

Child Outcome Summary

Child's Name _____ DOB: _____

CECAS UID: _____

Initial Placement Date: _____

Entry Data Date: _____ Exit Data Date: _____

Persons who contributed to date

Entry

Exit

Name	Role	Name	Role

Family Information on child functioning

Entry

Exit

Received in team meeting _____

Received in team meeting _____

Collected separately _____

Collected separately _____

Incorporated into assessments(s) _____

Incorporated into assessments _____

Other _____

Other _____