

Complete progress reports and review with the parent. Submit the completed report to the service coordinator **no less than 2 weeks prior to the 6-month or Annual review. The 6-month and 12-month progress notes are mandatory. Submission of the amendment progress note is required as part of the justification whenever an amendment to a current IFSP is being requested.** All questions must be answered. Illegible handwritten reports will be returned. Use additional pages if needed. Typed reports are preferred. Parents should receive copies of session and progress notes. Progress notes must be maintained for routine NYC audit purposes.

**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:** \_\_\_\_\_

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**Authorized Frequency?** \_\_\_\_\_ **Date you started working with this child:** \_\_\_\_\_  
**How were services delivered?**  In-person  Telehealth  Hybrid: **Number of sessions delivered:** In-person \_\_\_\_ Telehealth \_\_\_\_  
**Where have services been delivered?** \_\_\_\_\_  
**Has a parent/caregiver participated during the sessions?**  Yes  No  
**What communication method(s) was selected by the parent to exchange information with the interventionist about the sessions?**  Communication Book  Family Activity Sheet  Emails  Phone calls  Session Notes shared  
**Other:** \_\_\_\_\_  
**How frequently is communication shared:** \_\_\_\_\_  
**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 IFSP Outcome and specify how the device is helping (or will help) to achieve the Outcome:**

**I. List all the IFSP outcomes and developmental steps that you worked on. Indicate the progress for each and if each outcome and step should be kept or removed for the next IFSP period:**

**Outcome 1:**

Rate Progress in This Time Period			Keep or Remove?	
No Progress	Emerging Skills	Outcome Achieved	Keep Outcome	Remove Outcome
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Rate each developmental step			Keep Y/N
1a. Developmental Step:	No Progress <input type="checkbox"/>	Emerging Skills <input type="checkbox"/>	Step Achieved <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
1b. Developmental Step:	No Progress <input type="checkbox"/>	Emerging Skills <input type="checkbox"/>	Step Achieved <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
1c. Developmental Step:	No Progress <input type="checkbox"/>	Emerging Skills <input type="checkbox"/>	Step Achieved <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
1d. Developmental Step:	No Progress <input type="checkbox"/>	Emerging Skills <input type="checkbox"/>	Step Achieved <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

**Was this outcome and related developmental steps identified at the IFSP meeting?** Yes  No

**If not, the date it was changed and the reason. (e.g., scope of practice or expertise).**

**Outcome 2:**

Rate Progress in This Time Period			Keep or Remove?	
No Progress	Emerging skills	Outcome Achieved	Keep Outcome	Remove Outcome
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Rate each developmental step			Keep Y/N
2a. Developmental Step:	No Progress <input type="checkbox"/>	Emerging Skills <input type="checkbox"/>	Step Achieved <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
2b. Developmental Step:	No Progress <input type="checkbox"/>	Emerging Skills <input type="checkbox"/>	Step Achieved <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
2c. Developmental Step:	No Progress <input type="checkbox"/>	Emerging Skills <input type="checkbox"/>	Step Achieved <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
2d. Developmental Step:	No Progress <input type="checkbox"/>	Emerging Skills <input type="checkbox"/>	Step Achieved <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

Was this outcome and related developmental steps identified at the IFSP meeting? Yes  No

If not, the date it was changed and the reason. (e.g., scope of practice or expertise).

**Outcome 3:**

Rate Progress in This Time Period			Keep or Remove?	
No Progress	Emerging skills	Outcome Achieved	Keep Outcome	Remove Outcome
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Rate each developmental step			Keep Y/N
3a. Developmental Step:	No Progress <input type="checkbox"/>	Emerging Skills <input type="checkbox"/>	Step Achieved <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
3b. Developmental Step:	No Progress <input type="checkbox"/>	Emerging Skills <input type="checkbox"/>	Step Achieved <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
3c. Developmental Step:	No Progress <input type="checkbox"/>	Emerging Skills <input type="checkbox"/>	Step Achieved <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
3d. Developmental Step:	No Progress <input type="checkbox"/>	Emerging Skills <input type="checkbox"/>	Step Achieved <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

Was this outcome and related developmental steps identified at the IFSP meeting? Yes  No

If not, the date it was changed and the reason. (e.g., scope of practice or expertise).

