



**Sunny Days Early Childhood Developmental Services, Inc.**

Early Intervention Progress Summary Form

<b>Child's Name:</b>		<b>DOB:</b>		<b>Age:</b>	
<b>County:</b>			<b>County Service Coordinator:</b>		
<b>Address:</b>			<b>Phone #:</b>		
			<b>Regional Administrator/RA:</b>		
<b>Parent/Guardian Name:</b>			<b>Report completed on:</b>		
<b>Report completed by:</b>					
		(practitioner name/discipline)		(practitioner name/discipline)	
<b>Reason(s) for report (check all that apply):</b>				<b>Date of Current IFSP:</b>	
<b>IFSP Review</b>				(Check one)	
<input type="checkbox"/>	Preparation for periodic review of IFSP			<input type="checkbox"/>	Initial
<input type="checkbox"/>	Preparation for annual IFSP			<input type="checkbox"/>	Annual
<input type="checkbox"/>	Recommend discontinuing individual service.				
<input type="checkbox"/>	Service type:				
<b>Transition out of NJEIS</b>					
<input type="checkbox"/>	Preparation for Transition Planning Conference (30-32 months) – Child turning age 3				
<input type="checkbox"/>	Prior to 3 – Child no longer eligible				
<input type="checkbox"/>	Prior to 3 – Child/family moving				
<input type="checkbox"/>	Developmental Intervention				
<input type="checkbox"/>	Occupational Therapy				
<input type="checkbox"/>	Physical Therapy				
<input type="checkbox"/>	Speech Therapy				
<input type="checkbox"/>	Family Training				

**Tool(s) used:**

**Does child have Diagnosis ( Y / N ) :**

**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 or score	Evaluated/ Assessed (check)	Current Developmental Age Level
Communication Development:			
Cognitive Development:			
Gross Motor Development:			
Fine Motor Development:			
Social/Emotional Development:			
Adaptive/Self-Help Development:			

<b>Child's Name:</b>	<b>DOB:</b>	<b>SPOE ID:</b>
1. Describe the degree to which family priority concerns identified in the IFSP were addressed during the current IFSP period:		
2. Describe the degree to which progress toward achieving results for each of the outcomes identified in the current IFSP is being made:		
3. Describe any new concerns that have been identified for the child and/or family that need to be addressed in the IFSP:		
4. Describe recommendations for modifications or revisions that are necessary to the outcomes and early intervention services identified in the current IFSP:		

**Signature of team participants:**

EI Practitioner: \_\_\_\_\_ Discipline: \_\_\_\_\_ Date: \_\_\_\_\_  
 EI Practitioner: \_\_\_\_\_ Discipline: \_\_\_\_\_ Date: \_\_\_\_\_  
 EI Practitioner: \_\_\_\_\_ Discipline: \_\_\_\_\_ Date: \_\_\_\_\_  
 EI Practitioner: \_\_\_\_\_ Discipline: \_\_\_\_\_ Date: \_\_\_\_\_

The information in this report has been reviewed with the family.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

If no signature, report how this was shared with family? \_\_\_\_\_ Date: \_\_\_\_\_

Complete NJEIS Family Rights are available: [www.njeis.org](http://www.njeis.org) and click on "Family Matters".