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. Parent should receive copies of session and progress notes.

**Child's Name:** _____       **EI #:** _____   **DOB:** _____

**IFSP Period:**  From: _____       To: _____       **Provider Agency Name:** Los Niños Services

**Provider Agency ID #:** 4171       **Print Name of Interventionist:** _____

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

**Service Coordinator Name:** _____       **EIOD Name:** _____

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

**Date reviewed note with parent:** _____       **Parent 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 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:**

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

**Rate Progress in this Time Period**

**Functional Outcome 1:**

| No Progress | Little Progress | Moderate Progress | Great deal of Progress | Outcome Achieved |
|---|---|---|---|---|
| □ | □ | □ | □ | □ |

| 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 □ | No □ | Emerging □ |
| 1b. Objective: | Yes □ | No □ | Emerging □ |
| 1c. Objective: | Yes □ | No □ | Emerging □ |
| 1d. Objective: | Yes □ | No □ | Emerging □ |
| 1e. Objective: | Yes □ | No □ | Emerging □ |
| 1f. Objective: | Yes □ | No □ | Emerging □ |
| 1g. Objective: | Yes □ | No □ | Emerging □ |
| 1h. Objective: | Yes □ | No □ | Emerging □ |

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

**If not, the date it was changed and the reason (i.e. scope of practice or expertise):**

**Child's Name:**_____    **EI#:** _____

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**Functional Outcome 2:**

_____

_____

_____

_____

**Rate Progress in this Time Period**

| No Progress | Little Progress | Moderate Progress | Great deal of Progress | Outcome Achieved |
|:---:|:---:|:---:|:---:|:---:|
| □ | □ | □ | □ | □ |

**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.**

| | | | |
|---|---|---|---|
| 2a. Objective: | Yes □ | No □ | Emerging □ |
| 2b. Objective: | Yes □ | No □ | Emerging □ |
| 2c. Objective: | Yes □ | No □ | Emerging □ |
| 2d. Objective: | Yes □ | No □ | Emerging □ |
| 2e. Objective: | Yes □ | No □ | Emerging □ |
| 2f. Objective: | Yes □ | No □ | Emerging □ |
| 2g. Objective: | Yes □ | No □ | Emerging □ |
| 2h. Objective: | Yes □ | No □ | Emerging □ |

**Was this functional outcome and objectives identified at the IFSP meeting?     Yes □          No □**
**If not, the date it was changed and the reason (i.e. scope of practice or expertise):**

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**Functional Outcome 3:**

_____

_____

_____

**Rate Progress in this Time Period**

| No Progress | Little Progress | Moderate Progress | Great deal of Progress | Outcome Achieved |
|:---:|:---:|:---:|:---:|:---:|
| □ | □ | □ | □ | □ |

**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.**

| | | | |
|---|---|---|---|
| 3a. Objective: | Yes □ | No □ | Emerging □ |
| 3b. Objective: | Yes □ | No □ | Emerging □ |
| 3c. Objective: | Yes □ | No □ | Emerging □ |
| 3d. Objective: | Yes □ | No □ | Emerging □ |
| 3e. Objective: | Yes □ | No □ | Emerging □ |
| 3f. Objective: | Yes □ | No □ | Emerging □ |
| 3g. Objective: | Yes □ | No □ | Emerging □ |
| 3h. Objective: | Yes □ | No □ | Emerging □ |

**Was this functional outcome and objectives identified at the IFSP meeting?     Yes □          No □**
**If not, the date it was changed and the reason (i.e. scope of practice or expertise):**

**Rate Progress in this Time Period**

| No Progress | Little Progress | Moderate Progress | Great deal of Progress | Outcome Achieved |
|:---:|:---:|:---:|:---:|:---:|

**Functional Outcome 4:**

| □ | □ | □ | □ | □ |
|:---:|:---:|:---:|:---:|:---:|

_____

_____

_____

| 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. | | | |
|---|---|---|---|
| 4a. Objective: | Yes □ | No □ | Emerging □ |
| 4b. Objective: | Yes □ | No □ | Emerging □ |
| 4c. Objective: | Yes □ | No □ | Emerging □ |
| 4d. Objective: | Yes □ | No □ | Emerging □ |
| 4e. Objective: | Yes □ | No □ | Emerging □ |
| 4f. Objective: | Yes □ | No □ | Emerging □ |
| 4g. Objective: | Yes □ | No □ | Emerging □ |
| 4h. Objective: | Yes □ | No □ | Emerging □ |

**Was this functional outcome and objectives identified at the IFSP meeting?     Yes □          No □**
**If not, the date it was changed and the reason (i.e. scope of practice or expertise):**

**2.  Describe the learning activities (technique/strategies/method/routine activities) that were successful for the child/family and specify the functional outcomes and objectives related to these activities.**

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

**4.  Describe all collaborative efforts made to address the IFSP outcomes (Examples: interaction with other service provider/therapist, 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 since the last IFSP meeting or Progress Report? How was progress determined (e.g. standardized instrument, checklist, non-standardized assessments, observation & informed clinical opinion)?**

**Child's Name:**                                                                     **EI#:**

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**6.** <u>**For 6-Month/Annual Progress Notes only**</u>**:  What skills will you be working on in the next 3 months? Are there new functional outcomes or objectives recommended? The functional outcomes must contain all <u>6 </u>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 and 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 reports:**

**Print Name:**                                                               **License Number:**

**Date Report Was Completed:**