2. List the IFSP outcomes that you did not address in this service authorization period and explain why.

3. Describe the learning activities (technique/strategies/methods/routine activities) that were successful for the child/family and specify the IFSP outcomes and developmental steps (by number/letter) related to these activities.

**4. What changes were made to the learning activities (coaching techniques/strategies/methods/routine activities) when they were ineffective for the family/caregiver? Were these modifications successful? If not, why not? Please address each IFSP outcome as applicable.**

**5. Describe all collaborative efforts made to address the IFSP outcomes (e.g., interaction with other service provider(s), members of the EI team, child care staff, community resources, and/or medical providers (with written parent consent)). Please include the family members/caregivers you have been working with.**

**6. 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)?**

**7. What skills will you be working on in the next 6 months?**

8. Are new or modified IFSP outcomes or developmental steps recommended for the next 6-month IFSP period? The IFSP outcomes must include all components and be written in parent-friendly language. Outcomes must reflect the parents' current concerns, priorities, routine activities, and resources. All proposed new/modified outcomes and/or developmental steps must be discussed with and agreed to by the parent(s) before submission to NYCEIP. See the Appendix for Outcomes and Developmental Steps.

IFSP Outcome and Developmental Steps	Check if New or Modified
IFSP Outcome ____:	<input type="checkbox"/> Modified <input type="checkbox"/> New
Developmental Step ____:	<input type="checkbox"/> Modified <input type="checkbox"/> New
Developmental Step ____:	<input type="checkbox"/> Modified <input type="checkbox"/> New
Developmental Step ____:	<input type="checkbox"/> Modified <input type="checkbox"/> New
Developmental Step ____:	<input type="checkbox"/> Modified <input type="checkbox"/> New

IFSP Outcome and Developmental Steps	Check if New or Modified
IFSP Outcome ____:	<input type="checkbox"/> Modified <input type="checkbox"/> New
Developmental Step ____:	<input type="checkbox"/> Modified <input type="checkbox"/> New
Developmental Step ____:	<input type="checkbox"/> Modified <input type="checkbox"/> New
Developmental Step ____:	<input type="checkbox"/> Modified <input type="checkbox"/> New
Developmental Step ____:	<input type="checkbox"/> Modified <input type="checkbox"/> New

I certify that I have received and 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 authorized session length, 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  
PROGRESS NOTES  
INSTRUCTIONS FOR COMPLETION**

