

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: _____

Provider Agency ID #: _____ 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"/>

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"/>

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"/>
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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 3: _____

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"/>

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.

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 learning activities; were they successful or if not, why? Please address each functional outcome 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.

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

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 & 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 current level of functioning.

Signature/credentials of therapist completing report: _____

Print Name: _____ **License number:** _____

Date Report Was Completed: ____/____/____

**NYC EARLY INTERVENTION PROGRAM
INSTRUCTIONS FOR COMPLETION
PROGRESS NOTES**

GENERAL DIRECTIONS

The therapist/teacher must complete this form at the 3-, 6-, 9-, and 12-month intervals after a child's initial IFSP meeting.

- The 3- and 6-month progress notes must be submitted at least two (2) weeks prior to the 6-month review.
- The 9- and 12-month progress notes must be submitted at least two (2) weeks prior to the Annual Review.

At the top of each page, please circle the IFSP interval that this progress note covers.

Please write notes clearly so that others can understand them. All questions must be answered or progress notes will be returned.

DEMOGRAPHIC/AUTHORIZATION INFORMATION

Child's Name:	Information must be the same as in NYEIS (do not use a nickname).
EI # and DOB:	Make sure that all identifying information is correct. The EI# is the number that appears at the top of the "Child Homepage" in NYEIS.
IFSP Period:	These are the start and end dates of the current IFSP (not the quarter covered by this progress note).
Provider Agency Name and ID#:	Name and identification number of the agency for which the interventionist works.
Interventionist Name:	Print the name of the interventionist who is completing this form.
Discipline:	Interventionist's discipline, e.g. speech therapist, special educator.
Service Type:	IFSP-authorized service delivered by the interventionist, e.g. speech, family training.
Interventionist's Phone Number:	Direct number (cell, etc.) at which the interventionist can be reached if there are questions about the report. Do not use the provider agency's phone number.
Service Coordinator Name	Print the name of the child's service coordinator.
EIOD Name	Print the name of the child's EIOD (if known).
Language of Sessions:	Please indicate the language(s) used during the sessions.
Date Reviewed Note with Parent/Parent Signature:	The interventionist must review the report with the parent prior to submission and document such review.
Authorized Frequency:	How often the service was authorized at the IFSP (Ex: 1 x 30)
Date you started working with the child	State the date that you delivered the first intervention session.
Where have services been delivered?	Location of services, e.g. parent's home, babysitter's home, day care center, agency location, etc.
Has the parent(s) been present for the session, if not, how have you communicated with the family?	Indicate whether the parent has been present for the session. If not who was present? Describe your method of communication with the family. (Ex: Phone calls, meetings at work, notebook left in the parent's home or day care center, etc.).
If there have been any gaps in service describe the length and the reason(s)	Explain the reason for, and length of, any gaps, whether make-up sessions were delivered, whether there was a gap between your service delivery to the child and that of the previous interventionist, etc.
List the child's medical diagnosis(es)	List all diagnoses. Indicate if any diagnoses are newly identified.
Is the child using assistive technologies (AT)	Check Yes or No
Is a new AT device being requested?	Check Yes or 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:	If the child is currently using an AT device, or if an AT device is being requested, indicate type of device and how the device will help achieve an IFSP outcome. Specify the functional outcome(s) related to the AT device. If a child needs an AT device, refer to the AT Chapter for directions on requesting AT devices.

Progress Note Question Instructions

1. Below list all the IFSP functional outcomes and objectives. Indicate the progress for each.

(Refer to the Appendix for definitions of terms if needed.)

- a. For each functional outcome, rate the child's progress during the time period covered by this report.
 - i. Next break down each functional outcome into short-term objectives that have been, and are currently being worked on.

Example:

IFSP Functional Outcome #1: Ida will be able to pick up small objects, such as raisins or Cheerios, with either hand using her thumb and index figure without resting her arm on the table so that she can begin feeding herself everyday during meal time.

