Child Name: DOB:

PUTNAM COUNTY DEPARTMENT OF HEALTH
EARLY INTERVENTION PROGRESS NOTE

****Bilingual cases must be written in both Spanish & English**

Child's Name: _____ DOB: _____ Age: _____

Provider Name: _____ Discipline/Agency: _____

Dates of service: ___/___/___ to ___/___/___ Frequency: _____ Site: _____

Ongoing Service Coordinator: _____

Type of Note: (circle one) 6 month 12 month 18 month 24 month 30 month 36 month

1. **Below list all IFSP outcomes, describe progress child has made towards achieving the outcome and describe the carry over activities you are working on with the family.** (Attach additional page if necessary)

Outcome:

Progress:

Carryover:

( ) Achieved ( ) Continue ( ) Change (Put new or amended goals under #2 - next page)

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Outcome:

Progress:

Carryover:

( ) Achieved ( ) Continue ( ) Change (Put new or amended goals under #2 - next page)

Child Name: DOB:

2. List all new and/or amended outcomes below. Be sure to state in measurable terms.

Outcome:

Carryover:

Outcome:

Carryover:

Outcome:

Carryover:

Outcome:

Carryover:

Outcome:

Carryover:

3. **Describe what skills the child has not yet attained that are expected for his/her age.**

4. **What are your overall impressions of the child's present level of functioning compared to other children his/her age?*** (You may site criterion referenced instruments, developmental checklists, and/or clinical opinion using NYS Clinical Practice Guidelines) (Standardized testing is not required, however, standard scores or an estimate % delay may be useful when clinically appropriate to demonstrate achievement of outcomes, or to highlight needs, etc.)

5. **To help facilitate the creation of an updated IFSP, please comment on the strengths and needs of the child that you have observed in each developmental domain.**

Physical:

Cognitive:

Communication:

Social Emotional:

Adaptive:

6. What are your suggestions for this child moving forward? Include any community activities.

7. List dates of missed/cancelled sessions, reason for cancelation, make-up date or make-up date offered and/or any other relevant information.

Provider (Print): _____License #: _____

Provider Signature: _____ Date: _____

Parent/Guardian Signature: _____Date: _____