

**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 interval after a child's initial IFSP meeting.

- The 3 and 6 month progress note is to be submitted at least two (2) weeks prior to the 6 month review.
- The 9 and 12 month progress note is to 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.

DEMOGRAPHIC/AUTHORIZATION INFORMATION

Child's Name:	Information must be the same as the EI record, (do not use nickname).
EI # and DOB:	Make sure that all identifying information is correct.
IFSP Period:	This is the term of the current IFSP, (not the recording quarter).
Provider Agency Name and ID#:	Agency 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, etc.
Service Type:	IFSP authorized service delivered by the interventionist, e.g. Speech, Physical Therapy.
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 number.
Date Reviewed 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 the service been delivered?	Location of services, e.g. parent's home, babysitter's home, day care center, agency location
How have you communicated with the parent when they were not present during sessions?	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 delivery of more than three consecutive scheduled visits, 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
Indicate the type of device, and how the device is helping (or will help) to achieve an IFSP Functional 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. State which functional outcome(s) in particular. Refer to the AT Chapter for directions on requesting AT devices.

Clarification of Terms:

Functional Outcome: A practical result that reflects the family's priorities, is developmentally and individually appropriate, and considered critical for the child's participation in daily activities. The outcome should include a measurable skill targeted for a child to achieve in the next 6 months through Early Intervention supports and services. The functional outcome **MUST** be written in parent friendly language. All clinical terms must be avoided.

Objectives: Short term goals that should be achieved in order for the child to reach the functional outcome. These small steps should be specific and measurable and written in parent friendly language.

Activities: Routine activities are those that occur within the child's day (ex: bedtime, snack time, time at the playground) and provide opportunities to learn and practice objectives with family members.

Strategies/methods/approaches: Ways that the family and therapist support the child's learning in routine activities.

Description of Progress in IFSP Outcomes: Pages 1, 2, and 3:

IFSP Functional Outcome: Indicate, on separate pages, each IFSP functional outcome, and the child's progress during the time period covered by this report. **Note: The functional outcomes listed in the progress notes MUST be the same functional outcomes that were agreed to in the IFSP. Attach additional functional outcome sheets if necessary.**

1a. Break down each functional outcome into short-term objectives that have been, and are currently being worked on. These objectives must be same as those that are listed on Page 4 of the IFSP.

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

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

Objective 2: Ida will pick up a Cheerio with side of finger and thumb.

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.

1b. **State changes/modifications made to objectives in order to facilitate developmental progress. Be specific.** - List changes made to the short term objectives during this IFSP period to facilitate achievement of the functional outcome.

Example: An additional outcome can be added to build upon Ida’s progress and achievement of the functional outcome:

Objective 3: Ida will pick up a Cheerio with tip of finger and thumb while her arm is on the table.

1c. **What routine activities are you and the family/caregivers using to achieve each objective stated above (ex: mealtime, bath time, etc.)? Describe how interventions are being incorporated into routine activities. Which family member(s) have you been working with?** - Indicate what specific routine-based activities the family used to achieve each objective. Include the family’s feedback as to how well these activities worked when you were not present.

Example: Objectives 1, 2, and 3: During mealtime, Ms. I 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. I picks up one cheerio at a time on Ida’s high chair tray to show Ida what to do.

Objectives 2 and 3: Ms. I encourages Ida to turn the pages of a book with thin paper during story time.

1d. **What changes were made if the routine activities or the strategies/methods approaches were ineffective (progress limited), or difficult for the family to incorporate into daily routines?** - Explain how you changed your approach or activities when you did not see progress.

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. I 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. I 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. We switched the time to after her nap and had better success.

NOTE: Questions below (4, 5, and 6) do not need to be answered separately for each outcome being worked on.

4. **Describe all collaborative efforts made to address the IFSP outcomes for this child-** Describe communication 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? At the parent’s request, how have you assisted the family in finding other resources (e.g. books, articles)? Have you communicated with day care staff, taught techniques to grandparents, nannies, etc

5. **Based on your ongoing assessment of the child’s progress, what is the child’s current level(s) of functioning?** – Document the child’s current functioning, including the use of standardized instruments (if the therapist chooses to administer) and informed clinical opinion. For 6 month and 12 month progress notes, estimate the percent of delay according to the NYS Guidance Memorandum (Memorandum 2005-02 – Standards and Procedures for Evaluations, Evaluation Reimbursement, and Eligibility Requirements and Determination Under the Early Intervention Program).

Note: If an instrument is administered, report the results according to the instrument’s manual.

6. **What can the child do now that he/she was unable to do previously (child’s strengths)-** Provide an overall picture of how the child is functioning within daily routines and how the learned skills have been incorporated.

Certification: Sign, date, provide license number and print name. If a certified professional, indicate “certified” and do not write number.