<b>GENERAL INSTRUCTIONS</b>	
<p>The interventionist must complete this form at the 6- and 12-month intervals after a child’s initial IFSP meeting.</p> <ul style="list-style-type: none"> <li>• The 6- and 12-month progress notes must be submitted <b>at least two (2) weeks prior to each IFSP review.</b></li> <li>• The Amendment progress note is a required component of an IFSP amendment request and must be submitted as part of each justification package.</li> <li>• <b>At the top of each page, check off the IFSP interval that this progress note covers</b> (e.g., 6-month, 12-month or amendment)</li> </ul> <p><b>NOTE:</b> Write notes clearly so that others can understand them. All questions must be answered; incomplete and/or illegible progress notes will be returned. Returned progress notes delay the IFSP review process. The timely submission of progress notes will be audited. Municipal and state early intervention programs will request progress notes for audit and for mediation/impartial hearing/systems complaint purposes.</p>	
<b>DEMOGRAPHIC/AUTHORIZATION INFORMATION</b>	
<b>Child’s Name:</b>	Information must be the same as in EI Hub (do not use a nickname).
<b>EI # and DOB:</b>	Make sure all identifying information is correct. The EI# is the number that appears at the top of the “Child Homepage” in EI-Hub.
<b>IFSP Period:</b>	These are the start and end dates of the current IFSP (not the time covered by this progress note).
<b>Provider Agency Name and ID#:</b>	Name and identification number of the agency for which the interventionist works.
<b>Interventionist Name:</b>	Print the name of the interventionist who is completing this form.
<b>Discipline:</b>	Interventionist’s discipline, e.g., speech therapist, special educator, occupational therapist.
<b>Service Type:</b>	IFSP-authorized service delivered by the interventionist, e.g., speech therapy, occupational therapy, physical therapy, special instruction, etc.
<b>Interventionist’s Phone Number:</b>	Direct number (e.g., cell phone) at which the interventionist can be reached if there are questions about the progress report. <b>Do not use the provider agency’s phone number.</b>
<b>Service Coordinator Name:</b>	<b>Print</b> the name of the child’s service coordinator.
<b>EIOD Name:</b>	<b>Print</b> the name of the child’s EIOD (if known).
<b>Language of Sessions:</b>	Indicate the language(s) used during the sessions.
<b>Date note was reviewed with parent and Parent’s signature</b>	The interventionist must review the progress report with the parent prior to submission and must indicate this review by dating it and having the parent sign it.
<b>Authorized Frequency:</b>	How often was the service authorized in the IFSP (e.g., 1 x 30).
<b>Date you started working with the child:</b>	Indicate the date that you delivered your first intervention session.
<b>How were services delivered?</b>	Indicate if services were provided in-person, by telehealth only, or by telehealth hybrid. Document the number of sessions provided in-person and via telehealth including telehealth hybrid.
<b>Where have services been delivered?</b>	Document the location of services, e.g., parent’s home, babysitter’s home, child care center, agency location, facility, community location, other EI approved site, etc. If approved services are delivered via telehealth, document the location of child when services are being delivered via telehealth.
<b>Has a parent/caregiver participated during the sessions?</b>	Indicate whether the parent/caregiver has been present for the sessions by checking off yes or no.
<b>What communication method(s) was selected by the parent to exchange information with the interventionist about the sessions?</b>	<p>Check off the communication method(s) that were selected by the parent to exchange information with the interventionist about the sessions. For example, communication book, family activity sheet, emails*, phone calls, and/or session notes shared and discussed. If “other,” describe the communication method.</p> <p>*To use emails as a form of communication, there must be signed, written parent consent. See the <a href="#">Dear Colleague Letter – Clarification to Early Intervention Providers on Parental Consent to Use E-mail to Exchange Personally Identifiable Information</a>.</p> <p>Note that text messaging is <i>not</i> an approved method of communication with families because it does not protect confidentiality. Review the <a href="#">NYS DOH BEI guidance on the Use of Text Messaging in the Early Intervention Program (12.19.2020)</a>.</p>
<b>How frequently is communication shared?</b>	Indicate how frequently communication is shared with the parents using the methods indicated above during this IFSP service authorization period.

<b>Describe the duration and the reason(s) for any gaps in service:</b>	Explain the reason for, and length of, any gaps of more than 3 consecutive scheduled sessions, 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.
<b>List the child’s medical diagnosis(es) (if any):</b>	List all diagnoses. Indicate if any diagnoses are newly identified.
<b>Is the child using assistive technologies (AT)?</b>	Check Yes or No
<b>Is a new AT device being requested?</b>	Check Yes or No
<b>If yes, identify the type of device and the IFSP Outcome, and specify how the device is helping (or will help) to achieve the Outcome:</b>	If the child is currently using an AT (Assistive Technology) 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 IFSP outcome(s) and developmental steps related to the AT device. If a child needs an AT device, refer to the Assistive Technology chapter for instructions on how to request AT devices.

