

**NYC EARLY INTERVENTION PROGRAM  
INSTRUCTIONS FOR COMPLETION  
PROGRESS NOTES**

**GENERAL DIRECTIONS**

The therapist/teacher must complete this form at the 3-, 6-, 9-, and 12-month intervals after a child's initial IFSP meeting.

- The 3- and 6-month progress notes must be submitted at least two (2) weeks prior to the 6-month review.
- The 9- and 12-month progress notes must be submitted at least two (2) weeks prior to the Annual Review.

**At the top of each page, please circle the IFSP interval that this progress note covers.**

Please write notes clearly so that others can understand them. All questions must be answered or progress notes will be returned.

**DEMOGRAPHIC/AUTHORIZATION INFORMATION**

<b>Child's Name:</b>	Information must be the same as in NYEIS (do not use a nickname).
<b>EI # and DOB:</b>	Make sure that all identifying information is correct. The EI# is the number that appears at the top of the "Child Homepage" in NYEIS.
<b>IFSP Period:</b>	These are the start and end dates of the current IFSP (not the quarter covered by this progress note).
<b>Provider Agency Name and ID#:</b>	Name and identification number of the agency for which the interventionist works.
<b>Interventionist Name:</b>	Print the name of the interventionist who is completing this form.
<b>Discipline:</b>	Interventionist's discipline, e.g. speech therapist, special educator.
<b>Service Type:</b>	IFSP-authorized service delivered by the interventionist, e.g. speech, family training.
<b>Interventionist's Phone Number:</b>	Direct number (cell, etc.) at which the interventionist can be reached if there are questions about the report. Do not use the provider agency's phone number.
<b>Service Coordinator Name</b>	Print the name of the child's service coordinator.
<b>EIOD Name</b>	Print the name of the child's EIOD (if known).
<b>Language of Sessions:</b>	Please indicate the language(s) used during the sessions.
<b>Date Reviewed Note with Parent/Parent Signature:</b>	The interventionist must review the report with the parent prior to submission and document such review.
<b>Authorized Frequency:</b>	How often the service was authorized at the IFSP (Ex: 1 x 30)
<b>Date you started working with the child</b>	State the date that you delivered the first intervention session.
<b>Where have services been delivered?</b>	Location of services, e.g. parent's home, babysitter's home, day care center, agency location, etc.
<b>Has the parent(s) been present for the session, if not, how have you communicated with the family?</b>	Indicate whether the parent has been present for the session. If not who was present? Describe your method of communication with the family. (Ex: Phone calls, meetings at work, notebook left in the parent's home or day care center, etc.).
<b>If there have been any gaps in service describe the length and the reason(s)</b>	Explain the reason for, and length of, any gaps, whether make-up sessions were delivered, whether there was a gap between your service delivery to the child and that of the previous interventionist, etc.
<b>List the child's medical diagnosis(es)</b>	List all diagnoses. Indicate if any diagnoses are newly identified.
<b>Is the child using assistive technologies (AT)</b>	Check Yes or No
<b>Is a new AT device being requested?</b>	Check Yes or No
<b>If yes, identify the type of device, and the Functional Outcome (from the IFSP) and specify how the device is helping (or will help) to achieve the Outcome:</b>	If the child is currently using an AT device, or if an AT device is being requested, indicate type of device and how the device will help achieve an IFSP outcome. Specify the functional outcome(s) related to the AT device. If a child needs an AT device, refer to the <b>AT Chapter</b> for directions on requesting AT devices.

**Progress Note Question Instructions**

**1. Below list all the IFSP functional outcomes and objectives. Indicate the progress for each.**  
(Refer to the Appendix for definitions of terms if needed.)

- a. For each functional outcome, rate the child's progress during the time period covered by this report.
  - i. Next break down each functional outcome into short-term objectives that have been, and are currently being worked on.

**Example:**

**IFSP Functional Outcome #1:** Ida will be able to pick up small objects, such as raisins or Cheerios, with either hand using her thumb and index figure without resting her arm on the table so that she can begin feeding herself everyday during meal time.

