# First Steps Progress Report

**Child Name:**                          **FS ID#:**          **DOB:**          **IFSP Date:**

**CHILD INFORMATION:**

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

| Report Date: |
|---|
| Report Type: |
| |
| ☐ **5 Month** |
| ☐ **10 Month** |
| ☐ **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 | | | |
| EIS | | | |
| EIS | | | |
| EIS | | | |
| EIS | | | |

**CURRENT IFSP EARLY INTERVENTION SERVICES:**

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

**SESSION ATTENDANCE:**

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

*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*

# First Steps Progress Report

**Child Name:**                                    **Report Date:**

**IFSP OUTCOME REVIEW:**
**Outcome #    :**


**Long-Term Goal(s):**


| 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:** | | | |


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

# First Steps Progress Report

**Child Name:**                                                      **Report Date:**

**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): |
|---|
| |

**STG Status Codes: A=Achieved; P=Partially Met (continue); NP=No progress (continue); D=Discontinue**

# First Steps Progress Report

**Child Name:**                                                    **Report Date:**

<u>**TEAM DISCUSSION:**</u>

**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:**

<u>**SERVICE RECOMMENDATIONS FOR NEXT AUTHORIZATION PERIOD – Pending review and consensus agreement of the IFSP Team:**</u>

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

*My signature below certifies that I have participated in the development of this team progress report.*

Signature & Title                         Date

Signature & Title                         Date

Signature & Title                         Date

Signature & Title                         Date

Signature & Title                         Date