
Form 5: Early Childhood Special Education (ECSE) Ages Three Through Five Individualized Education Program (IEP)

Important Dates and School District Information:

School District of Residence: _____ IEP Case Manager: _____ Annual Meeting Date: ____/____/____
Next Annual Review Date: ____/____/____ Next 3 Year Evaluation Date: ____/____/____ Effective Date of Revision: ____/____/____

Child Information:

Child's Name: _____ Gender: _____ Date of Birth: ____/____/____
Disability Category: _____ Child Count ID #: _____ Current Age: _____
School or Program: _____ Grade Assigned: _____
Is this student an English language learner? Y N If yes, what is the child's home or native language? _____

Family Contact Information:

Parent(s)/Guardians: _____ Telephone # (Home): _____ (Cell): _____ (Work): _____
Address: _____ Is an interpreter needed? Y N If yes, what language? _____
Parent (s)/Guardian (s): _____ Telephone # (Home): _____ (Cell): _____ (Work): _____
Address: _____ Is an interpreter needed? Y N If yes, what language? _____

Initiation and Duration:

Initiation and Duration of the IEP:

____/____/____ to ____/____/____

Initiation and Duration of Extended School Year (ESY) Services:

____/____/____ to ____/____/____

Contact Information:

If you have questions about this document or would like additional information please contact: Katie McCarthy, Student Support Services, at katie.mccarthy@vermont.gov.

IEP Team Members: Position and Attendance:

Print IEP team member names and check the corresponding box, if present.

* Indicates required members. ** Indicates required if applicable. ***May include Lead Teacher in private PreK program.

- | | |
|---|--|
| _____ <input type="checkbox"/> Parent/Guardian/ Educational Surrogate* | _____ <input type="checkbox"/> Parent/Guardian/ Educational Surrogate* |
| _____ <input type="checkbox"/> Local Education Agency (LEA) Representative* | _____ <input type="checkbox"/> Child (when appropriate) |
| _____ <input type="checkbox"/> Early Childhood Special Education Educator* | _____ <input type="checkbox"/> Early Childhood Education Teacher* |
| _____ <input type="checkbox"/> Related Service Provider (OT, PT, SLP, etc.) ** | |
| _____ <input type="checkbox"/> Individual who can interpret the implications of evaluation results* | |

Other Individuals Invited to Attend IEP Meeting:

Include any additional participants below. If the child is transitioning from Part C Early Intervention (EI) to ECSE at age 3, you may include individuals from Children's Integrated Services (CIS) - EI. However, parental consent must be obtained first.

| | |
|-------------|-------------------------|
| _____ | _____ |
| Name | Position/ Agency |
| _____ | _____ |
| Name | Position/ Agency |
| _____ | _____ |
| Name | Position/ Agency |

IEP Present Levels of Educational and Functional Performance

Child's Name: _____

IEP Meeting Date: ____/____/____

This section should provide a concise overview of the child's current skills and serve as the basis of the child's program planning and service delivery for the upcoming year. Describe the child's present levels of development across each early childhood outcome area including functional performance, abilities, acquired skills, and strengths relative to the Vermont Early Learning Standards and/or developmentally appropriate expectations.

Brief Description of the Child: *Include interests; how the child's developmental delay or medical condition affects the child's access to participation in age appropriate activities.* _____

Medical History: *(physical, hearing, vision, CDC report, etc.) Include a brief description of how the child's disability or medical condition affects their access to and participation in age appropriate activities:* _____

Strengths: *Consider the child's strengths across the three functional early childhood outcome areas. Strengths should ALWAYS be discussed before concerns:*

A. Positive social and emotional skills and relationships:

B. Acquisition and use of knowledge and skills:

C. Taking appropriate actions to meet needs:

Concerns: Consider the child's concerns across the three functional early childhood outcome areas:

A. Positive social and emotional skills and relationships: **If behavior is a concern, indicate if a functional behavior assessment (FBA) has been performed and include the results of collected data.*

B. Acquisition and use of knowledge and skills:

C. Taking appropriate actions to meet needs:

Needs: Consider and prioritize the necessary supports in order for the child to access and participate in age appropriate activities within a regular early childhood setting, with their same-age peers, and/or within the child's home environment across the three functional early childhood outcome areas.

