

# First Steps Progress Report

**Child Name:**

**FS ID#:**

**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 #:** \_\_\_\_\_

<b>Report Date:</b>
<b>Report Type:</b>
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):

<b>STG # :</b>			
<b>Date Set:</b>	<b>Set by:</b>	<b>Expected Achievement Date:</b>	<b>Status Code:</b>
<b>Baseline:</b>			
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<b>Baseline:</b>			
<b>Current Level:</b>			

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

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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