

Child's Name:

DOB:

IFSP Start Date:

Outcomes for Child

Now that we have identified your child's interests and needs we will focus on what you would like your child to do.

Outcome #	What specifically do we want your child to do in the next few months? (Functional Outcome)

What is your child doing now? (Child's current level of function related to this outcome.)

The progress statement must be measured within the context of everyday learning activities.

How will we know we're making progress? What will be different? When do we hope to have this completed? (Progress Statement/Criteria for Success)

What strategies and resources will we use to make this happen? (Who will do what during which regular activities and routines, and where will it occur?)

Who will be involved? (Include names of all who will be involved)

Review of Progress Statement/Criteria for Success						
Date:	90 Day	6 Month	270 Day	Annual	Progress	Achieved: We did it! Continue: We are part way there. Let's keep going. Discontinue: It no longer applies. Revise: Let's try something different.
What Contributed to Progress? Lack of Progress?						
Additional Comments:						

New or Modified Outcome/Addendum Date:	*Parent Initials: _____
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**Parent's initials indicate agreement with the changes noted on this page, but does not replace the signed Addendum SOS when required.*