A. Positive social and emotional skills and relationships: **If behavior is a concern, is an FBA intervention plan needed?*

B. Acquisition and use of knowledge and skills:

C. Taking appropriate actions to meet needs:

Other Considerations: This may include, for example safety/health; Universal PreK; FBA; private early childhood programs; home-visiting; community-based child and family resources (CIS); transportation; disability awareness; advocacy needs, etc.

Child's Name: _____

IEP Meeting Date: ____/____/____

Early Childhood Outcomes (ECO)

Consider the child's strengths, concerns, and needs. Complete an early childhood outcome culminating statement for each of the three early childhood outcome areas:

Early Childhood Outcome Area A: Positive social and emotional skills and relationships

Please check one or more of the domain areas that you are addressing within this outcome area:

- social/emotional
- adaptive
- communication
- fine/gross motor
- cognitive skills

Current developmental skill level: _____

Current functional ability: _____

*SMART and Functional Long-term Goals and Short-term Objectives: Functional goals and objectives should be strength-based and **SMART**: Specific, Measurable, Attainable, Results-oriented, and Time-bound. Consider **how the child uses discrete skills "in order to" or "so that"**; meaningful, intentional, and functional within the context of everyday activities, routines, and transitions. Focus on the child's engagement, approaches to learning, and independence in developmentally appropriate activities across a variety of settings, routines, and daily activities.*

Functional Goal Example: José will use 3 to 4-word phrases so that he can make requests of adults during meals, self-care routines, and when moving from one activity to another at home and school 2 times a day on 3 separate days by May 2021.

Vermont Early Learning Standard(s) Alignment _____

1. Functional Annual Goal: _____

a. Short-term Objective/ Benchmark: _____

Short-term Objective/ Benchmark:

b. **Personnel Responsible:** _____

c. **Progress Monitoring and Data Collection:** *Fill in dates under the applicable progress statements. Include data in notes as necessary to show progress. Report progress as often as the school district conducts parent/teacher conferences (on at least two occasions) or as determined necessary by the IEP team.*

For review of this goal and progress monitoring data, we, the team, have evidence that demonstrates:

Child's skills in this area are not evidenced.

____/____/____
Review Date 1

____/____/____
Review Date 2

____/____/____
Review Date 3

____/____/____
Review Date 4

Child's skills are emerging but inconsistently demonstrated.

____/____/____
Review Date 1

____/____/____
Review Date 2

____/____/____
Review Date 3

____/____/____
Review Date 4

Child's skills are progressing and being maintained across some settings, adults, peers, and/or materials.

____/____/____
Review Date 1

____/____/____
Review Date 2

____/____/____
Review Date 3

____/____/____
Review Date 4

The child has mastered this outcome/objective/ goal across multiple settings, adults, peers, and/or materials.

____/____/____
Review Date 1

____/____/____
Review Date 2

____/____/____
Review Date 3

____/____/____
Review Date

Notes:

Vermont Early Learning Standard(s) Alignment _____

2. Functional Annual Goal: _____

a. Short-term Objective/ Benchmark: _____

Short-term Objective/ Benchmark: _____

b. Personnel Responsible: _____

c. **Progress Monitoring and Data Collection:** *Fill in dates under the applicable progress statements. Include data in notes as necessary to show progress. Report progress as often as the school district conducts parent/teacher conferences (on at least two occasions) or as determined necessary by the IEP team.*

For review of this goal and progress monitoring data, we, the team, have evidence that demonstrates:

Child's skills in this area are **not** evidenced.

____/____/____
Review Date 1

____/____/____
Review Date 2

____/____/____
Review Date 3

____/____/____
Review Date 4

Child's skills are **emerging** but inconsistently demonstrated.

____/____/____
Review Date 1

____/____/____
Review Date 2

____/____/____
Review Date 3

____/____/____
Review Date 4

Child's skills are **progressing and being maintained** across some settings, adults, peers, and/or materials.

