchor Tool was listed				
5. Supporting Evidence is functional and addresses each outcome area Evidence relates to the outcome area				
Evidence covers appropriate aspects of the outcome area				
Evidence includes examples of the child's functioning				
Discipline-specific evidence is included				
Evidence includes performance across settings and situations				
6. Supporting Evidence supports assigned rating Evidence supports rating criteria				
Sufficient evidence to support rating				
Evidence shows comparison to child's age				
For exit rating, progress number was checked and progress described				