

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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IFSP OUTCOME REVIEW:

Outcome # :

Long-Term Goal(s):

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

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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:			

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

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Long-Term Goal(s):

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Current Level:			

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

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IFSP OUTCOME REVIEW (continued):

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

STG # :			
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Baseline:			
Current Level:			

STG # :			
Date Set:	Set by:	Expected Achievement Date:	Status Code:
Baseline:			
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IFSP OUTCOME REVIEW (continued):

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Date Set:	Set by:	Expected Achievement Date:	Status Code:
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Current Level:			

STG # :			
Date Set:	Set by:	Expected Achievement Date:	Status Code:
Baseline:			
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TEAM DISCUSSION:

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:

SERVICE RECOMMENDATIONS FOR NEXT AUTHORIZATION PERIOD – Pending review and consensus agreement of the IFSP Team:

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