____/____/____
Review Date 1

____/____/____
Review Date 2

____/____/____
Review Date 3

____/____/____
Review Date 4

The child has **mastered** this outcome/objective/ goal across multiple settings, adults, peers, and/or materials.

____/____/____
Review Date 1

____/____/____
Review Date 2

____/____/____
Review Date 3

____/____/____
Review Date 4

Notes:

Vermont Early Learning Standard(s) Alignment _____

3. **Functional Annual Goal:** _____

a. **Short-term Objective/Benchmark:**

Short-term Objective/Benchmark:

b. **Personnel Responsible:** _____

c. **Progress Monitoring and Data Collection:** *Fill in dates under the applicable progress statements. Include data in notes as necessary to show progress. Report progress as often as the school district conducts parent/teacher conferences (on at least two occasions) or as determined necessary by the IEP team.*

For review of this goal/objective and progress monitoring data, we, the team, have evidence that demonstrates the:

Child's skills in this area are **not** evidenced.

____/____/____
Review Date 1

____/____/____
Review Date 2

____/____/____
Review Date 3

____/____/____
Review Date 4

Child's skills are **emerging** but inconsistently demonstrated.

____/____/____
Review Date 1

____/____/____
Review Date 2

____/____/____
Review Date 3

____/____/____
Review Date 4

Child's skills are **progressing and being maintained** across some settings, adults, peers, and/or materials.

____/____/____
Review Date 1

____/____/____
Review Date 2

____/____/____
Review Date 3

____/____/____
Review Date 4

The child has **mastered** this outcome/objective/ goal across multiple settings, adults, peers, and/or materials.

____/____/____

____/____/____

____/____/____

____/____/____

Early Childhood Outcome Area B: Acquisition and use of knowledge and skills

Please check one or more of the domain areas that you are addressing within this outcome area:

social/emotional

adaptive

communication

fine/gross motor

cognitive skills

Current developmental skill level: _____

Current functional ability: _____

*SMART and Functional Long-term Goals and Short-term Objectives: Functional goals and objectives should be strength-based and [SMART](#): Specific, Measurable, Attainable, Results-oriented, and Time-bound. Consider **how the child uses discrete skills** "in order to" or "so that"; meaningful, intentional, and functional within the context of everyday activities, routines, and transitions. Focus on the child's engagement, approaches to learning, and independence in developmentally appropriate activities across a variety of settings, routines, and daily activities.*

Vermont Early Learning Standard(s) Alignment _____

1. Functional Annual Goal:

a. Short-term Objective/ Benchmark: _____

Short-term Objective/ Benchmark: _____

b. Personnel Responsible: _____

c. Progress Monitoring and Data Collection: *Fill in dates under the applicable progress statements. Include data in notes as necessary to show progress. Report progress as often as the school district conducts parent/teacher conferences (on at least two occasions) or as determined necessary by the IEP team.*

For review of this goal and progress monitoring data, we, the team, have evidence that demonstrates:

Child's skills in this area are **not** evidenced.

____/____/____ ____/____/____ ____/____/____ ____/____/____
Review Date 1 Review Date 2 Review Date 3 Review Date 4

Child's skills are **emerging** but inconsistently demonstrated.

____/____/____ ____/____/____ ____/____/____ ____/____/____
Review Date 1 Review Date 2 Review Date 3 Review Date 4

Child's skills are **progressing and being maintained** across some settings, adults, peers, and/or materials.

____/____/____ ____/____/____ ____/____/____ ____/____/____
Review Date 1 Review Date 2 Review Date 3 Review Date 4

The child has **mastered** this outcome/objective/ goal across multiple settings, adults, peers, and/or materials.

____/____/____ ____/____/____ ____/____/____ ____/____/____
Review Date 1 Review Date 2 Review Date 3 Review Date 4

Notes:

2. Functional Annual Goal:

a. Short-term Objective/Benchmark: _____

Short-term Objective/Benchmark: _____

b. Personnel Responsible: _____

c. **Progress Monitoring and Data Collection:** *Fill in dates under the applicable progress statements. Include data in notes as necessary to show progress. Report progress as often as the school district conducts parent/teacher conferences (on at least two occasions) or as determined necessary by the IEP team.*

For review of this goal and progress monitoring data, we, the team, have evidence that demonstrates:

Child's skills in this area are **not** evidenced.

