

Complete progress reports and review with the parent. Submit the completed report to the service coordinator **no later than 2 weeks prior to the 6-month or Annual review**. All questions must be answered. Illegible hand written reports will be returned. Use additional pages if needed. Typed reports are preferred. Parents should receive copies of session and progress notes.

Child's Name: _____ EI #: _____ DOB: ____/____/____

IFSP Period: From: _____ To: _____ Provider Agency Name: _____

Provider Agency ID #: 11201 Print Name of Interventionist: _____

Discipline: _____ Service Type: _____ Interventionist's Phone Number: _____

Indicate the language(s) used during the sessions: _____

Date reviewed note with parent: ____/____/____ Parent's Signature: _____

*Parent Progress Note is available if parent wants to fill it out.

Authorized Frequency? _____ Date you started working with this child: ____/____/____

Where have services been delivered? _____

Has the parent(s) been present for the sessions, if not, how have you communicated with the family?

If there have been any gaps in service delivery of more than three consecutive scheduled visits, describe the length and the reason(s).

List the child's medical diagnosis(es) (if any): _____

Is the child using assistive technologies? Yes No Is a new AT Device being requested? Yes No

If yes, identify the type of device, and the Functional Outcome (from the IFSP) and specify how the device is helping (or will help) to achieve the Outcome:

I. Below list all the functional outcomes and objectives. Indicate the progress for each:

Functional Outcome 1: _____

| | | | | | |
|-------|--|--------------------------|--------------------------|--------------------------|--------------------------|
| | Rate Progress in This Time Period | | | | |
| _____ | No | Little | Moderate | Great Deal | Outcome |
| _____ | Progress | Progress | Progress | of Progress | Achieved |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Check Y/N to indicate if the objective(s) was achieved in this time period. Check (E) to indicate if the skills related to the objective are emerging. | | | |
|--|------------------------------|-----------------------------|-----------------------------------|
| 1a. Objective: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Emerging <input type="checkbox"/> |
| 1b. Objective: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Emerging <input type="checkbox"/> |
| 1c. Objective: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Emerging <input type="checkbox"/> |
| 1d. Objective: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Emerging <input type="checkbox"/> |
| 1e. Objective: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Emerging <input type="checkbox"/> |

Was this functional outcome and objectives identified at the IFSP meeting? Yes No
 If not, the date it was changed and the reason.

IFSP Functional Outcome 2: _____

| | | | | | |
|-------|--|--------------------------|--------------------------|--------------------------|--------------------------|
| | Rate Progress in This Time Period | | | | |
| _____ | No | Little | Moderate | Great Deal | Outcome |
| _____ | Progress | Progress | Progress | of Progress | Achieved |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Check Y/N to indicate if the objective(s) was achieved in this time period. Check (E) to indicate if the skills related to the objective are emerging. | | | |
|--|------------------------------|-----------------------------|-----------------------------------|
| 1a. Objective: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Emerging <input type="checkbox"/> |
| 1b. Objective: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Emerging <input type="checkbox"/> |
| 1c. Objective: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Emerging <input type="checkbox"/> |
| 1d. Objective: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Emerging <input type="checkbox"/> |
| 1e. Objective: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Emerging <input type="checkbox"/> |

Was this functional outcome and objectives identified at the IFSP meeting? Yes No
 If not, the date it was changed and the reason.

IFSP Functional Outcome 3: _____

| | Rate Progress in This Time Period | | | | |
|-------|-----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | No Progress | Little Progress | Moderate Progress | Great Deal of Progress | Outcome Achieved |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Check Y/N to indicate if the objective(s) was achieved in this time period. Check (E) to indicate if the skills related to the objective are emerging.

| | | | |
|----------------|------------------------------|-----------------------------|-----------------------------------|
| 1a. Objective: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Emerging <input type="checkbox"/> |
| 1b. Objective: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Emerging <input type="checkbox"/> |
| 1c. Objective: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Emerging <input type="checkbox"/> |
| 1d. Objective: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Emerging <input type="checkbox"/> |
| 1e. Objective: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Emerging <input type="checkbox"/> |

Was this functional outcome and objectives identified at the IFSP meeting? Yes No

If not, the date it was changed and the reason.

2. Describe the learning activities (strategies + routine activities) that were successful for the family and specify the functional outcomes and objectives related to these activities.

3. What changes were made to the coaching techniques or learning activities when they were ineffective for the family/caregiver? When you modified the coaching techniques or learning activities; were they successful or if not, why? Please address each functional outcome and the relevant objectives as applicable.

4. Describe all collaborative efforts made to address the IFSP outcomes (Examples: interaction with other therapists, day care staff, community resources, and medical providers (with written parent consent)). Please include the family members/caregivers you have been working with.

5. Based on your on-going assessment of the child, what is the overall progress in this child's functional abilities? How was progress determined (e.g. standardized instrument & informed clinical opinion)?

I. Describe the child's current skills. Underline skills that have been achieved since the last progress note (or IFSP).

II. Indicate if the child's functional abilities are/are not within the normal developmental range. If this child's skills are not within the normal range, what skills will you be working on in the next 3 months?

6. **For 6-month/Annual progress notes only:** If the child is still eligible for early intervention services, are there new functional outcomes or objectives recommended? The functional outcomes must contain all 6 components and be written in parent friendly language. The new/revised functional outcomes or objectives must be discussed with the parent before submission to NYCEIP.

I certify that I have received & reviewed a copy of the child's IFSP and evaluation/progress notes prior to starting services, have provided services in accordance with the IFSP service's specified frequency and duration, and have worked towards addressing the relevant IFSP outcomes. I further certify that my responses in this report are an accurate representation of the child's current level of functioning.

Signature/credentials of therapist completing report: _____

Print Name: _____ License number: _____

Date Report Was Completed: ____/____/____