First Steps Progress Report

Child Name: **FS ID#:**   **DOB:**   **IFSP Date:**

CHILD INFORMATION:

Chronological Age: **Adjusted Age (if applicable):**

Primary Diagnosis:

ICD code: **Onset Date:**

Precautions/Contraindications:

Primary Care Physician:

PCP Phone #:   **PCP Fax #:**

Report Date:
Report Type:
☐ **5 Month**
☐ **10 Month**
☐ **Discharge**
☐ **Other**

FAMILY INFORMATION:

Parent /Guardian Name:

Address:

Phone: **Email:**

Primary language:

IFSP TEAM INFORMATION:

Discipline	Provider Name	Phone	E-mail
Service Coordinator			
ED Team Contact			
EIS			
EIS			
EIS			
EIS			
EIS			

CURRENT IFSP EARLY INTERVENTION SERVICES:

EARLY INTERVENTION SERVICE	Start of Service Date for Current Authorization	Treating Condition with ICD	Frequency (times per week/mo)	Session Length (# minutes)	Authorization Period (start/end dates of auth)

SESSION ATTENDANCE:

EARLY INTERVENTION SERVICE	# Sessions completed for this period	# Provider cancelled sessions	# Family cancelled sessions	Reasons for each cancellation

Reasons F family illness; P provider illness; FS family schedule conflict; PS provider schedule conflict; FNS family no show; FO family other reason- describe in narrative; PO provider other- describe in narrative

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Child Name: **Report Date:**

IFSP OUTCOME REVIEW:
Outcome #   :

Long-Term Goal(s):

STG # :			
Date Set:	**Set by:**	**Expected Achievement Date:**	**Status Code:**
Baseline:			
Current Level:			

STG # :			
Date Set:	**Set by:**	**Expected Achievement Date:**	**Status Code:**
Baseline:			
Current Level:			

STG # :			
Date Set:	**Set by:**	**Expected Achievement Date:**	**Status Code:**
Baseline:			
Current Level:			

First Steps Progress Report

Child Name: **Report Date:**

IFSP OUTCOME REVIEW (continued):

STG # :			
Date Set:	**Set by:**	**Expected Achievement Date:**	**Status Code:**
Baseline:			
Current Level:			

STG # :			
Date Set:	**Set by:**	**Expected Achievement Date:**	**Status Code:**
Baseline:			
Current Level:			

Other Comments, including new STGs (if applicable):

STG Status Codes: A=Achieved; P=Partially Met (continue); NP=No progress (continue); D=Discontinue

First Steps Progress Report

Child Name: **Report Date:**

<u>**TEAM DISCUSSION:**</u>

Summary of IFSP Team Collaboration:

Summary of Family/Caregiver Participation and Family Information Updates:

New Outcomes to be Considered:

Suggestions for IFSP Service Modifications/Parent Resources:

<u>**SERVICE RECOMMENDATIONS FOR NEXT AUTHORIZATION PERIOD – Pending review and consensus agreement of the IFSP Team:**</u>

EIS	Frequency (times per week/mo)	Session Length (# minutes)	Is this a change to current auth? Y/N	Additional Comments/Justification

My signature below certifies that I have participated in the development of this team progress report.

Signature & Title   Date

Signature & Title   Date

Signature & Title   Date

Signature & Title   Date

Signature & Title   Date