

Web Based Documentation Training Sample Outcomes

Child's Name: <u>Dime, Penny</u> Last/First/MI	Date of Birth: <u>2/3/2015</u> Mm/dd/yyyy	Date of IFSP: <u>1/15/2016</u> Mm/dd/yyyy
---	--	--

Type of IFSP: Initial Review/Revision: New Revise Completed Outcome Annual Revision Date:

Section 4: Outcomes for child and family

Complete a separate page for each outcome including at least one for FSC

Outcome Number <u>1</u> Description: Penny will participate in floor play activities by moving independently. This will be done 1x per week for 30 min.	What's happening now? Penny is sitting and bearing weight. Rebecca will move around the room slowing and shifting her weight in sitting position.
--	---

Our team will be satisfied that we are finished with this outcome when (criteria for measuring progress and timeline);
Penny is crawling 5 feet across the room to retrieve a toy or to engage in play with Sarah 3 times per day for 5 of 7 days.

What skills and behaviors do we want this child and family to accomplish in the next 3 – 6 months?
Reaching for toys while on her tummy, lifting her chest off the floor to move into a crawling position to play with Sarah; tolerate knees and hands to play games; tolerate assistance to scoot across the room to join Sarah; assume sitting position with help from mom/dad to engage in turn taking activities/games with Sarah; assume sitting independently from a crawling position in order to activate toys during the day.

This outcome will include these strategies we will use to enhance this child's pre-literacy and language skills:

Birth to three months – visual tracking, smiling and responding to social interaction Other: _____

Three to six months – responding to tones in voices, attending to others speaking

Six to twelve months – babbling and imitating sounds

Twelve to eighteen months – look at point to pictures in books, participate in songs with hand motions

Eighteen to twenty four months - naming pictures in books and listening to stories

Twenty four to thirty six months – singing songs, nursery rhymes, filling in words to familiar stories

What strategies will the family/other caregivers use in their daily routines and activities to achieve the outcome?

<input type="checkbox"/> verbal prompting/ instructing	<input type="checkbox"/> with adaptive equipment
<input type="checkbox"/> modeling (with verbal prompting)	<input type="checkbox"/> with environmental modifications
<input type="checkbox"/> gesturing (with verbal prompting)	Strategies for Support Coordination Outcome
<input checked="" type="checkbox"/> physically assisting/supporting/guiding (with verbal prompting)	X Monthly telephone calls with family
<input type="checkbox"/> Counseling for family	X Communication with other service providers <input type="checkbox"/> Other: _____
<input type="checkbox"/> Classes/groups to attend	X Link family with community resources and monitor progress
<input type="checkbox"/> Other	<input type="checkbox"/> Assist family with referral and application for services (IFSP Section 8 Other Services)
	X Team Meetings (minimum quarterly)

With whom will these strategies be practiced? x family members x relatives <input type="checkbox"/> child care staff x service provider(s): _____ <input type="checkbox"/> Service Coordinator (if checked complete strategies for FSC outcome) <input type="checkbox"/> other: _____	Where can the intervention be provided? <input type="checkbox"/> special purpose facility <input type="checkbox"/> special purpose facility with inclusive childcare <input type="checkbox"/> community setting <input type="checkbox"/> other: _____ X home
--	---

We will measure progress towards the achievement of this outcome by: X observation x case notes/progress reports <input type="checkbox"/> assessment/evaluation by team x quarterly team meetings <input type="checkbox"/> telephone calls <input type="checkbox"/> Other: _____ <input type="checkbox"/> parent observation and report	Daily living routine addressed by this outcome: <input type="checkbox"/> bathing <input type="checkbox"/> dressing <input type="checkbox"/> eating <input type="checkbox"/> potty training X playing indoors <input type="checkbox"/> playing outdoors <input type="checkbox"/> sleeping/napping <input type="checkbox"/> other: _____
---	--

IFSP Review/Revision: Add outcome(add page) Change Outcome Revise Strategies No Changes in outcomes

Services: Add Drop Frequency/Intensity Change Change location Change Provider (Supplement with Team Decision Process)

Child's Name: <u>Push, John</u> Last/First/MI	Date of Birth: <u>10/22/2013</u> Mm/dd/yyyy	Date of IFSP: <u>1/25/2016</u> Mm/dd/yyyy
--	--	--

Type of IFSP: Initial Review/Revision: New Revise Completed Outcome Annual Revision Date:

