

First Steps Progress Report

Child Name:

FS ID#:

~~XXXXXXXXXX~~ **DOB:**

IFSP Date:

CHILD INFORMATION:

Chronological Age: _____ **Adjusted Age (if applicable):** _____
Primary Diagnosis: _____
ICD9 code: _____ **Onset Date:** _____
Precautions/Contraindications: _____
Primary Care Physician: _____
PCP Phone #: _____ **PCP Fax #:** _____

Report Date:
Report Type:
3 Month
6 Month
9 Month
Annual
Discharge
Other

FAMILY INFORMATION:

Parent /Guardian Name: _____
Address: _____
Phone: _____ **Email:** _____
Primary language: _____

IFSP TEAM INFORMATION:

Discipline	Provider Name	Phone	E-mail
Service Coordinator			
ED Team Contact			
EIS			

CURRENT IFSP EARLY INTERVENTION SERVICES:

EARLY INTERVENTION SERVICE	Start of Service Date for Current Authorization	Treating Condition with ICD9	Frequency (times per week/mo)	Session Length (# minutes)	Authorization Period (start/end dates of auth)

SESSION ATTENDANCE:

EARLY INTERVENTION SERVICE	# Sessions completed for this period	# Provider cancelled sessions	# Family cancelled sessions	Reasons for each cancellation

*Reasons **F** family illness; **P** provider illness; **FS** family schedule conflict; **PS** provider schedule conflict; **FNS** family no show; **FO** family other reason- describe in narrative; **PO** provider other- describe in narrative*

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IFSP OUTCOME REVIEW:

Outcome # :

Long-Term Goal(s):

STG # :			
Date Set:	Set by:	Expected Achievement Date:	Status Code:
Baseline:			
Current Level:			

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Baseline:			
Current Level:			

STG # :			
Date Set:	Set by:	Expected Achievement Date:	Status Code:
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Current Level:			

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IFSP OUTCOME REVIEW (continued):

STG # :			
Date Set:	Set by:	Expected Achievement Date:	Status Code:
Baseline:			
Current Level:			

STG # :			
Date Set:	Set by:	Expected Achievement Date:	Status Code:
Baseline:			
Current Level:			

Other Comments, including new STGs (if applicable):
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STG Status Codes: A=Achieved; P=Partially Met (continue); NP=No progress (continue); D=Discontinue

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STG # :			
Date Set:	Set by:	Expected Achievement Date:	Status Code:
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Current Level:			

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IFSP OUTCOME REVIEW (continued):

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Date Set:	Set by:	Expected Achievement Date:	Status Code:
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Date Set:	Set by:	Expected Achievement Date:	Status Code:
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IFSP OUTCOME REVIEW (continued):

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Date Set:	Set by:	Expected Achievement Date:	Status Code:
Baseline:			
Current Level:			

STG # :			
Date Set:	Set by:	Expected Achievement Date:	Status Code:
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TEAM DISCUSSION:

Summary of IFSP Team Collaboration:

Summary of Family/Caregiver Participation and Family Information Updates:

New Outcomes to be Considered:

Suggestions for IFSP Service Modifications/Parent Resources:

SERVICE RECOMMENDATIONS FOR NEXT AUTHORIZATION PERIOD – Pending review and consensus agreement of the IFSP Team:

EIS	Frequency (times per week/mo)	Session Length (# minutes)	Is this a change to current auth? Y/N	Additional Comments/Justification

My signature below certifies that I have participated in the development of this team progress report (May use electronic signature if agency has Electronic Signature Policy on file with BCDS).

Signature & Title

Date

Signature & Title

Date

Signature & Title

Date

Signature & Title

Date

Signature & Title

Date