

Directions: Complete this form after review of provider monthly progress reports on a quarterly basis. Keep a copy for your records, send original copy to the SPOE 5 days from the date of the meeting, and one copy to the family. Additional copies may be sent to IFSP team members or other parties. Written parental consent is required for sharing with anyone other than IFSP team members.

Quarterly dates are based on the initial IFSP date not a calendar date. Attach Team Meeting Notice and Minutes Form.

FSC QUARTERLY PROGRESS REPORT/6 MONTH REVIEW

1st Quarter

2nd Quarter/6 month review

3rd Quarter

4th Quarter Annual

Child's Name:	DOB:	Date:
Address:	FSC:	Progress for the Period Covering: _____ to _____
Parent/Guardian:	FSC telephone number:	

Quarterly Progress Towards Outcome(s):

Outcome #	Provider Name and Service Type	Rate progress toward achieving the IFSP outcome addressed with the EI service:	The service provided for this outcome results in improved:	Progress Summary
	Name: _____ Service: _____	<input type="checkbox"/> No progress, the IFSP team needs to meet and discuss strategies <input type="checkbox"/> Slight progress <input type="checkbox"/> Making expected progress <input type="checkbox"/> Doing great, will continue these services as described on the IFSP <input type="checkbox"/> Outcome achieved! The IFSP team must meet to discuss eliminating the services or revising the IFSP outcomes to reflect new skills and changing needs.	<input type="checkbox"/> Social Emotional – Positive social/emotional skills (including social relationships) <input type="checkbox"/> Communication/Cognitive - Acquisition and use of knowledge and skills (including early language/communication) <input type="checkbox"/> Adaptive - Use of appropriate behaviors to meet his/her needs <input type="checkbox"/> Physical - Moving <input type="checkbox"/> Does not relate to any of the above developmental domains	
	Name: _____ Service: _____	<input type="checkbox"/> No progress, the IFSP team needs to meet and discuss strategies <input type="checkbox"/> Slight progress <input type="checkbox"/> Making expected progress <input type="checkbox"/> Doing great, will continue these services as described on the IFSP <input type="checkbox"/> Outcome achieved! The IFSP team must meet to discuss eliminating the services or revising the IFSP outcomes to reflect new skills and changing needs.	<input type="checkbox"/> Social Emotional – Positive social/emotional skills (including social relationships) <input type="checkbox"/> Communication/Cognitive - Acquisition and use of knowledge and skills (including early language/communication) <input type="checkbox"/> Adaptive - Use of appropriate behaviors to meet his/her needs <input type="checkbox"/> Physical - Moving <input type="checkbox"/> Does not relate to any of the above developmental domains	
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Family Support Coordinator Signature: _____

Date Sent to SPOE: ____/____/____