Section 4: Outcomes for child and family

Complete a separate page for each outcome including at least one for FSC

Outcome Number <u> 1 </u> Description: John will participate in dressing, story time, feeding, playtime (at home and at Mother's Day Out) and bath routines by making sounds or words. This will be done 1x per week for 30 min.	What's happening now? John consistently says "Elmo" when he sees the character on television and has said a few words, but none on a consistent regular basis. John is typically quiet all daily activities including play and vocalizes primarily by whining and crying to demonstrate disinterest in an activity or to indicate he is finished. He has no history of babbling.
---	--

Our team will be satisfied that we are finished with this outcome when (criteria for measuring progress and timeline);
He says at least 20 separate sounds or words for 3 consecutive minutes during any 3 of these times in 1 day.

What skills and behaviors do we want this child and family to accomplish in the next 3 – 6 months?
Family and providers will 1) make a point of reacting to the sounds John makes to let him know he's communicating 2) slow their responses to John's current non-vocal communication (i.e. looking, gesturing, moving toward a desired item/toy) methods to encourage him to vocalize 3) interrupt favorite play activities such as watching Elmo and wait for John to make a sound in order to get more 4) will selectively ignore John so that he has to use his voice to communicate during play activities.

This outcome will include these strategies we will use to enhance this child's pre-literacy and language skills:

Birth to three months – visual tracking, smiling and responding to social interaction Other: _____
 Three to six months – responding to tones in voices, attending to others speaking
 Six to twelve months – babbling and imitating sounds
 Twelve to eighteen months – look at point to pictures in books, participate in songs with hand motions
 Eighteen to twenty four months - naming pictures in books and listening to stories
 Twenty four to thirty six months – singing songs, nursery rhymes, filling in words to familiar stories

What strategies will the family/other caregivers use in their daily routines and activities to achieve the outcome?

<input checked="" type="checkbox"/> verbal prompting/ instructing <input type="checkbox"/> with adaptive equipment	Strategies for Support Coordination Outcome
<input checked="" type="checkbox"/> modeling (with verbal prompting) <input type="checkbox"/> with environmental modifications	
<input checked="" type="checkbox"/> gesturing (with verbal prompting)	
<input checked="" type="checkbox"/> physically assisting/supporting/guiding (with verbal prompting)	
<input type="checkbox"/> Counseling for family	
<input type="checkbox"/> Classes/groups to attend	
<input type="checkbox"/> Other	

Monthly telephone calls with family
 Communication with other service providers Other: _____
 Link family with community resources and monitor progress
 Assist family with referral and application for services (IFSP Section 8 Other Services)
 Team Meetings (minimum quarterly)

With whom will these strategies be practiced? <input checked="" type="checkbox"/> family members <input checked="" type="checkbox"/> relatives <input type="checkbox"/> child care staff <input checked="" type="checkbox"/> service provider(s): <u>special instructor or speech therapist</u> <input type="checkbox"/> Service Coordinator (if checked complete strategies for FSC outcome) <input checked="" type="checkbox"/> other: <u>MOTHER'S DAY OUT STAFF</u>	Where can the intervention be provided? <input type="checkbox"/> special purpose facility <input type="checkbox"/> special purpose facility with inclusive childcare <input checked="" type="checkbox"/> community setting <input type="checkbox"/> other: _____ <input checked="" type="checkbox"/> home
--	--

We will measure progress towards the achievement of this outcome by: <input checked="" type="checkbox"/> observation <input checked="" type="checkbox"/> case notes/progress reports <input checked="" type="checkbox"/> assessment/evaluation by team <input checked="" type="checkbox"/> quarterly team meetings <input checked="" type="checkbox"/> telephone calls <input type="checkbox"/> Other: _____ <input checked="" type="checkbox"/> parent observation and report	Daily living routine addressed by this outcome: <input checked="" type="checkbox"/> bathing <input checked="" type="checkbox"/> dressing <input checked="" type="checkbox"/> eating <input type="checkbox"/> potty training <input checked="" type="checkbox"/> playing indoors <input checked="" type="checkbox"/> playing outdoors <input type="checkbox"/> sleeping/napping <input type="checkbox"/> other: _____
--	--

IFSP Review/Revision: Add outcome(add page) Change Outcome Revise Strategies No Changes in outcomes
Services: Add Drop Frequency/Intensity Change Change location Change Provider (Supplement with Team Decision Process)