Objective 1a: Ida will pick up a Cheerio with fingers/scraping movement.

Objective 1b: Ida will pick up a Cheerio with side of finger and thumb.

- c. **For each objective listed, check the appropriate box to indicate if the objective has been achieved (Y), is not present (N), or is Emerging (E) – the skill has started to develop but has not been incorporated into all aspects of the child’s routine.**
- i. *If it has not been addressed yet, please write in “not addressed yet” next to the objective.
- d. **Was this functional outcome and objectives identified at the IFSP meeting? Indicate whether it’s “Yes” or “No”. If you indicated “No”, record the date it was changed and document the reason.**
- ii. Interventionists should record an explanation when they decide with the family to work on *non*-IFSP functional outcomes and objectives. Interventionists may work on *non*-IFSP functional outcomes and its objectives when for example:
 - the family shares new concerns and priorities because there is a change in the child’s or family’s status;
 - the family wants to generalize the child’s new skills and abilities to other routine activities; or
 - the IFSP functional outcomes have already been met.

Example:

An additional objective was added to IFSP functional outcome to build upon Ida’s progress and achievement of the functional outcome:

Objective 1c: Ida will pick up a Cheerio with tip of finger and thumb while her arm is on the table.

- iii. **If the IFSP functional outcome/objective was not addressed because the interventionist believes this is outside his/her scope of practice or individual expertise, record this as the reason in this section.**

Note:

- The information that you have documented in your session notes will assist you in completing these questions.
- The questions must be addressed for each functional outcome and its objectives.
- Attach additional sheets to this progress note as needed.

2. Describe the learning activities (technique/strategies/method/routine activities) that were successful for the family and specify the functional outcomes and objectives related to these activities.

- a. Describe in detail what types of strategies are being integrated within specific routine-based activities the family used to achieve each objective/functional outcome. Include the family’s feedback as to how well these learning activities worked when you were not present. This question asks about the successes.

Example:

Objectives 1a, 1b, and 1c: During mealtime, Ms. Mills presents Ida with small bits of foods on a flat surface (ex: Ida’s favorite flat plate); these include peas, diced cooked carrots, and Cheerios. Ms. Mills picks up one cheerio at a time on Ida’s high chair tray to show Ida what to do.

Objectives 1b and 1c: Ms. Mills encourages Ida to turn the pages of a book with thin paper during story time.

Note:

- Describe and highlight what the child can do now which he/she was previously unable to do.
- Address each relevant outcome.
- Provide an overall picture of how the child is functioning within daily routines and how the learned skills have been incorporated.

3. What changes were made to the learning activities (technique/strategies/method/learning activity) when they were ineffective for the child/family? When you modified the learning activities; were they successful or if not, why? Address each functional outcome and the relevant objectives whenever applicable. –

- a. Explain how you changed your techniques or the learning activities when the child’s progress was limited or when it was difficult for the family to incorporate strategies into their daily routines.
 - i. This question asks about how you worked with the family to modify your strategies/techniques and the learning activities to better fit the parent/caregiver and child and support their competencies and family culture.
 - ii. Indicate when functional outcomes or objectives are not achieved and explain why.

Example of a change to an activity: Because Ida prefers to use all her fingers in a raking motion when presented with a plate of Cheerios, Ms. Mills started presenting Ida with one Cheerio at a time in the palm of her hand to encourage the use of Ida's thumb and index finger. In addition, throughout the day, Ms. Mills started encouraging Ida to turn a wall light switch on and off.

Example of a change to intervention approach: I found that Ida was tired at the time of my scheduled visit. The parent and I discussed what would be better times for Ida. We agreed and switched the time to after her nap. After this change, Ida had better results.

4. Describe all collaborative efforts made to address the IFSP outcomes (Examples: interaction with other service provider/therapists, day care staff, other caregivers, community resources, and medical providers (with written parent consent)). Please include the family members/caregivers you have been working with.

