

Date Notes Due: 2 mo. \_\_\_\_\_ 5 mo. \_\_\_\_\_ NYEIS \_\_\_\_\_ KIDS  
8 mo. \_\_\_\_\_

**ORANGE COUNTY DEPARTMENT OF HEALTH**  
**EARLY INTERVENTION PROGRESS NOTES**

CHILD'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

CHILD'S ADDRESS: \_\_\_\_\_

NAME OF PROVIDER/DISCIPLINE: \_\_\_\_\_

NAME OF AGENCY (if applicable): \_\_\_\_\_

EIOD: \_\_\_\_\_

ONGOING SERVICE COORDINATOR: \_\_\_\_\_

TYPE OF NOTE: 2 MO. \_\_\_\_\_ 5 MO \_\_\_\_\_ 8 MO. \_\_\_\_\_

DATES OF SERVICE: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

*(Dates that you provided service during this reporting period)*

SITE OF SERVICE: \_\_\_\_\_

PHYSICIAN'S ORDER (IF APPLICABLE) – START DATE: \_\_\_\_\_

DURING THE DATES OF SERVICE:

# SESSIONS AUTHORIZED \_\_\_\_\_ # SESSIONS PROVIDED \_\_\_\_\_

CO-VISITS AUTHORIZED (if applicable) \_\_\_\_\_ # CO-VISITS PROVIDED \_\_\_\_\_

General Outcome Statement from IFSP: \_\_\_\_\_

\_\_\_\_\_

Family Activities/Strategies of IFSP – what is the family/child care provider being taught relative to the activities/strategies you are working on: \_\_\_\_\_

\_\_\_\_\_

What is the child's progress towards functional outcomes? (Strengths & Challenges)

\_\_\_\_\_

Describe the collaborative activities that will occur with IFSP team members and others related to the family activities/strategies you are working on for the next reporting period: \_\_\_\_\_

\_\_\_\_\_

Additional outcomes discussed with parent/guardian for next reporting period (if different from the current outcomes):

\_\_\_\_\_ yes (explain below including standardized test results or use of informed clinical opinion)

\_\_\_\_\_ no- child no longer meets continuing eligibility criteria and discharge is recommended  
(Explain below including standardized test results of use of informed clinical opinion)

Comments:

(Circle)          Standardized testing  
                         Informed Clinical Opinion

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Collaborative Activities:

1. Please list dates only of Collaborative Discussions:
  - a. With other providers:
  - b. With Ongoing Service Coordinator:
2. Is communication notebook being used effectively between family and providers?  
\_\_\_\_\_ Yes          \_\_\_\_\_ No

3. Meetings attended during this report period

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Provider/Discipline:  
License, Registration or Certification #:

Cc: Parent/Guardian  
Ongoing Service Coordinator  
Early Intervention Official Designee  
IFSP team Members  
Others as designated in IFSP