____/____/____ ____/____/____ ____/____/____ ____/____/____
Review Date 1 Review Date 2 Review Date 3 Review Date 4

Child's skills are **emerging** but inconsistently demonstrated.

____/____/____ ____/____/____ ____/____/____ ____/____/____
Review Date 1 Review Date 2 Review Date 3 Review Date 4

Child's skills are **progressing and being maintained** across some settings, adults, peers, and/or materials.

____/____/____ ____/____/____ ____/____/____ ____/____/____
Review Date 1 Review Date 2 Review Date 3 Review Date 4

The child has **mastered** this outcome/objective/ goal across multiple settings, adults, peers, and/or materials.

____/____/____ ____/____/____ ____/____/____ ____/____/____
Review Date 1 Review Date 2 Review Date 3 Review Date 4

Notes:

3. Functional Annual Goal:

a. Short-term Objective/Benchmark: _____

Short-term Objective/Benchmark:

b. Personnel Responsible: _____

c. **Progress Monitoring and Data Collection:** *Fill in dates under the applicable progress statements. Include data in notes as necessary to show progress. Report progress as often as the school district conducts parent/teacher conferences (on at least two occasions) or as determined necessary by the IEP team.*

For review of this goal/objective and progress monitoring data, we, the team, have evidence that demonstrates the:

Child's skills in this area are **not** evidenced.

| | | | |
|----------------|----------------|----------------|----------------|
| ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ |
| Review Date 1 | Review Date 2 | Review Date 3 | Review Date 4 |

Child's skills are **emerging** but inconsistently demonstrated.

| | | | |
|----------------|----------------|----------------|----------------|
| ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ |
| Review Date 1 | Review Date 2 | Review Date 3 | Review Date 4 |

Child's skills are **progressing and being maintained** across some settings, adults, peers, and/or materials.

| | | | |
|----------------|----------------|----------------|----------------|
| ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ |
| Review Date 1 | Review Date 2 | Review Date 3 | Review Date 4 |

The child has **mastered** this outcome/objective/ goal across multiple settings, adults, peers, and/or materials.

| | | | |
|----------------|----------------|----------------|----------------|
| ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ |
| Review Date 1 | Review Date 2 | Review Date 3 | Review Date 4 |

Early Childhood Outcome Area C: Taking appropriate actions to meet needs.

Please check one or more of the domain areas that you are addressing within this outcome area:

- social/emotional adaptive communication fine/gross motor cognitive skills

Current developmental skill level: _____

Current functional ability: _____

*SMART and Functional Long-term Goals and Short-term Objectives: Functional goals and objectives should be strength-based and [SMART](#): Specific, Measurable, Attainable, Results-oriented, and Time-bound. Consider **how the child uses discrete skills "in order to" or "so that"**; meaningful, intentional, and functional within the context of everyday activities, routines, and transitions. Focus on the child's engagement, approaches to learning, and independence in developmentally appropriate activities across a variety of settings, routines, and daily activities.*

Vermont Early Learning Standard(s) Alignment _____

1. Functional Annual Goal:

a. Short-term Objective/ Benchmark: _____

Short-term Objective/ Benchmark: _____

b. Personnel Responsible: _____

c. Progress Monitoring and Data Collection: *Fill in dates under the applicable progress statements. Include data in notes as necessary to show progress. Report progress as often as the school district conducts parent/teacher conferences (on at least two occasions) or as determined necessary by the IEP team.*

For review of this goal and progress monitoring data, we, the team, have evidence that demonstrates:

Child's skills in this area are **not** evidenced.

____/____/____
Review Date 1

____/____/____
Review Date 2

____/____/____
Review Date 3

____/____/____
Review Date 4

Child's skills are **emerging** but inconsistently demonstrated.

