

(Circle One) 6 month 12 month

Child's Name: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> <span>(Last)</span> <span>(First)</span> </div>	D.O.B.: ____/____/____
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**For Parent/Caregiver to Complete with Service Coordinator:**

Service: \_\_\_\_\_

- |   |                          |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Have you seen changes in your child's skills - Development as a result of EI services?<br><br>_____<br>_____<br>_____  | No<br>Progress           | Little<br>Progress       | Moderate<br>Progress     | Great<br>Progress        | Reached<br>Goal          |
|   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you been given an opportunity to participate in your child's IFSP? Have you been taught skills, or given ways to help support your child's growth?<br><br>_____<br>_____<br>_____   | Never                    | A Few Times              | Half the Time            | Most of<br>the Time      | Every Week               |
|   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you and the therapist/teacher review which activities are working well and which are not working well? Do you and the therapist/teacher review the IFSP outcomes?<br><br>_____<br>_____<br>_____  | Never                    | A Few Times              | Half the Time            | Most of<br>the Time      | Every Week               |
|   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. <u>For home/community based services:</u><br>Were the therapists or teachers flexible about scheduling services for you and your child? If you were not routinely available during your child's session, did the therapist arrange a time to enable you to participate in a session?<br><br><u>For facility toddler groups:</u><br>Did the teacher or therapist keep in touch with you? How did the teacher/therapist communicate with you? (e.g. communication book, your visit to center, phone call)<br><br>_____<br>_____<br>_____ | No                       | Little                   | Some                     | Great Deal               |                          |
|   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 5. What are your current concerns/priorities about your child? Are there new skills you would like to learn?<br><br>_____<br>_____<br>_____   |                          |                          |                          |                          |                          |

Comments: \_\_\_\_\_  
 \_\_\_\_\_

Signature of Parent/Caregiver: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Service Coordinator: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## **INSTRUCTIONS FOR COMPLETING OSC PARENT PROGRESS REPORT**

Parents and caregivers are important members of the Early Intervention team. The Early Intervention Program wants to know how you view your child's progress and the services that he/she is receiving. We appreciate your feedback and we value your input.

1. Your Service Coordinator will complete this form with you (the Parent, Guardian or Surrogate) every six months after your child's IFSP, for each therapist or teacher working with your family.
2. For each question, put a check in the box below the statement that is closest to your opinion. Feel free to add any additional comments under the questions or at the bottom of the form.
3. Answer as completely as possible.
4. You (the Parent, Guardian or Surrogate) and your Service Coordinator should sign and date the form(s). If completed over the phone, the Service Coordinator should sign and provide the date and time of the phone conference.
5. When completed, give the form(s) to your Service Coordinator. The Service Coordinator will keep them with your child's file and submit them to the Early Intervention Official Designee (EIOD).