



ACHIEVE BEYOND

Pediatric Therapy & Autism Services

NYC EARLY INTERVENTION PROGRAM

Provider Progress Note Page 1 (3 6 9 12)

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: _____

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:

Make sure to check off the box to indicate the type of report

Complete all the demographic information from the IFSP . Do not leave anything blank

Please indicate your cell phone number

Authorized frequency for the service you are providing (from the IFSP) ; e.g: 1x30 /weekly

2x 60/ monthly etc. If you are providing Family Training (FT) Services make sure you write a separate progress report for FT service and indicate the frequency for FT service

If the parent/caregiver has not been present you **MUST** indicate how have you communicated with them (via phone and or by communication note book)

Indicate the DATES and REASON for the gaps of THREE CONSECUTIVE sessions or MORE ; and then write if you provided make up sessions; if there have been no gaps then write – No gaps

List all diagnoses;

For Assistive tech check off the boxes (do not leave blank); and if there is an outcome supporting the use to the assistive tech complete that otherwise write N/A



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.

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"/>

Was this functional outcome and objectives identified at the IFSP meeting? Yes No
 If not, the date it was changed and the reason.

Please write the IFSP outcomes and rate the progress of the child ; and accordingly write the objectives from the IFSP and the rate progress. Please remember if there are more than 5 objectives for an IFSP outcome then you MUST add rows and write the objectives and indicate the progress; if there are less than 5 objective then write N/A – Do not leave it blank

Please do not forget to complete the section just below the objectives box

If there are more than three IFSP outcomes then you MUST add pages/boxes as needed. If you have less than three IFSP outcomes you can cross off /or deled the boxes as necessary.

****This is a sample only and only provides boxes for three IFSP outcomes.****



Child's Name: _____ EI#: _____ Provider Progress Note (3 6 9 12) Page ____

Make sure you complete the information and check off the boxes to indicate the type of report and also indicate the page number

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

3. What changes were made to the coaching techniques or learning activities when they were ineffective for the family/caregiver? When you modified the coaching techniques or learning activities; were they successful or if not, why? Please address each functional outcome and the relevant objectives as applicable.

Section # 2 : Combine/group the objectives that are being worked upon with a same routine activity and with a strategy

Section # 3: If the strategy/coaching activity or the daily routine had to be changed then state the reason why. Otherwise just state that strategies and routine activities have been effective and no changes are necessary



5. Based on your on-going assessment of the child, what is the overall progress in this child's functional abilities? How was progress determined (e.g. standardized instrument & informed clinical opinion)?

Section # 5:

You must provide a description of child's progress and level of functioning in months for a 3 month, 9 month , 6 month and 12 month progress report. In addition you must indicate percentage of delay for a 6 month and 12 month progress report

For a 3 month and 9 month report you can use a developmental checklist or a criterion referenced instrument; for a 6 month and 12 month you **MUST** use a standardized instrument

For a ST (speech therapy) report , describe behavior play; receptive expressive; oral motor/feeding;

For an OT (occupational therapy)report, describe fine motor skills for grasping, writing, drawing, coloring etc; and for self help skills; Sensory Integration/Sensory profile; Muscle tone/joint stability etc.

For a PT (physical therapy) report, describe gross motor skills (walking, running, throwing, balancing, lifting, bending over; gait ; locomotion; muscle strength; endurance etc.

For SI (special instruction) report, describe cognitive skills; social emotional skills

**** FOR A FAMILY TRAINING REPORT FUNCTIONING LEVELS ARE NOT REQUIRED**** but you mustT write a separate progress report for Family Training if you are providing family Training service as indicated on the IFSP.

Begin with this line: This is a Family Training report and does not depict the ABC's functioning level. Then write a brief paragraph about what have you taught the family/parents; and how have they progressed in using the strategies in daily routines.



- i. Describe the child's current skills. Underline skills that have been achieved since the last progress note (or IFSP).

In this section, give a snapshot of the child's achievements on the IFSP outcomes addressed.



Child's Name: _____ EI#: _____ Provider Progress Note (3 6 9 12)Page ____

Make sure you complete the information and check off the boxes to indicate the type of report and also indicate the page number

- ii. Indicate if the child's functional abilities are/are not within the normal developmental range. If this child's skills are not within the normal range, what skills will you be working on in the next 3 months?

In this section you must state if the child is delayed (refer to section # 5) and if the child is delayed then indicate so and state what skills you will be working on

Example:

Child continues to demonstrate delays in his overall expressive language skills and has a very limited vocabulary therefore continuation of services is recommended and is deemed necessary. Continue working on the IFSP outcomes and objectives as stated in his current IFSP.

OR:

Will work on improving ABC's ability to use more words to request for assistance and call attention

6. For 6-Month/Annual Progress Notes only: If the child is still eligible for early intervention services, 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.

This section has to be completed ONLY for a 6 month or a 12 month (annual) progress report IF the child is still eligible for EI services

If the child is eligible and you want to continue services you must write:
ABC continues to demonstrate delays and continuation of services is recommended and is deemed necessary for Child.

REMEMBER:

Eligibility criteria: 33% delay in one developmental domain or 25% delay in 2 domains; or if the standard score is – 2 standard deviations below the average; or -1.5 standard deviations below the average

If you want to propose new outcomes you MUST make sure the following 6 components are addressed in the outcomes:

1. WHO : USUALLY THE CHILD BUT MAY INCLUDE THE FAMILY
2. WHAT/WILL DO : THIS IS WHAT THE CHILD WILL DO (REASONABLE FOR THE NEXT 6 MONTHS)
3. HOW /MEASURE FOR SUCESS: THIS IS HOW EVERYONE ON THE TEAM INCLUDING THE PARENTS/CAREGIVERS WILL KNOW THAT THE OUTCOME HAS BEEN MET. IT SHOULD BE OBSRVABLE
4. UNDER WHAT CONDITION: THIS IS ANY SPECIFIC SITUATION OR ADAPTATION THAT IS REASONABLE\
5. ROUTINE ACTIVITY
6. SO WHAT/WHY: THIS IS WHAT THE FAMILY WOULD LIKE TO ACHIEVE OR THE REASON WHY IT IS IMPORTANT

Example of an IFSP outcome that has all the 6 components:

Child will be able to pick up small objects such as raisins, Cheerios, by using her thumb and index finger while sitting in her high chair so that she can begin feeding herself during meal time

Child (*who*) will be able to pick up small objects (*will do what*) such as raisins, Cheerios, by using his/her thumb and index finger (*Measure of success*)

while sitting in her high chair (*under what condition*) so that she can begin feeding herself (*why is this important to the family*) during meal time (*routine activity*)

**For clinical questions please contact:
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