**Objective 1a:** Ida will pick up a Cheerio with fingers/scraping movement.

**Objective 1b:** Ida will pick up a Cheerio with side of finger and thumb.

- c. For each objective listed, check the appropriate box to indicate if the objective has been achieved (Y), is not present (N), or is Emerging (E) – the skill has started to develop but has not been incorporated into all aspects of the child’s routine.
- i. \*If it has not been addressed yet, please write in “not addressed yet” next to the objective.
- d. Was this functional outcome and objectives identified at the IFSP meeting? Indicate whether it’s “Yes” or “No”. If you indicated “No”, record the date it was changed and document the reason.
- ii. Interventionists should record an explanation when they decide with the family to work on *non*-IFSP functional outcomes and objectives. Interventionists may work on *non*-IFSP functional outcomes and its objectives when for example:
    - the family shares new concerns and priorities because there is a change in the child’s or family’s status;
    - the family wants to generalize the child’s new skills and abilities to other routine activities; or
    - the IFSP functional outcomes have already been met.

**Example:**

An additional objective was added to IFSP functional outcome to build upon Ida’s progress and achievement of the functional outcome:

**Objective 1c:** Ida will pick up a Cheerio with tip of finger and thumb while her arm is on the table.

- iii. If the IFSP functional outcome/objective was not addressed because the interventionist believes this is outside his/her scope of practice or individual expertise, record this as the reason in this section.

**Note:**

- The information that you have documented in your session notes will assist you in completing these questions.
- The questions must be addressed for each functional outcome and its objectives.
- Attach additional sheets to this progress note as needed.

**2. Describe the learning activities (technique/strategies/method/routine activities) that were successful for the family and specify the functional outcomes and objectives related to these activities.**

- a. Describe in detail what types of strategies are being integrated within specific routine-based activities the family used to achieve each objective/functional outcome. Include the family’s feedback as to how well these learning activities worked when you were not present. This question asks about the successes.

**Example:**

**Objectives 1a, 1b, and 1c:** During mealtime, Ms. Mills presents Ida with small bits of foods on a flat surface (ex: Ida’s favorite flat plate); these include peas, diced cooked carrots, and Cheerios. Ms. Mills picks up one cheerio at a time on Ida’s high chair tray to show Ida what to do.

**Objectives 1b and 1c:** Ms. Mills encourages Ida to turn the pages of a book with thin paper during story time.

**Note:**

- Describe and highlight what the child can do now which he/she was previously unable to do.
- Address each relevant outcome.
- Provide an overall picture of how the child is functioning within daily routines and how the learned skills have been incorporated.

**3. What changes were made to the learning activities (technique/strategies/method/learning activity) when they were ineffective for the child/family? When you modified the learning activities; were they successful or if not, why? Address each functional outcome and the relevant objectives whenever applicable. –**

- a. Explain how you changed your techniques or the learning activities when the child’s progress was limited or when it was difficult for the family to incorporate strategies into their daily routines.
  - i. This question asks about how you worked with the family to modify your strategies/techniques and the learning activities to better fit the parent/caregiver and child and support their competencies and family culture.
  - ii. Indicate when functional outcomes or objectives are not achieved and explain why.

**Example of a change to an activity:** Because Ida prefers to use all her fingers in a raking motion when presented with a plate of Cheerios, Ms. Mills started presenting Ida with one Cheerio at a time in the palm of her hand to encourage the use of Ida's thumb and index finger. In addition, throughout the day, Ms. Mills started encouraging Ida to turn a wall light switch on and off.

**Example of a change to intervention approach:** I found that Ida was tired at the time of my scheduled visit. The parent and I discussed what would be better times for Ida. We agreed and switched the time to after her nap. After this change, Ida had better results.

