

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: Functional Life Achievement, Inc.
 Provider Agency ID #: 46700 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: _____

*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 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"/>
_____	<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 (i.e. scope of practice or expertise).

IFSP Functional Outcome 2: _____	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"/>
_____	<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 (i.e. scope of practice or expertise):

Functional Outcome 3: _____

Rate Progress in This Time Period

No Little Moderate Great Deal Outcome
 Progress Progress Progress of Progress 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 <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 (i.e. scope of practice or expertise).

Functional Outcome 4: _____

Rate Progress in This Time Period

No Little Moderate Great Deal Outcome
 Progress Progress Progress of Progress 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 <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 (i.e. scope of practice or expertise).

Functional Outcome 5: _____

Rate Progress in This Time Period

No Little Moderate Great Deal Outcome
 Progress Progress Progress of Progress 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 <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 (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.

Describe in detail:

- **Type of technique/strategies/method/routine activities being integrated within specific routine-based activities the family used to achieve each objective/functional outcome.**

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 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 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.

Did you communicate with the other EI therapist? OT PT ST SI SW Other _____

How did you work with the above therapist(s) to achieve the functional outcomes?

Did you assist the family in finding other resources (e.g., books, articles, educational resources, etc.)? Yes No
If Yes, Please describe:

Have you communicated with day care staff, taught techniques to grandparents, nannies, etc. who are part of the child's routine activities? Yes No
If yes, Please describe:

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 progress determined was (e.g. standardized instrument, checklist, non-standardized assessments, observation & informed clinical opinion)?

Was the standardized test utilized? Yes No

If yes, name the test (e.g., PDMS-2, AIMS, PLS-5, REEL-3, DAYC2, etc.): _____

Report results according to the instrument's manual:

- Raw Score(s): _____
- Standard Score(s): _____
- Standard Deviation from mean (z-score): _____

If no, indicate tool(s) used (e.g. HELP Checklist, Rossetti, NYS DOH memorandum 2005-02 Standard and Procedures for Evaluations, Evaluations Reimbursement and Eligibility, NYS DOH Clinical Practice Guidelines, etc.)

Report functional level in age ranges based on non-standardized assessments, observation & informed clinical opinion. Describe the child's current skills. Underline skills that child have been achieved since the last progress note (or IFSP) (i.e., in the last 3 month).

6. For 6-month/Annual progress notes only: 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 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 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 level of functioning.

Signature/credentials of therapist completing report: _____

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

Date Report Was Completed: _____/_____/_____