**Progress Note Question Instructions**

**1. List all the IFSP outcomes and developmental steps that you worked on. Indicate the progress for each and if each outcome and step should be kept or removed for the next IFSP period**

- All the IFSP outcomes are expected to be addressed by each interventionist.
- For each IFSP, EI-Hub asks whether the outcome is new, is edited, is achieved, is to be continued, or is to be discontinued.
- Refer to the Appendix for Outcomes and Developmental Steps for more information about EI best practices.

- a. For each IFSP outcome, list the related, short-term developmental steps that have been and are currently being worked on. Include the number for each IFSP outcome and the number and letter for each developmental step.

Example

IFSP Outcome #1: Tomas will eat a whole bowl of Stage 1 baby food with a bended spoon without spitting it out so that he can be a part of mealtimes with his family and begin to learn the mealtime routine.

Developmental Step 1a: Tomas will hold the bended spoon without immediately dropping it.

Developmental Step 1b: Tomas will learn to scoop food from the bowl into his spoon.

Developmental Step 1c: Tomas will learn to scoop food from the bowl into his spoon and put the spoon of food into his mouth.

Developmental Step 1d: Tomas will be able to finish eating his stage 1 food from a bowl with a bended spoon on his own during mealtimes.

- b. For each IFSP outcome, rate the progress during this time period:
- i. **No Progress** means that there is no evidence of this skill or that it is rarely or never seen.
  - ii. **Emerging skills** means that there is some evidence of this skill and that it has been observed but not consistently.
  - iii. **Outcome achieved** means that the child has mastered this skill and demonstrates it consistently.
  - iv. If the Outcome is achieved or the outcome is deemed no longer relevant, check off “**Remove Outcome.**”
  - v. If the Outcome rating is “no progress”, “emerging skills,” check off “**Keep Outcome**”

Progress is important for families. The progress note provides information to the family and the EI team on the progress made for each IFSP Outcome. It is important to review the progress note with the parents to discuss their observations about their child’s progress.

NOTE: The IFSP team will use this information from the progress notes to update the IFSP outcomes and developmental steps for the next IFSP service authorization period in the IFSP panel for EI-Hub. For each IFSP, EI-Hub asks whether the outcome is new, is edited, is to be continued, is achieved, or is to be discontinued.

When no progress is made, it is important to describe and explain why in Question #4 of the progress note. In addition, the interventionist should include information about their efforts to try different strategies with the family and the results and effectiveness of their work.

The achievement of developmental steps and/or IFSP outcomes presents an opportunity to recommend new developmental steps and/or IFSP outcomes in partnership with the parents (that reflect their current concerns, priorities, and resources) and with the other members of the EI team for the next service authorization period [Question #8]. It is expected that the EI team members communicate and collaborate with the parents/caregivers and with each other so that the authorized EI services work together optimally and synergistically to help the child and family achieve the IFSP outcomes [Question #5].

- c. For each developmental step listed, check the appropriate rating that reflects the child’s progress and whether to keep it or remove it: No progress (skill is rarely observed), Emerging (the skill has started to develop but has not been incorporated into all aspects of the child’s routine) or Achieved (the skill is performed consistently).
  - i. If the developmental step has been achieved or is no longer relevant, remove it by checking off “N” for “Keep Y/N.”
  - ii. If the developmental step has not been worked on yet, or if the skill is rarely seen or is emerging, check off “Y” for “Keep Y/N.”

**d. Was this outcome and related developmental steps identified at the IFSP meeting? Indicate “Yes” or “No”. If you indicated “No”, record the date it was identified and added, and document the reason.**

- i. Explain when and how the interventionist decided with the family to work on non-IFSP outcomes and developmental steps. This may be decided 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 outcomes have already been met.

Examples of when this might occur:

An additional developmental step was added to build upon Tomas’ progress and achievement of the IFSP outcome. For example, Tomas’ parents would like to know when he wants more food or if Tomas can begin to eat stage 2 foods now that he has achieved developmental steps 1a to 1d, and they want Tomas to gain more weight.

