



Putnam County Department of Health
 Early Intervention Program
 1 Geneva Road, Brewster, NY 10509
 Phone: (845) 808-1640
 Fax: (845) 808-4092



PROVIDER PROGRESS NOTE

Child's Name: _____ **DOB:** _____ **Age:** _____

(Circle One) 6 month 12 month 18 month 24 month 30 month 36 month

Name of Interventionist/Agency: _____ **Site:** _____

Service Coordinator: _____ **IFSP Dates:** _____

Each Interventionist should receive a copy of this child's IFSP and evaluations immediately upon assignment to work with the child. It is the joint responsibility of the service coordinator and the service agency supervisor to ensure prompt delivery of these documents to the interventionist, and it is the responsibility of the interventionist to follow up with his/her agency supervisor if the documents are not received within two weeks of assignment.

Service Type / Frequency / Duration: _____ **Therapist's Service Start Date:** _____

If there are any gaps in service delivery (i.e., 3 or more consecutively scheduled visits), describe length and reason for gap in service delivery

IFSP OUTCOME(S):

RATE OF PROGRESS IN THIS TIME PERIOD				
No Progress	Little Progress	Moderate Progress	Great Deal of Progress	Outcome Achieved
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How did you work with the family to help the child reach this outcome?

IFSP OUTCOME(S):

RATE OF PROGRESS IN THIS TIME PERIOD				
No Progress	Little Progress	Moderate Progress	Great Deal of Progress	Outcome Achieved
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How did you work with the family to help the child reach this outcome?

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How did you work with the family to help the child reach this outcome?



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1. Provide a description of progress and include any observations you may have in other domains. In addition, please estimate the percentage of delay and state how that was determined; criterion referenced instrument, developmental checklist, or clinical opinion. (Standard deviation scores or formal evaluations are not required)

2. List any factors that limited the collaboration between parent and interventionist. How have you addressed these factors? Be specific.

3. How have you used feedback from the family to help you modify how you work with the family? Be specific and provide examples.

4. Recommendations (include here any new IFSP outcomes, or changes in strategies and activities):

I certify that I have received a copy of the child's IFSP (and evaluation if available). I have provided the services described above in accordance with the frequency and duration mandated by the IFSP, and have worked toward addressing the relevant outcomes set forth in the IFSP. I further certify that my responses in this report are an accurate representation of the child's current level of functioning. In addition, I have reviewed the contents of this report with the family.

Signature of Interventionist completing report: _____ **Date:** _____

License # / Certification / Designation _____

Parent Signature: _____ Date: _____