

Child's Name:

DOB:

IFSP Start Date:

Outcomes for Parent/Caregiver

This page documents what you and your family would like to achieve in order to support your child's development.

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| Outcome # | What specifically do we want to accomplish? (Functional Outcome) |
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| What is happening now? |
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| How will we know we're making progress? What will be different? When do we hope to have this completed? (Progress Statement/Criteria for Success) |
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| What strategies and resources will we use to make this happen? (Who will do what during which regular activities and routines, and where will it occur?) |
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| Who will be involved? (Include names and phone numbers) |
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| Review of Progress Statement/Criteria for Success | | | |
|--|---------|--------|----------|
| Date: | 6 Month | Annual | Progress |
| What Contributed to Progress? Lack of Progress? | | | |
| | | | |
| Additional Comments: | | | |
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Achieved: We did it!
 Continue: We are part way there. Let's keep going.
 Discontinue: It no longer applies.
 Revise: Let's try something different.

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| New or Modified Outcome/Addendum Date: | *Parent Initials: _____ |
| *Parent's initials indicate agreement with the changes noted on this page, but does not replace the signed Addendum SOS when required. | |