**Cumberland/Perry Counties Quarterly Progress Monitoring Summary, Annual Review and Transition Form** Service Coordinator (SC):

**Child’s Name**:       **DOB**:       **BSU#**:       **IFSP Date**:       **Current Frequency/Duration of Service**:

**Quarter and Dates covered in Summary**: [ ]  3 months       [ ]  6 months       [ ]  9 months        [ ]  Annual

**Dates of Missed Session(s) and Reason(s) for Cancellation**:

**ECO Data Entered:** [ ]  Entry [ ]  Exit **Screenings: ASQ-SE2:** [ ]  Completed [ ]  Declined **PHQ9:**  [ ]  Completed [ ]  Declined

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| **Updates to the Family and/or Health Assessment (including vision and hearing)** |
|       |
| **Outcome #**      **(With key words to identify the outcome):**      **What was measured? (Attach data collection tools used):**        |
| **Summary of Changes/Progress Made in Achieving the Outcome** |
| **1A. Progress and functional use of skills targeted in Outcome/Additional skill development addressed:**     **1B. How are the skills not developed, affecting family routines:**      **2A. Effective strategies used by the family/caregiver during routines:**     **2B. Additional recommended strategies during specific routines:**     **3. Please list any community activities completed with the family this quarter as well as any updates from the child’s early learning program:**      **4A. Are there any changes needed to the current outcome or is there a need for a new outcome? If so, provide recommendations for the new outcome.**     **4B. Recommendations for measurement (who, what, where and how):**     **4C. Based on current progress, are you recommending frequency and/or duration changes?**     **5. AT/AAC summary (next steps, AT/AAC 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 process of acquiring equipment, working with insurance, or training family, list here)**      **6: Are there any behaviors that are impacting the child’s ability to learn (sensory, motor, social, play)?**      |
| **7. Transition Updates (e.g. Info for IU team, list childcare, preschool and community activities such as library/My Gym that child currently attends or will be attending at age 3, what skills do you see the child ready to work on in an educational setting in the next 6 months to a year. Transitions to community should be listed here as well if the child is meeting IFSP outcomes and may be ready to end EI services prior to age 3).**      |
| **Communicating Progress:** **[ ]  Information shared with SC/team members including family/caregivers**   |
| **EI Staff Name:**       **EI Service:**       **EI Agency:**       **Date Completed:**      **EI Staff Email Address:**       |
| **Cumberland/Perry Counties Quarterly Progress Monitoring Summary, Annual Review and Transition Planning Form****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.**Quarterly Progress Monitoring:** Please forward this form to the Service Coordinator and Trudy Kessler (takessler@ccpa.net), by fax or secure email, 14 days prior to the quarterly review. Make sure the 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).****INVO:** Please forward this form to the Service Coordinator and the evaluating agency – INVO – Shannon Cresswell (scresswell@invo-progressus.com) , by fax or secure email, 14 days prior to the annual evaluation date. **CAIU:** In addition to the SC, please send form securely to J. Stutzman (jstutzman@caiu.org) and Michelle Straw (mstraw@caiu.org) or fax to her attention at fax 717-732-8425. Form updated 5/30/24 by BBTX |