



**Early Intervention Progress
Report and Transition**

Name of Agency: _____ Date of Report: _____

Provider's Name/Discipline/License #: _____

Child's Name: _____ DOB: _____

Service Coordinator: _____ IFSP dates: _____ to: _____

How many times per week is the service authorized? _____

Date you started working with the child: _____

If there have been any gaps in service delivery or numerous cancellations of scheduled visits – describe the length and reason(s) for the gaps.

What IFSP outcome(s) have you been addressing?

What strategies have been used to work towards these outcomes?

What progress has been made?

What techniques have you taught the parent/caregivers to include in the child's daily activities?

Based on your current assessment, what is the child's current level of functioning? Include current age equivalence and/or standard score, method of assessment, testing instrument used, etc.

Recommendations for the next six months. (Include suggested changes in objectives, strategies/techniques and activities).

Transition planning: If child has turned three or has a third birthday within the next six month IFSP period please address the following:

Provider's recommendations for the child upon discharge from Early Intervention:

If services under CPSE are recommended, list goals and benchmark objectives for preschool services:

I certify that I have provided the above services in accordance with the frequency and duration mandated in the IFSP, and have worked toward addressing the relevant outcomes set forth in the IFSP. I further certify that my responses in this report are an accurate representation of the child's current level of functioning.

Signature & Title of EI provider: _____

Date: _____