

Complete progress reports and review with the parent. Submit the completed report to the service coordinator **no less than 2 weeks prior to the 6-month or Annual review. The 6-month and 12-month progress notes are mandatory. Submission of the amendment progress note is required as part of the justification whenever an amendment to a current IFSP is being requested.** All questions must be answered. Illegible handwritten reports will be returned. Use additional pages if needed. Typed reports are preferred. Parents should receive copies of session and progress notes. Progress notes must be maintained for routine NYC audit purposes.

Child's Name: _____		EI #: _____		DOB: _____	
IFSP Period: From: _____		To: _____		Provider Agency Name: _____	
Provider Agency ID #: _____		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's Signature: _____			
Authorized Frequency? _____		Date you started working with this child: _____			
How were services delivered? <input type="checkbox"/> In-person <input type="checkbox"/> Telehealth <input type="checkbox"/> Hybrid: Number of sessions delivered: In-person ____ Telehealth ____					
Where have services been delivered? _____					
Has a parent/caregiver participated during the sessions? <input type="checkbox"/> Yes <input type="checkbox"/> No					
What communication method(s) was selected by the parent to exchange information with the interventionist about the sessions? <input type="checkbox"/> Communication Book <input type="checkbox"/> Family Activity Sheet <input type="checkbox"/> Emails <input type="checkbox"/> Phone calls <input type="checkbox"/> Session Notes shared					
Other: _____					
How frequently is communication shared: _____					
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? <input type="checkbox"/> Yes <input type="checkbox"/> No Is a new AT Device being requested? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, identify the type of device, and the IFSP Outcome and specify how the device is helping (or will help) to achieve the Outcome: _____					

I. List all the IFSP outcomes and developmental steps that you worked on. Indicate the progress for each and if each outcome and step should be kept or removed for the next IFSP period:

Outcome 1:

Rate Progress in This Time Period			Keep or Remove?	
No Progress	Emerging Skills	Outcome Achieved	Keep Outcome	Remove Outcome
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Rate each developmental step			Keep Y/N
1a. Developmental Step:	No Progress <input type="checkbox"/>	Emerging Skills <input type="checkbox"/>	Step Achieved <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
1b. Developmental Step:	No Progress <input type="checkbox"/>	Emerging Skills <input type="checkbox"/>	Step Achieved <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
1c. Developmental Step:	No Progress <input type="checkbox"/>	Emerging Skills <input type="checkbox"/>	Step Achieved <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
1d. Developmental Step:	No Progress <input type="checkbox"/>	Emerging Skills <input type="checkbox"/>	Step Achieved <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

Was this outcome and related developmental steps identified at the IFSP meeting? Yes ☐ No ☐

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

Outcome 2:

Rate Progress in This Time Period			Keep or Remove?	
No Progress	Emerging skills	Outcome Achieved	Keep Outcome	Remove Outcome
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Rate each developmental step			Keep Y/N
2a. Developmental Step:	No Progress <input type="checkbox"/>	Emerging Skills <input type="checkbox"/>	Step Achieved <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
2b. Developmental Step:	No Progress <input type="checkbox"/>	Emerging Skills <input type="checkbox"/>	Step Achieved <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
2c. Developmental Step:	No Progress <input type="checkbox"/>	Emerging Skills <input type="checkbox"/>	Step Achieved <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
2d. Developmental Step:	No Progress <input type="checkbox"/>	Emerging Skills <input type="checkbox"/>	Step Achieved <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

Was this outcome and related developmental steps identified at the IFSP meeting? Yes ☐ No ☐

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

Outcome 3:

Rate Progress in This Time Period			Keep or Remove?	
No Progress	Emerging skills	Outcome Achieved	Keep Outcome	Remove Outcome
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Rate each developmental step			Keep Y/N
3a. Developmental Step:	No Progress <input type="checkbox"/>	Emerging Skills <input type="checkbox"/>	Step Achieved <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
3b. Developmental Step:	No Progress <input type="checkbox"/>	Emerging Skills <input type="checkbox"/>	Step Achieved <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
3c. Developmental Step:	No Progress <input type="checkbox"/>	Emerging Skills <input type="checkbox"/>	Step Achieved <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
3d. Developmental Step:	No Progress <input type="checkbox"/>	Emerging Skills <input type="checkbox"/>	Step Achieved <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

Was this outcome and related developmental steps identified at the IFSP meeting? Yes ☐ No ☐

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

2. List the IFSP outcomes that you did not address in this service authorization period and explain why.

3. Describe the learning activities (technique/strategies/methods/routine activities) that were successful for the child/family and specify the IFSP outcomes and developmental steps (by number/letter) related to these activities.

4. What changes were made to the learning activities (coaching techniques/strategies/methods/routine activities) when they were ineffective for the family/caregiver? Were these modifications successful? If not, why not? Please address each IFSP outcome as applicable.

5. Describe all collaborative efforts made to address the IFSP outcomes (e.g., interaction with other service provider(s), members of the EI team, child care staff, community resources, and/or medical providers (with written parent consent)). Please include the family members/caregivers you have been working with.

6. 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)?

7. What skills will you be working on in the next 6 months?

8. Are new or modified IFSP outcomes or developmental steps recommended for the next 6-month IFSP period? The IFSP outcomes must include all components and be written in parent-friendly language. Outcomes must reflect the parents' current concerns, priorities, routine activities, and resources. All proposed new/modified outcomes and/or developmental steps must be discussed with and agreed to by the parent(s) before submission to NYCEIP. See the Appendix for Outcomes and Developmental Steps.

IFSP Outcome and Developmental Steps	Check if New or Modified
IFSP Outcome ____:	<input type="checkbox"/> Modified <input type="checkbox"/> New
Developmental Step ____:	<input type="checkbox"/> Modified <input type="checkbox"/> New
Developmental Step ____:	<input type="checkbox"/> Modified <input type="checkbox"/> New
Developmental Step ____:	<input type="checkbox"/> Modified <input type="checkbox"/> New
Developmental Step ____:	<input type="checkbox"/> Modified <input type="checkbox"/> New

IFSP Outcome and Developmental Steps	Check if New or Modified
IFSP Outcome ____:	<input type="checkbox"/> Modified <input type="checkbox"/> New
Developmental Step ____:	<input type="checkbox"/> Modified <input type="checkbox"/> New
Developmental Step ____:	<input type="checkbox"/> Modified <input type="checkbox"/> New
Developmental Step ____:	<input type="checkbox"/> Modified <input type="checkbox"/> New
Developmental Step ____:	<input type="checkbox"/> Modified <input type="checkbox"/> New

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 authorized session length, 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: ____/____/____