

## Early Childhood Outcome (ECO) Data Collection Brigance Inventory of Early Development-III (IED-III)

Student First Name		Student Last Name	
Date of Birth		SASID Number	
Teacher		IEP Implementation Date	
IED-III Assessment Date		_____ Check if Pre	
IED Assessment Date		_____ Check if Post	

**The Pre-Entry Test should be completed within the first four weeks of student entry and the Post-Exit Test should be completed before student exits the district.**

Indicate whether the student has received less than 6 months of services in the district.	( ) Yes ( ) No
Indicate whether the student suddenly moved out of state and you were unable to post-test. Date of Exit _____	( ) Yes ( ) No
Indicate whether the student moved to another school district in Connecticut and you sent the pre/entry test to that district	( ) Yes ( ) No

+	Highest Item on Subtest	Mastery/ Highest Item Demonstrated	# of Items Missed Prior to Mastered		If B-1 MASTERY =0, DO NOT COMPLETE B-2, B-4 OR B-10 COMPLETE ALTERNATE SUBTEST A1-A4		
B-1	13						
B-2	17				Highest Item on Subtest	Item Mastery Demonstrated	# of Items Missed Prior to Mastery
B-4	10			A-1	14		
B-10	9			A-2	9		
				A-3	13		
C-1	50			A-4	10		
C-3	14						
					If D-3 MASTERY =0, COMPLETE ALTERNATE SUBTEST D-2		
D-3	52						
D-6	3				Highest Item on Subtest	Mastery/ Highest Item Demonstrated	# of Items Missed Prior to Mastered
D-7 Point	26			D-2	40		
D-7 Names	26						

+	Highest Item on Subtest	Mastery/ Highest Item Demonstrated	# of Items Missed Prior to Mastered				
D-10	14						
D-11	11						
D-12	12				<b>IF D-7 MASTERY =0, COMPLETE ALTERNATE SUBTEST D-1</b>		
E-1	68						
					Highest Item on Subtest	Mastery/ Highest Item Demonstrated	# of Items Missed Prior to Mastered
G-1	39			D-1	18		
G-3	17						
G-6	21						
H-1	32						
H-2	49						
H-3	35						
H-4	28						