

NYC EARLY INTERVENTION PROGRAM

(Circle One) 3, 6, 9, 12 month

Provider Progress Note Page 1

Child's Name: _____ **IFSP Period: From:** _____ **To** _____
(Last) (First)

D.O.B. _____ **EI#:** _____

Provider Agency Name: _____ **Provider ID #:** _____

Name of Interventionist: _____ **Discipline:** _____ **Service Type:** _____

Each interventionist should receive a copy of this child's IFSP and evaluations immediately upon assignment to work with the child. It is the joint responsibility of the Service Coordinator and the service agency supervisor to ensure prompt delivery of these documents to the interventions, and it is the responsibility of the interventionist to follow up with his/her agency supervisor if the documents are not received within two weeks of assignment.

Authorization Frequency? _____ Service Start Date: _____

If there are any gaps in service delivery (i.e., 3 or more consecutively scheduled visits). Describe length and reason for gap in service delivery.

IFSP OUTCOME(S):

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"/> |

How did you work with the family to help the child to reach this outcome?

IFSP OUTCOME(S):

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"/> |

How did you work with the family to help the child to reach this outcome?

IFSP OUTCOME(S):

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"/> |

How did you work with the family to help the child to reach this outcome?

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Provider Progress Note PAGE 2

Child's Name: _____ IFSP Period: From ____/____/____ To ____/____/____
(Last) (First)

1. For the 3 and 9 month report, provide a description of child's progress and current level of functioning. For the 6 and 12 month report, provide the description of progress; in addition, please estimate the percentage of delay at the end of the 6 month and 12 month period and state how that was determined, e.g., criterion referenced instrument, developmental checklist, or clinical opinion. (Standard deviation scores or formal evaluations are not required.)
2. List any factors that limit the collaboration between parent and interventionist. How have you addressed these factors? Be specific.
3. How have you used feedback from the family to help you modify how you work with the family? Be specific and provide examples.
4. Recommendations (include here any new IFSP outcomes, or changes in strategies and activities):

I certify that I have received a copy of the child's IFSP (and evaluation if available). I have provided the services described above in accordance with the frequency and duration mandated by IFSP, and have worked toward addressing the relevant outcomes set forth in the IFSP. I further certify that my responses in this report are an accurate representation of the child's current level of functioning.

Signature of interventionist completing report: _____ Date: ____/____/____

License No. _____ (If certified interventionist, do not indicate certificate number)