- a. Describe the communication and collaboration with the other EI therapists and how you worked with them to achieve the functional outcomes. With parental consent, have you communicated with relevant medical providers?
 - i. At the parent's request, how have you assisted the family in finding other resources (e.g. books, articles)?
 - ii. Have you communicated with day care staff, taught techniques to grandparents, nannies, etc. who are part of the child's routine activities? How have you worked with those people the family identified in the IFSP as important in helping achieve the outcomes?
 - iii. How have you continued to provide the family on-going opportunities to participate in sessions and to enhance their capacity to support their child's learning and development between visits while building on the interests and strengths of the child and family?

5. Based on your ongoing assessment of the child's progress, what is the child's overall progress in this child's functional abilities since the last IFSP meeting or Progress Report? How was progress determined (e.g. standardized instrument checklist, non-standardized assessments, observation, & informed clinical opinion)?

- i. Give a detailed description or specific examples of the child's current skills. Underline any new skills that have been achieved in the last 3 months.
 - Have the parents' expressed any new concerns or priorities for the next IFSP period?

Note:

- When documenting the evidence on which a determination regarding the child's current functional abilities is based, please refer to the *NYS DOH Memorandum 2005-02 – Standards and Procedures for Evaluations, Evaluation Reimbursement and Eligibility* as well as any relevant NYS DOH Clinical Practice Guidelines.
- If an instrument is administered, report the results according to the instrument's manual.

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 you would like to recommend for the IFSP team to consider? The functional outcomes must contain all 6 components and be written in parent friendly language. The new/revised functional outcomes must be discussed and agreed to with the parent.

- a. **Indicate if the child's functional abilities are not within normal developmental range.**
 - i. **Indicate what skills you will be working on in the next 3 months?**
 - ii. Be specific in your explanation and do not use general words such as "more or less" or "greater".
- b. Interventionists may submit new functional outcomes when the new outcomes and related objectives more closely reflect the learning characteristics of the child (for example, when the previous outcomes have been achieved).
- c. Ensure that the functional outcomes you recommend:
 - i. include identified family routines;
 - ii. reflect the family's current priorities and concerns for the next IFSP period;
 - iii. are individualized to the child and family;
 - iv. reflect integrated functional skills and abilities across developmental domains and not domain specific test items;
 - v. describe measureable and observable skills so that everyone including the family will know the outcomes have been met;
 - vi. take into consideration the child's disabilities, characteristics, strengths and needs; and
 - vii. are written in parent friendly language with no clinical jargon or technical terms.
- d. Whenever the interventionist has been working on a *non*-IFSP functional outcome (and objectives) that has not yet been achieved, and the family still feels this is a priority; the interventionist may recommend this *non*-IFSP functional outcome and its objectives in this section so that it may become a goal on the next IFSP.

Note: Refer to the **Appendix: Functional Outcome and Embedded Coaching Terminology for Session and Progress Notes**. For additional detailed information about functional outcomes, take the training posted on the NYC EIP website:

<http://www.nyc.gov/html/doh/html/hcp/ei-hcp.shtml>

Certification: Sign, date, provide license number and print name. Include interventionist's discipline/credentials, e.g. speech therapist (Speech/Language Pathologist, MS, CCC/SP, special educator (MS Ed.), etc. If a certified professional, indicate "certified" and do not write license number.

This field may also include the signature, License/Certification number of a supervisor in the case of student interns, CFYs, OTAs, and PTAs, as applicable. The date of the supervisor signature should also be indicated.

Procedural Notes:

- The family should receive a copy of all completed progress notes.
- Please address any questions the family may have related to the progress notes.
- Please write the progress note so that others (e.g., the family, EI/OD, team) may understand it. It should be written legibly, clearly and in parent friendly language.
- Discuss with the family their current concerns, priorities & resources, daily routines, and child's developmental status in preparation for 6- and 12-month IFSP reviews.
- **Submit completed progress notes no later than 2 weeks prior to the IFSP review meeting.**