Developmental step 1e: Tomas will ask for more food using one gesture and word after he finishes his bowl of stage 1 food.

Developmental step 1f: Tomas will feed himself a bowl of stage 2 food using his bended spoon during mealtimes with his family.

These developmental steps may be the jumping point for new IFSP outcomes or developmental steps in the next IFSP service authorization period that can be added in Question #8.

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* IFSP outcome and its developmental steps that you worked on
- Attach additional sheets to this progress note as needed.

**2. List the IFSP outcomes that you did not address in this service authorization period and explain the reasons why.**

- a. IFSP outcomes are intended to be those goals that the family would like to see their child and themselves accomplish within the next six months given the child’s developmental status.
- b. The outcomes integrate the child’s skills and abilities across developmental areas. For a child to function in a routine activity, they use the contributions and the interplay of skills from different developmental domains. Therefore, each interventionist should be able to address each outcome and developmental step from their own scope of practice, knowledge, and expertise.
- c. When the IFSP outcome was not addressed because the interventionist believes this is outside their scope of practice or individual expertise, record this as the reason in this section.
- d. When an interventionist believes that the IFSP outcomes are outside their scope of practice, knowledge, experience or individual expertise, consideration should be given as to whether the interventionist is an appropriate fit for this case.
- e. The exception is when the IFSP outcomes are related to specific Assistive Technology or Counseling services or are outcomes that are clearly outside of a discipline’s scope of practice such as those specifically referencing Applied Behavioral Analysis methodologies and techniques (refer to the NYC EI Guidance on ABA authorizations).

**3. Describe the learning activities (techniques/strategies/methods/routine activities) that were successful for the child/family and specify the IFSP outcomes and developmental steps (by number/letter) 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 developmental step/IFSP 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:

Developmental steps 1a, 1b, 1c, and 1d: The physical therapist showed the family how to position Tomas in the high chair before they begin mealtimes so that he can hold the spoon well and bring it to his mouth. The special instructor guided the family to use more words repeatedly during mealtimes so that Tomas could say and understand them (e.g., comamos, boca, cuchara, bol, pollo, mas, etc.). During mealtimes, the parent and older sibling modelled how to eat with a bended spoon by holding it first, then scooping the food onto the spoon, opening their mouths wide and then bringing the spoon to their lips. The parent would sometimes feed the child initially once or twice and then let the child feed himself depending on how he was feeling during that meal time. Mom believes that he can begin to feed himself without her feeding him first because he began to do this last week between sessions. Sometimes, the older sibling would sing the Manzanas y Platanos song to him which made Tomas smile and engaged in eating. The family was happy that Tomas can be part of meal times which he could not do before.

Notes:

- Describe and highlight what the child can do now that they were 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.

**4. What changes were made to the learning activities (techniques/strategies/methods/routine activities) when they were ineffective for the child/family? Were these modifications successful? If not, why not? Address each IFSP outcome and the relevant developmental steps whenever applicable.**

Progress is important for families. When no progress is indicated, it is important to examine and explain why – for example, consider the child’s developmental and health status, the child’s interest and engagement in the activities, and your coaching/communication with parents/caregivers to enhance the child’s opportunities for practice throughout the day. Document the factors that impact the child’s progress and describe how you addressed them with the family especially for those outcomes and steps where you indicated that there was **no** progress or skills are emerging.

- 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.
  - 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.
  - Indicate when IFSP outcomes or developmental steps are not achieved and explain why.

Example of a change to an activity: Tomas showed food preferences for specific stage 1 foods and would refuse to eat those he did not like during mealtimes by keeping his mouth closed and not picking up the spoon. Based on observations, the interventionist and parent decided to track the foods he liked and did not like to make the mealtime experience more engaging and rewarding for him. The family learned so far that Tomas liked pureed apples, bananas, chicken, and cornmeal cereal, but not pureed carrots, plums or peas. They will continue to track this as they introduce new pureed foods to Tomas such as yucca and sweet potatoes.

