

Date Completed:

EARLY INTERVENTION PROGRESS SUMMARY FORM

Child's Name:

CHILD'S FIRST NAME:	CHILD'S LAST NAME:	DATE OF BIRTH:	REASON FOR REPORT (CHECK ALL THAT APPLY)	
COUNTY OF RESIDENCE:	SERVICE COORDINATOR:	CHRONOLOGICAL AGE	PREPARATION FOR IFSP REVIEW	TRANSITION OUT OF NJEIS
CURRENT IFSP DATE:		SERVICE TYPE/ FREQUENCY:		
INITIAL ELIGIBILITY TYPE:		<input type="checkbox"/> DEVELOPMENTAL INTERVENTION		
<input type="checkbox"/> DEVELOPMENTAL DELAY		<input type="checkbox"/> OCCUPATIONAL THERAPY		
<input type="checkbox"/> 1 AREA (-2.0 SD)		<input type="checkbox"/> PHYSICAL THERAPY		
<input type="checkbox"/> 2 OR MORE AREAS (-1.5 SD)		<input type="checkbox"/> SPEECH THERAPY		
<input type="checkbox"/> INFORMED CLINICAL OPINION		<input type="checkbox"/> FAMILY TRAINING		
<input type="checkbox"/> HIGH PROBABILITY/ PRESUMPTIVE DIAGNOSIS (LIST):		<input type="checkbox"/> OTHER: _____		
			<input type="checkbox"/> PERIODIC REVIEW	<input type="checkbox"/> CHILD TURNING AGE 3/ PREPARATION FOR TRANSITION PLANNING CONFERENCE
			<input type="checkbox"/> 6 MONTH (SCHEDULED)	<input type="checkbox"/> TRANSITION PRIOR TO 3 REASON: _____
			<input type="checkbox"/> TO CONSIDER MODIFYING SERVICES(UNSCHEDULED)	
			<input type="checkbox"/> ANNUAL REVIEW MEETING	

DEVELOPMENTAL STATUS SUMMARY

INCLUDE SCORES/ AGE LEVELS ETC, & CATEGORIZE LEVEL OF PROGRESS.

BRIEFLY SUMMARIZE ALL AREAS OF DEVELOPMENT (BY 1 OR MORE PRACTITIONERS).
ADDRESS STRENGTHS & NEEDS FOR EACH DEVELOPMENTAL AREA.**ONGOING ASSESSMENT****INSTRUMENT(S)/ CURRICULUM(S) IMPLEMENTED** INSTRUMENT(S)(LIST ALL) DAYC-2 PARENT REPORT INFORMED CLINICAL OPINION/ OBSERVATION REVIEW OF RECORDS (EDUC/ MED/ ETC.) OTHER (LIST): _____

CURRENT SCORES	WHAT'S HAPPENING NOW DESCRIBE CURRENT FUNCTIONAL ABILITIES WITHIN EVERYDAY ROUTINES	NEXT STEPS FOR LEARNING IDENTIFY FUNCTIONAL SKILLS NEEDED TO PARTICIPATE IN EVERYDAY ROUTINES
COMMUNICATION:		
PROGRESS VS. CHRONOLOGICAL AGE		
<input type="checkbox"/> ABOVE TYPICAL RANGE FOR AGE		
<input type="checkbox"/> WITHIN TYPICAL RANGE FOR AGE		
<input type="checkbox"/> BELOW TYPICAL RANGE FOR AGE		
COGNITIVE:		
PROGRESS VS. CHRONOLOGICAL AGE		
<input type="checkbox"/> ABOVE TYPICAL RANGE FOR AGE		
<input type="checkbox"/> WITHIN TYPICAL RANGE FOR AGE		
<input type="checkbox"/> BELOW TYPICAL RANGE FOR AGE		
GROSS MOTOR:		
PROGRESS VS. CHRONOLOGICAL AGE		
<input type="checkbox"/> ABOVE TYPICAL RANGE FOR AGE		
<input type="checkbox"/> WITHIN TYPICAL RANGE FOR AGE		
<input type="checkbox"/> BELOW TYPICAL RANGE FOR AGE		
FINE MOTOR:		
PROGRESS VS. CHRONOLOGICAL AGE		
<input type="checkbox"/> ABOVE TYPICAL RANGE FOR AGE		
<input type="checkbox"/> WITHIN TYPICAL RANGE FOR AGE		
<input type="checkbox"/> BELOW TYPICAL RANGE FOR AGE		
SOCIAL EMOTIONAL:		
PROGRESS VS. CHRONOLOGICAL AGE		
<input type="checkbox"/> ABOVE TYPICAL RANGE FOR AGE		
<input type="checkbox"/> WITHIN TYPICAL RANGE FOR AGE		
<input type="checkbox"/> BELOW TYPICAL RANGE FOR AGE		
ADAPTIVE:		
PROGRESS VS. CHRONOLOGICAL AGE		
<input type="checkbox"/> ABOVE TYPICAL RANGE FOR AGE		
<input type="checkbox"/> WITHIN TYPICAL RANGE FOR AGE		
<input type="checkbox"/> BELOW TYPICAL RANGE FOR AGE		

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DISCUSSION: HOW HAS THE FAMILY BEEN ABLE TO USE EI STRATEGIES WITHIN HOME & COMMUNITY ROUTINES?

HOME ACTIVITIES (E.G., BATH TIME, MEALTIME, DIAPERING, FAMILY TIME, READING, LAUNDRY, GOING PLACES, ETC.)

COMMUNITY ACTIVITIES (E.G., SHOPPING, PARKS, LIBRARY, VISITING RELATIVES/ FRIENDS, ATTENDING RELIGIOUS EVENTS, ETC.)

SUGGESTED STRATEGIES TO ADDRESS CHILD & FAMILY OUTCOMES: DESCRIBE INSTRUCTIONAL STRATEGIES, TECHNIQUES AND ADAPTATIONS TO SUPPORT THE CHILD'S PARTICIPATION IN AGE-APPROPRIATE ACTIVITIES.

Reminder: Do NOT name service type or frequency as this is not discussed until IFSP meeting.

KEEP DOING:

STOP DOING:

START DOING: -

OTHER INFORMATION SHARED BY THE FAMILY (E.G., ONGOING OR NEW CONCERNS, FAMILY ROUTINES, CHANGE IN FAMILY CIRCUMSTANCES, CHANGE IN HEALTH/ MEDICAL INFORMATION, ETC.) (OPTIONAL/ IF NEEDED)

THE FOLLOWING MEMBERS OF THE IFSP TEAM HAVE PARTICIPATED IN PREPARING THIS SUMMARY. WE UNDERSTAND THAT THE IFSP TEAM WILL REVIEW PROGRESS TOWARD OUTCOMES & DECIDE TOGETHER WHAT SERVICES/ SUPPORTS ARE NEEDED TO REACH THE OUTCOMES AT THE IFSP REVIEW MEETING.

PARTICIPANTS	ROLE	AGENCY	SIGNATURE	DATE
	PARENT/ GUARDIAN	N/A		
CONTACT INFORMATION FOR PRACTITIONERS:				

**Note: Age level or age equivalent scores are used to help provide a context for the child's performance. They are most useful to track your child's individual developmental progress compared to him/ herself. However, age levels should be interpreted with caution given some of the limitations inherent in how the scores are generated. Children develop & progress at different rates. Age equivalents do not necessarily take into consideration the variation in individual growth and learning & use some degree of estimation. An age level indicates the age at which the average same-aged child achieved the same raw score.*

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ADDENDUM/ ADDITIONAL NOTES (OPTIONAL)

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