**Dauphin County Progress Monitoring Update Summary**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Child’s name:** |  | **Service Coordinator:** |  | **ECO Data:** | Entry (date) Exit (date) N/A |
| **DOB:** |  | **Therapist discipline:** |  | **ASQ-SE2:** | Completed (date) Declined (date)  N/A |
| **BSU:** |  | **Service Frequency:** |  | **PHQ-9:** | Completed (date)  Declined (date)  N/A |
| **IFSP date:** |  | **Upcoming Evaluation:** | TMB  CAIU | | |
| **Dates covered in report:**  4 months (date range)  10 months/ANNUAL (date range)  Ready to discharge/Transition | | | | | |
| **Dates of missed sessions and reasons for cancellation:** | | | | | |

|  |
| --- |
| **Updates to the Family and/or Health Assessment (including vision and hearing)** |
| **Family/child changes (address, others living in home, childcare change, insurance):**  **Family concerns:**  **List referrals or community information shared with family in past months:**  **List any community activities completed with the family during this review period:**  **Health updates:**  **Hearing:**  **Vision:** |
| **Current outcome:**  **Current measurement:**  **Data collection:** |

|  |
| --- |
| **Summary of Changes/Progress Made in Achieving the Outcome** |
| **1. Briefly summarize progress and functional use of skills targeted in Outcome/Additional skill development addressed** (What’s happening now of outcome has limited characters):  **2. Describe what skills are needed to improve challenging family routines/family concerns:**  **3. Provide recommended changes to current outcome or suggest new outcome if needed:**  **4. List recommended strategies during specific routines:**  **5. Provide recommended measurement (what, how, when, by whom, where):**  **6. Summarize AT/AAC including next steps, updates,** **seating equipment, braces, walker, gait trainer and/or augmentative alternative communication such as signs, pictures, communication boards/apps, dedicated speech generating device. If you are in the process of acquiring equipment, working with insurance, or training family, list here.**  **7. Preparation for Transition to IU, Transition to Community/Discharge, Discharge of a service, or Transfer to another State or County (resources, referrals, equipment, what’s needed for the child to be successful, screening results):**  **8. Other important information:** |

**Therapist name:**

**Date reviewed with family:**

|  |
| --- |
| **Please note:** Any changes/recommendations are contingent on continued child eligibility based on PA Early Intervention Guidelines. Children may benefit from outpatient services or other community resources.  **Progress Monitoring Updates:** Please send this form to the assigned EI Service Coordinator by fax at 717-232-0935 or secure email to the SC. After the Initial/Annual ER/IFSP date, PMUs are due at 4 / 10 months (or two weeks prior to meetings/evaluations). Please be certain that recipients are aware of any password protection so they may open the document.  **Annual Evaluation:** **Date of Evaluation\_\_\_\_\_\_\_\_\_\_\_. Make sure that you know which provider is completing the annual (see below)**  **TMB:** In addition to SC, please send the PMU form through secure email to TMB ([tbogden@comcast.net](mailto:tbogden@comcast.net) ) at 10 months or two weeks prior of the Evaluation date. Be certain the recipients are aware of any password protection so they may open the document.  **CAIU: In addition to the SC, please send form securely to J. Stutzman (**[**jstutzman@caiu.org**](mailto:jstutzman@caiu.org)**) and Michelle Straw (**[**mstraw@caiu.org**](mailto:mstraw@caiu.org)**) or fax to her attention at fax 717-732-8425.**  Form updated 5/30/24 by BBTX |