- 4. Describe all collaborative efforts made to address the IFSP outcomes (Examples: interaction with other service provider/therapists, day care staff, other caregivers, community resources, and medical providers (with written parent consent)). Please include the family members/caregivers you have been working with.**
- a. Describe the communication and collaboration with the other EI therapists and how you worked with them to achieve the functional outcomes. With parental consent, have you communicated with relevant medical providers?
- At the parent's request, how have you assisted the family in finding other resources (e.g. books, articles)?
  - Have you communicated with day care staff, taught techniques to grandparents, nannies, etc. who are part of the child's routine activities? How have you worked with those people the family identified in the IFSP as important in helping achieve the outcomes?
  - How have you continued to provide the family on-going opportunities to participate in sessions and to enhance their capacity to support their child's learning and development between visits while building on the interests and strengths of the child and family?

- 5. Based on your ongoing assessment of the child's progress, what is the child's overall progress in this child's functional abilities since the last IFSP meeting or Progress Report? How was progress determined (e.g. standardized instrument checklist, non-standardized assessments, observation, & informed clinical opinion)?**
- i. Give a detailed description or specific examples of the child's current skills. Underline any new skills that have been achieved in the last 3 months.
- Have the parents' expressed any new concerns or priorities for the next IFSP period?

**Note:**

- When documenting the evidence on which a determination regarding the child's current functional abilities is based, please refer to the *NYS DOH Memorandum 2005-02 – Standards and Procedures for Evaluations, Evaluation Reimbursement and Eligibility* as well as any relevant NYS DOH Clinical Practice Guidelines.
- If an instrument is administered, report the results according to the instrument's manual.

- 6. For 6-month/Annual progress notes only: What skills will you be working on in the next 3 months? Are there new functional outcomes or objectives you would like to recommend for the IFSP team to consider? The functional outcomes must contain all 6 components and be written in parent friendly language. The new/revised functional outcomes must be discussed and agreed to with the parent.**
- a. Indicate if the child's functional abilities are not within normal developmental range.
- Indicate what skills you will be working on in the next 3 months?
  - Be specific in your explanation and do not use general words such as "more or less" or "greater".
- b. Interventionists may submit new functional outcomes when the new outcomes and related objectives more closely reflect the learning characteristics of the child (for example, when the previous outcomes have been achieved).
- c. Ensure that the functional outcomes you recommend:
- include identified family routines;
  - reflect the family's current priorities and concerns for the next IFSP period;
  - are individualized to the child and family;
  - reflect integrated functional skills and abilities across developmental domains and not domain specific test items;
  - describe measureable and observable skills so that everyone including the family will know the outcomes have been met;
  - take into consideration the child's disabilities, characteristics, strengths and needs; and
  - are written in parent friendly language with no clinical jargon or technical terms.
- d. Whenever the interventionist has been working on a *non-IFSP* functional outcome (and objectives) that has not yet been achieved, and the family still feels this is a priority; the interventionist may recommend this *non-IFSP* functional outcome and its objectives in this section so that it may become a goal on the next IFSP.

**Note:** Refer to the **Appendix: Functional Outcome and Embedded Coaching Terminology for Session and Progress Notes**. For additional detailed information about functional outcomes, take the training posted on the NYC EIP website:

<http://www.nyc.gov/html/doh/html/hcp/ei-hcp.shtml>

**Certification:** Sign, date, provide license number and print name. Include interventionist's discipline/credentials, e.g. speech therapist (Speech/Language Pathologist, MS, CCC/SP, special educator (MS Ed.), etc. If a certified professional, indicate "certified" and do not write license number.

This field may also include the signature, License/Certification number of a supervisor in the case of student interns, CFYs, OTAs, and PTAs, as applicable. The date of the supervisor signature should also be indicated.

**Procedural Notes:**

- The family should receive a copy of all completed progress notes.
- Please address any questions the family may have related to the progress notes.
- Please write the progress note so that others (e.g., the family, EIOD, team) may understand it. It should be written legibly, clearly and in parent friendly language.
- Discuss with the family their current concerns, priorities & resources, daily routines, and child's developmental status in preparation for 6- and 12-month IFSP reviews.
- **Submit completed progress notes no later than 2 weeks prior to the IFSP review meeting.**

## NYC EARLY INTERVENTION PROGRAM

### Appendix B: Functional Outcome and Embedded Coaching Terminology for Session and Progress Notes

**Functional Outcome**

A functional outcome is a practical result that:

- a. reflects the family's concerns and priorities,
- b. is developmentally and individually appropriate, and
- c. is considered critical for the child's participation in daily activities.

The outcome should include a measurable skill which the child can reasonably be expected to achieve in the next 6 months by receiving Early Intervention supports and services.

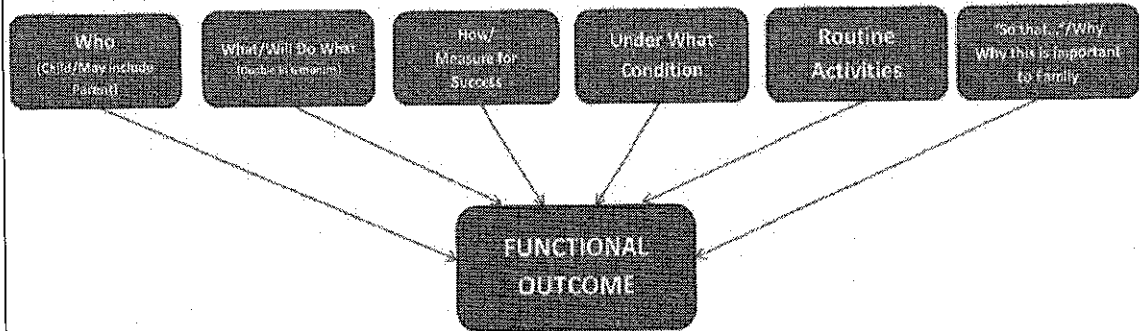
The functional outcome **MUST** be written in parent friendly language. All clinical terms must be avoided.

Functional outcomes can be found in the "Outcomes" section of the IFSP document in NYEIS. Each interventionist works on **all** the functional outcomes listed in the IFSP.

The **6** essential components of a functional outcome are:

1. **Who:** This is usually the child but may include the parent or family.
2. **What/Will do what:** This is what the child will do (that is reasonable for the next 6 months)
3. **How/Measure for success:** This is how everyone on the team including the parents/caregivers will know that the outcome has been met. It should be observable.
4. **Under What Condition:** This is any specific situation or adaptation that is reasonable.
5. **Routine Activity:** These are events that occur typically during the child's day and are individualized by the family's culture and environment.
6. **"So that"/Why:** This is what the family would like to achieve or the reason why it is important.

The six components that make up a Functional Outcome



**Example: Functional Outcome #1:**

Ida| will be able to pick up small objects, such as raisins or Cheerios,| by using her thumb and index finger  
*Who* *Will Do What* *Criteria for Success*

while sitting in her high chair| so that she can begin feeding herself | during meal time.  
*Under What Condition* *Why it is important to the Family* *Routine Activity*

**Note:** The *Functional Outcome Assistant* tool may be used to assist in the creation of the functional outcome.

**Objectives**

Objectives are short term goals that should be achieved in order for the child to reach the functional outcome. Objectives should be specific, measurable, and written in parent friendly language.

**Examples of three objectives for the functional outcome listed above:**

- Objective 1a:** Ida will pick up a Cheerio with fingers/scraping movement.
- Objective 1b:** Ida will pick up a Cheerio with side of finger and thumb.
- Objective 1c:** Ida will pick up a Cheerio with tip of finger and thumb while her arm is on the table.

**Routine Activities**

Routine activities are events that occur within the child's day (ex: bedtime, snack time, time at the playground, reading time) and that provide opportunities to learn and practice strategies with family members. Routines activities are also known as daily or natural routines.

**Examples of routine activities\*:**

	<table border="1"> <tr> <td>Play Routines</td> <td>Food/Meal Routines</td> <td>Community/family errands</td> </tr> <tr> <td>Dressing</td> <td>Bath/Hygiene related</td> <td>Socialization Activities</td> </tr> <tr> <td>Book activities</td> <td>Songs/Rhymes</td> <td>Family Chores</td> </tr> <tr> <td>Medical/Comfort</td> <td>Recreation</td> <td>Computer/TV/Video</td> </tr> </table> <p>*For additional information, please see <a href="http://fgrbi.fsu.edu/model.html">http://fgrbi.fsu.edu/model.html</a> or Woods, J. (2005). <i>Family-guided, routines-based intervention project</i>. Tallahassee, FL: Florida State University, Dept. of Communication Disorders. More specific examples are listed in the <i>NYC EIP Policy and Procedure Manual</i> Chapter 3: <b>Family's Concerns, Priorities, and Resources - Routine Activities Worksheet</b>.</p> <p><b>Example of different routine activities for the functional outcome listed above:</b></p> <p><b>Objectives 1a, 1b, and 1c:</b> During mealtime, Ms. Mills presents Ida with small bits of foods on a flat surface (ex: Ida's favorite flat plate); these include peas, diced cooked carrots, and Cheerios. Ms. Mills picks up one Cheerio at a time from Ida's high chair tray to show Ida what to do.</p> <p><b>Objectives 1b and 1c:</b> Ms. Mills encourages Ida to turn the pages of a book that has thin paper during story time.</p>	Play Routines	Food/Meal Routines	Community/family errands	Dressing	Bath/Hygiene related	Socialization Activities	Book activities	Songs/Rhymes	Family Chores	Medical/Comfort	Recreation	Computer/TV/Video								
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Medical/Comfort	Recreation	Computer/TV/Video																			
<b>Strategies/Methods/Approaches</b>	<p>Strategies/Methods/Approaches are ways that the family and interventionist support the child's learning in routine activities. The following are examples of strategies that the interventionist may show the parent/caregiver to use with the child during routine activities:</p> <table border="1"> <tr> <td>Modify environment</td> <td>Turn Taking</td> </tr> <tr> <td>Encourage child to imitate</td> <td>Use hand over hand</td> </tr> <tr> <td>Positioning</td> <td>Encourage initiation by child</td> </tr> <tr> <td>Use of cues</td> <td>Describe or label what is being done</td> </tr> <tr> <td>Use of Assistive Technology (AT) device</td> <td>Use of all forms of positive reinforcement</td> </tr> <tr> <td>Model or demonstrate for child</td> <td>Increase opportunities for child to practice</td> </tr> <tr> <td>Discrete Trial Instruction &amp; reinforcement</td> <td>Positional, gestural, and physical prompting</td> </tr> <tr> <td>Teaching replacement behaviors/proactive strategies</td> <td>Incidental teaching</td> </tr> <tr> <td>Redirection</td> <td>Adaptation of the physical environment</td> </tr> <tr> <td>Visual Support</td> <td>Adaptation of the social environment</td> </tr> </table>	Modify environment	Turn Taking	Encourage child to imitate	Use hand over hand	Positioning	Encourage initiation by child	Use of cues	Describe or label what is being done	Use of Assistive Technology (AT) device	Use of all forms of positive reinforcement	Model or demonstrate for child	Increase opportunities for child to practice	Discrete Trial Instruction & reinforcement	Positional, gestural, and physical prompting	Teaching replacement behaviors/proactive strategies	Incidental teaching	Redirection	Adaptation of the physical environment	Visual Support	Adaptation of the social environment
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<b>Coaching Techniques</b>	<p>Coaching techniques are ways that the interventionist coaches the parent/caregiver in using the different strategies to support their children during routine activities. Coaching techniques should be individualized for the learning characteristics and preferences of the parent/caregiver in order to be effective. More than one coaching technique may be used during the session.</p> <p><b>Examples of coaching techniques include but are not limited to:</b></p> <ul style="list-style-type: none"> <li>• Parent/caregiver tried activity, therapist assisted</li> <li>• Observation of parent/caregiver and child performing activities</li> <li>• Giving the parent a picture illustrating the way to position the child after demonstrating the method</li> <li>• Discussed activity with parent/caregiver</li> <li>• Videotaping learning activity and viewing it with parent</li> <li>• Demonstrated parent/caregiver activity while providing explanations and descriptions</li> <li>• Tried different strategies with parent/caregiver to determine best fit for child and family</li> <li>• Parent/Caregiver tried activity and therapist provided verbal guidance</li> <li>• Reviewed communication tool with parent/caregiver</li> <li>• Reviewed with parent/caregiver the strategies the family developed and tried and provided feedback</li> </ul>																				
<b>Learning Activities</b>	<p>Learning activities incorporate the strategies and the routine activities to create natural learning opportunities for the child and family to practice and build upon their competencies.</p> <div style="text-align: center;"> <pre> graph LR     A((Learning Strategies)) -- "+" --&gt; B((Routine Activities))     B -- "x" --&gt; C((Learning Activities)) </pre> </div> <p>Since learning activities occur during the child's and family's natural daily routines and fit the family's culture</p>																				

	<p>and lifestyle, these learning activities should <u>not</u> be considered extra tasks or homework.</p> <p>For the session note, this is where the interventionist outlines the steps for the learning activities that both the parent and interventionist agreed on and that the parent/caregiver will do with the child until the next visit.</p>
<p><b>Embedded Coaching</b></p>	<p>Embedded Coaching is a family centered approach that facilitates communication and collaboration between the Early Intervention professional and the parent/caregiver. Family centered approaches help support families in providing multiple, natural learning opportunities during everyday routine activities for their children to learn and develop.</p> <p>There are three main components of Embedded Coaching (Keilty, Bonnie (2010), <i>Practice Mentor Guide</i>, NYC DOHMH EIP Learning Collaborative):</p> <ol style="list-style-type: none"> <li>1. <u>On-Going Authentic, Routines-Based Assessments:</u> <ol style="list-style-type: none"> <li>a. Interventionists observe the child in his/her routine activities, and engage in conversations with family members and other important adults, to gain an understanding of each child's unique developmental profile as the child functions in his/her natural environment.</li> <li>b. Assessment data include the child's strengths, needs, and learning characteristics within the context of everyday life, as well as the developmental impact of the social and physical environment.</li> <li>c. This authentic picture provides data to identify individualized approaches that fit the child, and his/her family <u>everyday activities and routines</u>.</li> </ol> </li> <li>2. <u>Embedded Interventions (into the child's everyday activities and routines):</u> <ol style="list-style-type: none"> <li>a. Interventions occur during home and community routines, activities, and other times of the child's day that are specifically identified by family members as activities in which they would like support.</li> <li>b. Interventions are scheduled at the time of day when the specific routine activity usually occurs and includes the people who are usually a part of the routine activity.</li> <li>c. Interventionists limit changes in the way the routine activity happens, and suggest only those changes necessary for the child to successfully participate and learn.</li> <li>d. Agreed-upon developmental strategies are not only tailored to the unique strengths and needs of the child, but also fit the individual family's routine activities, and the family's own cultural values, where strategies will be used in between visits.</li> </ol> </li> <li>3. <u>Collaborative Coaching Approaches:</u> <ol style="list-style-type: none"> <li>a. Specific approaches used to ensure that adult family members and other important people in the child's life (e.g., child care providers) are confident and competent in using agreed-upon strategies in between intervention visits to promote the child's learning and development.</li> <li>b. The interventionist explains, models, and supports family members as they practice the strategies.</li> <li>c. Professionals provide feedback on strategy use and elicit feedback from the family members on their comfort and confidence in using the strategies.</li> <li>d. Successful collaborative coaching results in:           <ol style="list-style-type: none"> <li>(1) intervention strategies that fit the individual family context and</li> <li>(2) family members who are effective in, and willing to, use the agreed-upon developmental strategies in between professional visits, during their everyday routine activities.</li> </ol> </li> </ol> </li> </ol> <p>*For additional information on Embedded Coaching, please review the Interventionist page on the NYC DOHMH Early Intervention website.</p>