

## Early Intervention Progress Summary Form

Child's Name \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
 SPOE ID#: \_\_\_\_\_ County: \_\_\_\_\_ Service Coordinator: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Report completed by \_\_\_\_\_ with \_\_\_\_\_  
 (practitioner name/ discipline) (practitioner name/ discipline)  
 Parent/ Guardian Name: \_\_\_\_\_ Report Completed on: \_\_\_\_\_ (Date)

<p><b>Reason(s) for report (check all that apply):</b></p> <p><u>IFSP Review</u></p> <p><input type="checkbox"/> Preparation for periodic review of IFSP</p> <p><input type="checkbox"/> Preparation for annual IFSP meeting</p> <p><input type="checkbox"/> Recommend discontinuing individual service. Service type: _____</p> <p><u>Transition out of the NJ Early Intervention System</u></p> <p><input type="checkbox"/> Preparation for Transition Planning Conference (30-32 months) - Child turning age 3</p> <p><input type="checkbox"/> Prior to 3 – Child no longer eligible</p> <p><input type="checkbox"/> Prior to 3 – Child/ family moving</p> <p><input type="checkbox"/> At age 3 – Child's 3<sup>rd</sup> Birthday (optional)</p>	<p><b>Date of Current IFSP :</b> _____ (circle one) Initial/ Annual</p> <p><b>IFSP Services currently provided:</b></p> <p><input type="checkbox"/> Developmental Intervention</p> <p><input type="checkbox"/> Occupational Therapy</p> <p><input type="checkbox"/> Physical Therapy</p> <p><input type="checkbox"/> Speech Therapy</p> <p><input type="checkbox"/> Family Training</p> <p><input type="checkbox"/> Other _____</p>
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**Tool(s) used:** \_\_\_\_\_

**Status: Developmental Summary.** Briefly describe functional status at time of report related to outcomes. All areas of development must be summarized (by one or more team members).

Area of development (Brief description in each area)	Previous Age level	Evaluated/ Assessed (Check)	Current Developmental Age level
Communication development		<input type="checkbox"/>	
Cognitive development		<input type="checkbox"/>	
Gross motor development		<input type="checkbox"/>	
Fine motor development		<input type="checkbox"/>	
Social/ Emotional development		<input type="checkbox"/>	
Adaptive/ Self-Help development		<input type="checkbox"/>	

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**Reason for continuing eligibility**

- At least 25% delay in 2 or more areas
- At least 33% delay in only 1 area
- Diagnosis \_\_\_\_\_

**Areas of eligibility (check all that apply)**

<input type="checkbox"/> Cognitive	<input type="checkbox"/> Gross Motor
<input type="checkbox"/> Communication	<input type="checkbox"/> Fine Motor
<input type="checkbox"/> Social/ Emotional	<input type="checkbox"/> Adaptive/ Self-Help

**Summary of progress in EI. Briefly describe the child's program and progress with a focus on strategies/ techniques that have been most successful, identifying strengths and needs and necessary adaptations/ modifications.**

**Based on review of the above information, the family discussed the following areas of ongoing concern/ priority:**

**Outcome recommendations (check all that apply):**

- Continue working on current outcomes #s \_\_\_\_\_
- Modify/ update current outcomes #s \_\_\_\_\_
- Add outcome(s) to address \_\_\_\_\_
- Discontinue outcome # \_\_\_\_\_. Reason \_\_\_\_\_
- Additional Assessment(s) recommended: Type: \_\_\_\_\_
- Add/ change strategies and activities \_\_\_\_\_

**Conclusions/ Suggestions- Rationale for suggested plan of action to address outcome recommendations listed above. Include suggested instructional strategies, areas/ skills to be considered for outcome development, techniques and adaptations to support the child's participation in age-appropriate activities. (Specific service recommendations intensity & frequency will be discussed with entire team during IFSP Review).**

**Signatures of participants:**

EI Practitioner: _____	Discipline: _____	Date: _____
EI Practitioner: _____	Discipline: _____	Date: _____
EI Practitioner: _____	Discipline: _____	Date: _____

The information in this report has been reviewed with me.  
Family member signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Service Coordinator signature of receipt: \_\_\_\_\_ Date received: \_\_\_\_\_