Child's Name: <u>Quarters, Ray</u> Last/First/MI	Date of Birth: <u>10/22/2013</u> Mm/dd/yyyy	Date of IFSP: <u>1/25/2016</u> Mm/dd/yyyy
---	--	--

Type of IFSP: Initial Review/Revision: New Revise Completed Outcome Annual Revision Date:

Section 4: Outcomes for child and family

Complete a separate page for each outcome including at least one for FSC

Outcome Number <u> 1 </u> Description: Ray will participate in dressing and undressing by extending his arms and pulling down his pants. This will be done 1x per week for 30 min	What's happening now? Ray is cooperative during dressing and undressing activities, but does not actively participate.
--	--

Our team will be satisfied that we are finished with this outcome when (criteria for measuring progress and timeline);
He pushes his arms through the sleeves of his shirt and pulls down his pants without help for 7 consecutive days.

What skills and behaviors do we want this child and family to accomplish in the next 3 – 6 months?
Family and providers will 1) engage John in game play to identify body parts during dressing and bathing time 2) model dressing skills with sister and dad 3) let him dress and undress a doll during play activities

This outcome will include these strategies we will use to enhance this child's pre-literacy and language skills:

<input type="checkbox"/> Birth to three months – visual tracking, smiling and responding to social interaction	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Three to six months – responding to tones in voices, attending to others speaking	
<input checked="" type="checkbox"/> Six to twelve months – babbling and imitating sounds	
<input type="checkbox"/> Twelve to eighteen months – look at point to pictures in books, participate in songs with hand motions	
<input checked="" type="checkbox"/> Eighteen to twenty four months - naming pictures in books and listening to stories	
<input checked="" type="checkbox"/> Twenty four to thirty six months – singing songs, nursery rhymes, filling in words to familiar stories	

What strategies will the family/other caregivers use in their daily routines and activities to achieve the outcome?

<input checked="" type="checkbox"/> verbal prompting/ instructing	<input type="checkbox"/> with adaptive equipment	
<input checked="" type="checkbox"/> modeling (with verbal prompting)	<input type="checkbox"/> with environmental modifications	Strategies for Support Coordination Outcome
<input checked="" type="checkbox"/> gesturing (with verbal prompting)		Monthly telephone calls with family
<input checked="" type="checkbox"/> physically assisting/supporting/guiding (with verbal prompting)		Communication with other service providers <input type="checkbox"/> Other: _____
<input type="checkbox"/> Counseling for family		Link family with community resources and monitor progress
<input type="checkbox"/> Classes/groups to attend		<input type="checkbox"/> Assist family with referral and application for services (IFSP Section 8 Other Services)
<input type="checkbox"/> Other		Team Meetings (minimum quarterly)

With whom will these strategies be practiced? <input checked="" type="checkbox"/> family members <input checked="" type="checkbox"/> relatives <input type="checkbox"/> child care staff <input checked="" type="checkbox"/> service provider(s): <u>special instructor or speech therapist</u> <input type="checkbox"/> Service Coordinator (if checked complete strategies for FSC outcome) <input checked="" type="checkbox"/> other: <u>MOTHER'S DAY OUT STAFF</u>	Where can the intervention be provided? <input type="checkbox"/> special purpose facility <input type="checkbox"/> special purpose facility with inclusive childcare <input checked="" type="checkbox"/> community setting <input type="checkbox"/> other: _____ <input checked="" type="checkbox"/> home
--	--

We will measure progress towards the achievement of this outcome by: <input checked="" type="checkbox"/> observation <input checked="" type="checkbox"/> case notes/progress reports <input checked="" type="checkbox"/> assessment/evaluation by team <input checked="" type="checkbox"/> quarterly team meetings <input checked="" type="checkbox"/> telephone calls <input type="checkbox"/> Other: _____ <input checked="" type="checkbox"/> parent observation and report	Daily living routine addressed by this outcome: <input checked="" type="checkbox"/> bathing <input checked="" type="checkbox"/> dressing <input checked="" type="checkbox"/> eating <input type="checkbox"/> potty training <input checked="" type="checkbox"/> playing indoors <input checked="" type="checkbox"/> playing outdoors <input type="checkbox"/> sleeping/napping <input type="checkbox"/> other: _____
--	--

IFSP Review/Revision: Add outcome(add page) Change Outcome Revise Strategies No Changes in outcomes
Services: Add Drop Frequency/Intensity Change Change location Change Provider (Supplement with Team Decision Process)

