

## Quarterly Progress Monitoring Outcome Summary

Child's Name:  Date:  IFSP Date:   
 DOB:  Agency Name:  EI Service:  Developmental Area:

3 Month     6 Month     9 Month  
 DATE                      DATE                      DATE

SAM Service Coordinator:

Outcome/ Desired Change: #  This is a:  Family Outcome  Child Outcome

Summary of Changes/ Progress Made in Achieving the Outcome	Results and Recommendations	Intervention Status
	Effect on identified routine . . . . . <input type="text"/> Recommendations for carryover to other locations . . . . . <input type="text"/>	The team has decided: <input type="checkbox"/> We still need to work toward this outcome. Let's continue 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.

Interventionist:  Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attendance for this quarter      Sessions scheduled:       Sessions held:   
 No shows:       Therapist cancelled:       Family cancelled:

Original: EI Provider      CC: Parent, SAM EI Service Coordinator