____/____/____
Review Date 1

____/____/____
Review Date 2

____/____/____
Review Date 3

____/____/____
Review Date 4

Child's skills are **progressing and being maintained** across some settings, adults, peers, and/or materials.

____/____/____
Review Date 1

____/____/____
Review Date 2

____/____/____
Review Date 3

____/____/____
Review Date 4

The child has **mastered** this outcome/objective/ goal across multiple settings, adults, peers, and/or materials.

____/____/____
Review Date 1

____/____/____
Review Date 2

____/____/____
Review Date 3

____/____/____
Review Date 4

Notes:

Vermont Early Learning Standard(s) Alignment _____

2. Functional Annual Goal:

a. Short-term Objective/Benchmark: _____

Short-term Objective/Benchmark: _____

b. Personnel Responsible: _____

c. **Progress Monitoring and Data Collection:** *Fill in dates under the applicable progress statements. Include data in notes as necessary to show progress. Report progress as often as the school district conducts parent/teacher conferences (on at least two occasions) or as determined necessary by the IEP team.*

For review of this goal and progress monitoring data, we, the team, have evidence that demonstrates:

Child's skills in this area are **not** evidenced.

____/____/____ ____/____/____ ____/____/____ ____/____/____
Review Date 1 Review Date 2 Review Date 3 Review Date 4

Child's skills are **emerging** but inconsistently demonstrated.

____/____/____ ____/____/____ ____/____/____ ____/____/____
Review Date 1 Review Date 2 Review Date 3 Review Date 4

Child's skills are **progressing and being maintained** across some settings, adults, peers, and/or materials.

____/____/____ ____/____/____ ____/____/____ ____/____/____
Review Date 1 Review Date 2 Review Date 3 Review Date 4

The child has **mastered** this outcome/objective/ goal across multiple settings, adults, peers, and/or materials.

____/____/____ ____/____/____ ____/____/____ ____/____/____
Review Date 1 Review Date 2 Review Date 3 Review Date 4

Notes:

3. Functional Annual Goal:

a. Short-term Objective/Benchmark: _____

Short-term Objective/Benchmark: _____

b. Personnel Responsible: _____

c. **Progress Monitoring and Data Collection:** *Fill in dates under the applicable progress statements. Include data in notes as necessary to show progress. Report progress as often as the school district conducts parent/teacher conferences (on at least two occasions) or as determined necessary by the IEP team.*

For review of this goal/objective and progress monitoring data, we, the team, have evidence that demonstrates the:

Child's skills in this area are **not** evidenced.

____/____/____
Review Date 1

____/____/____
Review Date 2

____/____/____
Review Date 3

____/____/____
Review Date 4

Child's skills are **emerging** but inconsistently demonstrated.

____/____/____
Review Date 1

____/____/____
Review Date 2

____/____/____
Review Date 3

____/____/____
Review Date 4

Child's skills are **progressing and being maintained** across some settings, adults, peers, and/or materials.

____/____/____
Review Date 1

____/____/____
Review Date 2

____/____/____
Review Date 3

____/____/____
Review Date 4

The child has **mastered** this outcome/objective/ goal across multiple settings, adults, peers, and/or materials.

____/____/____
Review Date 1

____/____/____
Review Date 2

____/____/____
Review Date 3

____/____/____
Review Date 4

Notes:

Special Education Services and Related Services

Child's Name: _____

IEP Meeting Date: ____/____/____

The IEP team determines the special education, related services, and supplementary aids and services based on peer reviewed research and evidence-based practices to the extent practical, that are needed for the child to receive a free and appropriate public education (FAPE).

Early Childhood Special Education Services: *Specify ECO area & specific developmental domain(s) being addressed. List service e.g., Case Management, specialized instruction, speech/language therapy, 1:1 support, etc.*

ECO: _____

Initial Date: _____

End Date: _____

Developmental Domain: _____

Service: Case Management

Frequency: _____ **Time:** _____

Location: _____ **Provider:** _____

Direct or Indirect Instruction _____

ECO: _____

Initial Date: _____

End Date: _____

Developmental Domain: _____

Service: _____

Frequency: _____ **Time:** _____

Location: _____ **Provider:** _____

Direct or Indirect Instruction _____

ECO: _____

Initial Date: _____

End Date: _____

Developmental Domain: _____

Service: _____

Frequency: _____ **Time:** _____

Location: _____ **Provider:** _____ **Group Size:** _____

Direct or Indirect Instruction _____

Related Services (may include, but is not limited to occupational therapy, physical therapy, speech, etc.)

ECO: _____ Initial Date: _____ End Date: _____

Developmental Domain: _____

Service: _____

Frequency: _____ Time: _____ Location: _____ Provider: _____ Group Size: _____

Direct or Indirect Instruction _____

ECO: _____ Initial Date: _____ End Date: _____

Developmental Domain: _____

Service: _____

Frequency: _____ Time: _____ Location: _____ Provider: _____

Direct or Indirect Instruction _____

ECO: _____ Initial Date: _____ End Date: _____

Developmental Domain: _____

Service: _____

Frequency: _____ Time: _____ Location: _____ Provider: _____

Direct or Indirect Instruction _____

ESY Services

ECO: _____ Initial Date: _____ End Date: _____

Developmental Domain: _____

Service: _____

Frequency: _____ Time: _____ Location: _____ Provider: _____

Direct or Indirect Instruction _____

ECO: _____ Initial Date: _____ End Date: _____
Developmental Domain: _____
Service: _____
Frequency: _____ Time: _____ Location: _____ Provider: _____
Direct or Indirect Instruction _____

ECO: _____ Initial Date: _____ End Date: _____
Developmental Domain: _____
Service: _____
Frequency: _____ Time: _____ Location: _____ Provider: _____
Direct or Indirect Instruction _____

Medicaid: Parental Consent to Bill Medicaid

For parents/legal guardians who have signed a Release of Information form, the school district is authorized to bill Medicaid for the services listed in the Individual Education Program (IEP) and to release necessary special education records to a physician/nurse practitioner in order for him/her to reach determination that the services are medically necessary and to individuals within the Agency of Education and the Agency of Human Services charged with processing Medicaid bills for IEP services that are also considered medical services under Vermont Medicaid rules. This consent will remain in effect until I revoke my consent or until the student reaches the age of 18 (after which the student must consent) or the student graduates. Refusal to consent AOE's not affect the school district's responsibility to provide these services to my child at no cost to me. I understand that I may revoke this consent at any time; if I revoke this consent, it will apply to billing for services from that date forward.

Early Childhood Educational Environment/Placement

Child's Name: _____

IEP Meeting Date: ____/____/____

There are several options to consider when determining a child's educational environment/ placement. As of the 2020-2021 school year, 5-year-olds attending kindergarten whose IEP team decides they should remain on an ECSE IEP, should appropriately indicate kindergarten as the child's educational environment. 5-year-olds must transition to a school age (6 through 21) IEP by their 6th birthday. Additionally, IEP Teams have the choice of a 5-year-old being on a school age (6 through 21) IEP or ECSE IEP in kindergarten.

Indicate and describe the child's educational environment/placement:

Early Childhood Environment/ Placement Describe (e.g. public or private preschool, home, Head Start, etc.): _____

OR

Kindergarten Environment/ Placement Describe: _____

The general characteristics of the child's early childhood education environment/placement (ages 3 through 5).

**Regular early childhood program refers to a program that includes a majority (at least 50 percent) of nondisabled children (i.e., children not on IEPs):*

Child is attending a regular early childhood program* for **10 or more** hours per week.

