

**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
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DOB:	Agency Name:	EI Service:	Service Coordinator:
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<b>Outcome/ Desired Change: #</b>		
<b>Summary of Changes/ Progress Made in Achieving the Outcome</b> <i>Where the child started at the beginning of the outcome. Where the child is currently working on this outcome.</i>	<b>Results and Recommendations</b> <i>Effect on Identified Routines and Recommendations for Carryover to Other Locations.</i>  <b>What information should be shared in order to prepare for any important transitions the child may experience?</b>	<b>Intervention Status</b>
		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.

<b>Information was reviewed by (check &amp; date):</b> _____ phone; _____ email; _____ in person; _____ copy sent home <b>Name of Interventionist:</b> _____ <b>Additional Comments:</b>  <div style="text-align: center; padding-top: 20px;"> <b>Parent/ Caregiver Signature &amp; Date:</b> </div>
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