

QUARTERLY PROGRESS MONITORING OUTCOME SUMMARY – Montgomery County

Child's Name:	Date of Report:	IFSP Date:	<input type="checkbox"/> 3 Month	<input type="checkbox"/> 6 Month	<input type="checkbox"/> 9 Month
DOB:	Agency Name:	EI Service:	Service Coordinator:		

Outcome/Desired Change: #

Summary of Changes/ Progress Made in Achieving the Outcome <i>Where the child started at the beginning of the outcome. Where the child is currently working on this outcome.</i>	Results and Recommendations <i>Effect on Identified Routines and Recommendations for Carryover to Other Locations.</i>	Intervention Status
		The team has decided: <input type="checkbox"/> We still need to work toward this outcome. Let's continue with what we have been doing. <input type="checkbox"/> We still need to work on this outcome. Let's discuss new ways to get there. <input type="checkbox"/> Our situation has changed; we no longer need to work on this outcome. <input type="checkbox"/> We are satisfied that we have finished this outcome.

Information was reviewed with family by (check & date) ___ phone ___ email ___ in person ___ copy sent home		
Additional Comments:		
Interventionist:	Parent Signature:	Date: