

**Indiana First Steps  
Progress Report  
Sample Form**

\_\_\_3-month\_\_\_5-month\_\_\_9-month\_\_\_11-month\_\_\_Other\_\_\_\_\_

Child Name: \_\_\_\_\_ Child ID#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ IFSP Date: \_\_\_\_\_ Report Date: \_\_\_\_\_

Chronological Age: \_\_\_\_\_ Adjusted Age: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Service Coordinator: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Provider/Discipline: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Other Team Members:

Frequency/Intensity of Service as listed on IFSP: \_\_\_\_\_

Number of visits authorized: \_\_\_\_\_ Number of visits attended: \_\_\_\_\_

Number of missed visits: \_\_\_\_\_ Family reason \_\_\_\_\_ Provider reason \_\_\_\_\_

Make-up visit offered: Yes \_\_\_\_\_ No \_\_\_\_\_

IFSP Outcomes:

M=Modified    2=Achieved    1=Partially met    0=Little or no progress made

Child Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Outcome #:

Strategy:

Comments/Suggestions:

Status of outcome: 2    1    0

New outcome suggested: \_\_\_\_ Modification to outcome recommended: \_\_\_\_

Outcome #:

Strategy:

Comments/Suggestions:

Status of outcome: 2    1    0

New outcome suggested: \_\_\_\_ Modification to outcome recommended: \_\_\_\_

Overall Recommendations:

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Provider Signature

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Date