

## NYC Early Intervention Program

### Progress Note Instructions

1. Providers must complete this form at the 3, 6, 9, and 12 month interval after a child's initial IFSP meeting. The form should be completed as follows:

#### **PAGE 1 - Interventionist**

Circle the appropriate interval for the report.

**Child's Name:** Make sure that the recorded information is the same as the EI record.

**IFSP Period:** The term of the current IFSP (NOT the reporting quarter).

**DOB and EI ID #:** Make sure that all identifying information is consistent.

**Provider Agency Name and Provider ID#:** Agency (contracted name and ID #) for which the interventionist works.

**Interventionist:** Name of the interventionist who is completing this progress note.

**Discipline:** Interventionist's discipline, e.g., speech, special education, etc.

**Service Type:** Type of authorized service the interventionist is delivering. Note here if the interventionist provides more than one billable service, e.g., Speech Therapy and Family Training.

**Authorization Frequency:** How often the service is authorized. If the interventionist provides more than one billable service, e.g., Speech Therapy and Family Training, indicate the frequency for both services.

**Service Start date:** The date on which the interventionist began his or her work with the child.

**If gaps in service...:** If there are any gaps in service for this quarter, the extent and reason.

**IFSP Outcomes:** The outcomes from the IFSP that have been addressed during the 3-month period. Similar outcomes may be grouped, e.g., outcomes that require similar skills, etc.

**Rating:** How much progress has been made in achieving the IFSP outcome(s) noted.

**How did you work with the family...:** The techniques and strategies used with the family to achieve the outcome.

Repeat as needed for all outcomes that are applicable to the interventionist completing the form. Use additional sheets as needed.

#### **PAGE 2 - Interventionist**

**Question 1.** Describe the child's progress and level of functioning. If this is a 6 or 12 month progress note, estimate the percentage of delay, and describe how you determined it. This can be done based on clinical opinion; the ongoing work and regular informal assessment of the child's needs; and/or the use of a developmental checklist or criterion referenced instrument. Formal evaluations are not necessary. Standard deviation scores may be used, but are not necessary. Age equivalents may be used, if used appropriately.

**Question 2.** List any issues or factors that have limited the collaboration between the interventionist and those who are an important part of the child's daily life. Describe the steps taken to overcome the particular barriers. Have these strategies been successful, or are new plans needed to help the family become involved?

**Question 3.** Provide information about the parent/caregiver feedback to the therapist regarding how well the activities worked when the therapist was not present. Were modifications based on this feedback successful, or are further modifications necessary?

**Question 4.** Make recommendation for new IFSP ourcomes, changes in strategies and activities, and continuation, termination, or change in type of service for the next 6 months. Recommendations for service must be consistent with the need documented in question #1. Recommendations should include plans for parent/caregiver involvement.

Answer all questions completely.

REVIEW THE ATTESTATION – If, for any reason, the interventionist does not have the child’s IFSP, cross out and initial that part of the attestation: “I certify that I have received a copy of the child’s IFSP (and evaluation if available)...” Indicate below the attestation what has been done or will be done to obtain a copy of the child’s IFSP. No other part of the attestation may be crossed out.

Sign and date the report. If the interventionist is LICENSED, include license number.

2. Submit the signed Provider Progress Note to the Service Coordinator at three and nine months and at least three (3) weeks prior to the six month or annual IFSP meeting.

(The Parent Report – Progress Note will be filled out by the parent/caregiver with appropriate assistance from the Service Coordinator as noted below.)

### **PAGE 3 – Service Coordinator**

**The Service Coordinator** will fill out or assist the parent/caregiver to fill out the identifying information on the top of Page 3 of the Progress Note – Parent Report. Complete this for each interventionist working with the child/family. The information includes the following:

**Child’s Name:** Make sure that the recorded information is the same as the EI record.

**IFSP Period:** Note the term of the current IFSP (NOT the quarter being reported on)

**DOB and EI #:** Make sure that all identifying information is consistent.

**Name of Therapist/Teacher:** Name of the interventionist who is providing the service to the child/family.

**Provider Agency Name:** Name of the Agency for which the interventionist (Therapist/Teacher) works.

**Discipline:** The discipline of the interventionist who is listed in “Name of Therapist/Teacher.”

Collect the Progress Notes- Parent Report from the parent/caregiver every three months.

Submit these completed forms to the EI Regional Office two (2) weeks prior to the six month or annual IFSP review meeting.