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

**5. Describe all collaborative efforts made to address the IFSP outcomes (e.g., interaction with other service providers, members of the EI team, child care staff, community resources, and/or medical providers (with written parent consent)). Please include the family members/caregivers you have been working with.**

- Describe the communication and collaboration with the other early interventionists and how you worked with them to achieve the IFSP 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, videos, articles)?
  - Have you communicated with child 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?
  - How have you continued to provide on-going opportunities for the family to participate in sessions and to enhance their capacity to support their child’s learning and development between visits while building upon the interests and strengths of the child and family?

**6. Based on your ongoing assessment, 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, observations, & informed clinical opinion)?**

- Give a detailed description or specific examples of the child’s current skills. Underline any new skills that have been achieved in the preceding six (6) months.
  - Document if the parents have 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, refer to the [NYS DOH Memorandum 2005-02 – Standards and Procedures for Evaluations, Evaluation Reimbursement and Eligibility](#) and any relevant NYS DOH Clinical Practice Guidelines.
- If an instrument is administered, report the results according to the instrument’s manual. In addition, review the manual to ensure that this instrument is appropriate to use with this child. Refer to the [NYS DOH List of Developmental Assessment Instruments](#).

**7. What skills will you be working on in the next 6 months?**

Based on your on-going assessment of the child (question #5) and the parent’s concerns, priorities, observations, and feedback; indicate the functional skills (that are appropriate for this child’s chronological age, developmental status, rate of progress, and milestones) that you will be working on with the child and family for the next 6-month IFSP service authorization period.



**8. Are new or modified IFSP outcomes or developmental steps recommended for the next 6-month IFSP period? The IFSP outcomes must include all components and be written in parent-friendly language. Outcomes must also reflect the parents' current concerns, priorities, routine activities and resources. All proposed new/modified functional outcomes and/or developmental steps must be discussed with and agreed to by the parent(s) before submission to NYCEIP. See the Appendix for Outcomes and Developmental Steps for how to structure outcomes and developmental steps.**

- a. Propose new or modified IFSP outcomes and developmental steps for the next IFSP service authorization period. Include all required components for the new IFSP outcomes (e.g., who, will do what, criteria for success, routine activity, the “so that”). NOTE: These individual outcome components must be specifically identified and documented for each IFSP outcome in EI-Hub.
- i. Interventionists should submit new or modified IFSP outcomes when the outcomes and related developmental steps more closely reflect the current learning characteristics of the child (e.g., when the previous outcomes have been achieved). Document each new IFSP outcome and its related developmental steps and indicate in the table whether the outcome is new or modified and/or if the developmental steps are new or modified. Check all that apply for each outcome and its steps.
  - ii. Ensure that the IFSP outcomes you recommend:
    - include identified family routines;
    - reflect the family's current priorities and concerns for the next IFSP period;
    - are individualized to the child and family;
    - reflect integrated functional skills and abilities across developmental domains and are not domain-specific or are not failed test items;
    - describe measurable and observable skills so that everyone including the family will know the outcomes have been met;
    - take into consideration the child's abilities, disabilities, characteristics, strengths and needs; and
    - are written in parent-friendly language with no clinical jargon or technical terms.
  - iii. 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 outcome and its related developmental steps in this section so that it may become an outcome on the next IFSP.

**Note:** Refer to the **Appendix for Outcomes and Developmental Steps and the FAQs for Concerns, Priorities, and Resources**. For additional detailed information about IFSP outcomes, take the [Implemented Family-Centered Best Practices](#) training posted on the NYC EIP website: <https://www.nyc.gov/site/doh/providers/resources/early-intervention-professional-development-and-trainings.page>.

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

This field may also include the signature and 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.
- Address any questions the family may have related to the progress notes.
- Write the progress note so that others (e.g., the family, EIOD, 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 fewer than 2 weeks prior to the IFSP review meeting.**
- **Late submission of progress notes will be monitored.**