**Service Provider Contact Note
(Mandatory)**

Child's Name:		DOB:	Provider Name:	
Date:	Start Time:	End Time:	Parent/Caregiver participated in the session? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location:				
Outcome #:	Outcome Statement(s):			
Goals/Objectives	Specific Activities related to the outcome	* Teaching Strategies V M G PA O	Child/Family response/progress related to the activity How did the child/parent/caregiver respond to the activity? How many times did the child successfully complete the activity? Did the parent/caregiver successfully complete the activity? Describe any obstacles to today's contact.	
* V-Verbal Prompting/instructing M-Modeling (with verbal prompting) G-gesturing (with verbal prompting) PA-physically assisting/supporting/guiding(with verbal prompting) O-Other				
Is this the first visit after parental consent on the IFSP (date of first visit after any new authorization: IFSP, 6 month review, or any revisions to IFSP)?				
<input type="checkbox"/> No <input type="checkbox"/> Yes: date _____ .				
Regular session? <input type="checkbox"/> Yes <input type="checkbox"/> No		Make-up session? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, date of missed session: _____
Provider Signature:			Parent/Caregiver Signature:	

Provider must complete and send to Regional Coordinator



Directions: Complete this form with the parent/caregiver and send the original to the Family Support Coordinator designated for the child. Keep a copy for your records and send a copy to the parent/caregiver. **This form is due to the Family Support Coordinator monthly by the 10th.** *If goal or outcome is achieved you will need a new goal or outcome for services to continue. Contact the FSC to discuss the need for a new outcome.
Date Sent to FSC: _____

Web Based Documentation Training

Name: _____

**Provider Monthly Progress Report
(Mandatory)**

Date Completed: _____

Provider name: _____	Address: _____	Phone #: _____
Child's Name: _____	DOB: _____	FSC Name and Agency: _____

Frequency of the service per the IFSP? _____ Intensity of the service as per the IFSP? _____ Date of Annual IFSP: _____
 Month/Year reporting on: _____ # of Visits this month: _____ # of Missed Visits this month: _____ # of Make up Visits this month: _____

Outcome/s #: _____	Outcome Statement(s): _____
---------------------------	------------------------------------

What is the child or family doing now that he/she/they weren't doing before? (Note outcome and describe progress, new skills, etc. If you use technical/medical terms, you must also describe this information in family-friendly language.) (Use additional pages if needed.)

Goals/Objectives	Progress related to the activities (Describe any new skills acquired.)	* The service I am providing for this outcome relates to enhancing the developmental domain:	Indicate progress toward achieving the IFSP outcome you are addressing with your early intervention service:
		<input type="checkbox"/> Social Emotional <input type="checkbox"/> Communication/Cognitive <input type="checkbox"/> Adaptive <input type="checkbox"/> Physical	<input type="checkbox"/> No progress <input type="checkbox"/> Slight progress <input type="checkbox"/> Making expected progress <input type="checkbox"/> 3 Month Skill Achieved <input type="checkbox"/> 6 Month Skill Achieved <input type="checkbox"/> Outcome Achieved! <input type="checkbox"/> Need to revise outcome <input type="checkbox"/> Added New Outcome <input type="checkbox"/> Other _____ Notes: _____
		<input type="checkbox"/> Social Emotional <input type="checkbox"/> Communication/Cognitive <input type="checkbox"/> Adaptive <input type="checkbox"/> Physical	<input type="checkbox"/> No progress <input type="checkbox"/> Slight progress <input type="checkbox"/> Making expected progress <input type="checkbox"/> 3 Month Skill Achieved <input type="checkbox"/> 6 Month Skill Achieved <input type="checkbox"/> Outcome Achieved! <input type="checkbox"/> Need to revise outcome <input type="checkbox"/> Added New Outcome <input type="checkbox"/> Other _____ Notes: _____

I participated in team meeting(s) on: _____ Telephone Written Attended _____ Telephone Written Attended _____

* **Social Emotional** – Positive social/emotional skills (including social relationships) **Communication/Cognitive** - Acquisition and use of knowledge and skills (including early language/communication) **Adaptive** - Use of appropriate behaviors to meet his/her needs **Physical** - Moving

Provider Signature: _____	Date: _____	Supervisor Signature, if applicable: _____	Date: _____
----------------------------------	--------------------	---	--------------------

Day and time of week child is typically seen: _____

