Reset Form

INDIANA FIRST STEPS EARLY INTERVENTION SYSTEM
EXIT SUMMARY

State Form 51310 (R4 / 3-13)

Child's Name:_____ First Steps identification number:_____

Child's date of birth *(month, day, year)*:_____ County of residence:_____

Date Completed *(month, day, year)*:_____ Duration of First Steps participation*:_____ months

* If less than six (6) months, you do not need to complete this Exit Summary.

Service Coordinator:_____ Telephone: (____)_____-_____

CHILD DEVELOPMENT OUTCOMES

An important outcome of First Steps is for **children to learn important and essential developmental skills.** Therapists with knowledge of your child have provided the assessment scores below using the *Assessment, Evaluation, and Programming System for Infants and Children (*AEPS®).

DOMAIN	CHILD'S LEVEL OF PERFORMANCE		MADE PROGRESS?[1]
	ENTRANCE AEPS (STANDARD DEVIATIONS)	EXIT AEPS (STANDARD DEVIATIONS)	
ADAPTIVE	☐ 0 ☐ -1 ☐ -1.5 ☐ -2	☐ 0 ☐ -1 ☐ -1.5 ☐ -2	☐ YES ☐ NO
COGNITIVE	☐ 0 ☐ -1 ☐ -1.5 ☐ -2	☐ 0 ☐ -1 ☐ -1.5 ☐ -2	☐ YES ☐ NO
COMMUNICATION	☐ 0 ☐ -1 ☐ -1.5 ☐ -2	☐ 0 ☐ -1 ☐ -1.5 ☐ -2	☐ YES ☐ NO
FINE MOTOR	☐ 0 ☐ -1 ☐ -1.5 ☐ -2	☐ 0 ☐ -1 ☐ -1.5 ☐ -2	☐ YES ☐ NO
GROSS MOTOR	☐ 0 ☐ -1 ☐ -1.5 ☐ -2	☐ 0 ☐ -1 ☐ -1.5 ☐ -2	☐ YES ☐ NO
SOCIAL EMOTIONAL	☐ 0 ☐ -1 ☐ -1.5 ☐ -2	☐ 0 ☐ -1 ☐ -1.5 ☐ -2	☐ YES ☐ NO

[1] Did the child make any progress in learning new skills? Check "Yes" if the child learned one or more new skills for that Domain during his time in First Steps. If the child did not learn a new skill or regressed, check "No."

TRANSITION INFORMATION

1. **Why are your child and family leaving First Steps? *(Please check one.)***
   - ☐ Our child no longer needs First Steps services.
   - ☐ We have decided to find services elsewhere.
   - ☐ Our child is three (3) years old.

2. **After your child and family leave First Steps, will your child be receiving any services?**
   - ☐ Yes
   - ☐ No

3. **If you answered yes, which services will he or she receive? *Check all that apply.***
   - ☐ My child will attend a community child care or preschool.
   - ☐ My child will get therapy from a hospital, clinic or private therapist.
   - ☐ My child will attend a Head Start program.
   - ☐ My child will be enrolled in the public school's Special Education Pre-School program.
   - ☐ Other *(please specify)*:

   _____

FAMILY OUTCOMES SURVEY

Dear Family Member,

When children and families leave First Steps, we gather information to evaluate the program. The information we collect is confidential. It is combined with the information we gather from all families leaving First Steps. Please take a few minutes to complete our Family Survey. It will tell us how helpful we have been to your family. It will also help us to improve services for future families. Completion of the survey is voluntary.

☐ I AGREE to complete the Survey ☐ I DECLINE to complete the Survey

Parent Signature: _____ Date *(month, day, year)*: _____

Instructions: The Family Outcomes Survey focuses on the helpfulness of the First Steps program. For each question below, please select how helpful First Steps has been to you and your family over the past year: "Not at all helpful," "A little helpful," "Somewhat helpful," "Very helpful," or "Extremely helpful."	Not at all helpful	A little helpful	Somewhat helpful	Very helpful	Extremely helpful
Knowing your rights					
How helpful has First Steps been in …					
1. giving you useful information about services and supports for you and your child?	☐	☐	☐	☐	☐
2. giving you useful information about your rights related to your child's developmental delay or disability?	☐	☐	☐	☐	☐
3. giving you useful information about who to contact when you have questions/concerns?	☐	☐	☐	☐	☐
4. giving you useful information about available options when your child leaves First Steps?	☐	☐	☐	☐	☐
5. explaining your rights and procedural safeguards in ways that are easy for you to understand?	☐	☐	☐	☐	☐
Communicating your child's needs					
How helpful has First Steps been in …					
6. giving you useful information about your child's delays or needs?	☐	☐	☐	☐	☐
7. listening to you and respecting your choices?	☐	☐	☐	☐	☐
8. connecting you with other services or people who can help your child and family?	☐	☐	☐	☐	☐
9. talking with you about your child and family's strengths and needs?	☐	☐	☐	☐	☐
10. talking with you about what you think is important for your child and family?	☐	☐	☐	☐	☐
11. developing a good relationship with you and your family?	☐	☐	☐	☐	☐
Helping your child develop and learn					
How helpful has First Steps been in …					
12. giving you useful information about how to help your child get along with others?	☐	☐	☐	☐	☐
13. giving you useful information about how to help your child learn new skills?	☐	☐	☐	☐	☐
14. giving you useful information about how to help your child take care of his/her needs?	☐	☐	☐	☐	☐
15. identifying things you do that help your child learn and grow?	☐	☐	☐	☐	☐
16. sharing ideas on how to include your child in daily activities?	☐	☐	☐	☐	☐
17. working with you to know when your child is making progress?	☐	☐	☐	☐	☐

**These questions were developed by the Early Childhood Outcomes Center with support from the Office of Special Education Programs, U.S. DOE.

SERVICE COORDINATOR ONLY

If the family was unable to complete this survey, why?

☐ Family could not be reached or did not respond
☐ Family moved
☐ I did not administer the Family Survey
☐ Other: _____

_____

Please list your attempts to reach/contact the family:

Date *(month, day, year)* Contact Method