- and receives at least 50% of their special education services in the regular early childhood program
- and receives at least 50% of their special education services in some other location

Child is attending a regular early childhood program* for **less than 10** hours per week

- and receives at least 50% of their special education services in the regular early childhood program
- and receives at least 50% of their special education services in some other location

Indicate where the child received the majority of their special education services. _____

Child is **not** attending a regular early childhood program* and receives special education services in:

- a separate special class
- a separate school
- a residential facility
- their home
- other _____

The general characteristics of the student/child's educational environment/placement (check one, ages 6-21):

- Inside regular class at least 80% of the time
- Inside regular class 40% to 79% of the time
- Inside regular class less than 40% of the time
- Separate day school – public or private
- Residential facility
- Homebound/Hospital

Accommodations, Modifications, Assistive Technology and/or Supplementary Aids

Identify environmental accommodations, curriculum modifications, supplementary aids, assistive technology etc. that will support the child's access to and participation in a regular early childhood setting and/or in age appropriate activities

Program Modifications/Supports for the Child, Preschool Personnel and Parents as well as Other Options Considered by the IEP Team:

Early Childhood Outcomes Summary Process: Assessment, Data Collection, Rating, and Reporting

Child's Name: _____

IEP Meeting Date: ____/____/____

More detailed information on the Early Childhood Outcomes Summary (ECOS or COS) process can be found in [Vermont's Early Childhood Outcomes Practices and Procedures Manual](#).

Teaming and Assessment: The [ECOS](#) process is designed to be a team process. Because the ECOS process is embedded in the ECSE IEP, Vermont educators and providers are expected to collaborate with a multidisciplinary team to share information about functional skills and behaviors across routines, daily activities, settings, and situations. This collaboration will also include discussions to age-anchor the child's functioning to age expectations and to select a rating for each of the three early childhood outcomes.

Age Anchoring: It is highly recommended that in each ECOS meeting, an age-anchoring resource be used to ensure accurate comparison to age-expected functioning. [The Vermont Early Learning Standards \(VELS\)](#) are age-anchored and may be used to determine which of the child's functioning is age-expected, immediate foundational, and foundational.

Documenting the Rating: It is expected that teams will use multiple sources of information. Check the appropriate boxes of sources used to help determine the child's ratings:

- Teaching Strategies GOLD*® (the Vermont required statewide PreK formative assessment measurement).
- Formal assessment measures such as the Battelle Developmental Inventory (BDI); Trans-disciplinary Play-based Assessment (TPBA); Assessment, Evaluation and Programming System (AEPS), The Peabody Picture Vocabulary Test, etc.)
- IEP Progress Notes
- Checklists
- Work Samples
- Authentic Assessments
- Interviews with families, guardians, or caregivers
- Observations from multiple settings and situations
- Other _____

The Decision Tree for Summary Rating : Teams are encouraged to use the [Decision Tree](#) during ECOS discussions to select the most accurate summary rating. Please note that the Decision Tree is used to facilitate a team discussion that may include the families. The Decision Tree should not be handed to families and used to have them select a rating. Teams are to include families in the discussion and come to a decision together about the number or words that best describe the child’s functioning. The Early Childhood Technical Assistance Center (ECTA) and the Center for IDEA Early Childhood Data Systems (DaSy) have also developed [definitions](#) for ECOS Ratings that may be helpful in determining ratings.

Early Childhood Outcomes Entry, Exit, and Progress Data Collection: *ECOS reporting is required upon entry and exit of ECSE services. It is recommended that ECO are updated annually. Current Vermont guidance can be found on [entry](#) and [exit and progress](#) data collection on the [Early Childhood Special Education](#) page. Please note that for children receiving services for less than six months, no exit rating or reporting is required. ECO exit ratings across the three outcome areas if: (1) a child transfers to a different SD or SU, (2) a child moves out of state, (3) a child will transition to kindergarten for the following academic year; or (4) a child’s family revokes services. *ECOS Exit data collection does not refer to a child exiting Special Education.*

ECSE Entry Date: _____/_____/_____

***ECSE Exit Date:** _____/_____/_____

A. Positive Social and Emotional Skills and Relationships _____
Entry

_____ Annual Review 1

_____ Annual Review 2

_____ Exit

_____ Progress Made?
Y or N

B. Acquisition and Use of New Knowledge/Skills _____
Entry

_____ Annual Review 1

_____ Annual Review 2

_____ Exit

_____ Progress Made?
Y or N

C. Taking Action to Meet Needs _____
Entry

_____ Annual Review 1

_____ Annual Review 2

_____ Exit

_____ Progress Made?
Y or N