

Child's name:
ET#:

Section VI: Our Child and Family Outcomes

Date:

Outcome #

What we would like to see happen within our family routines:

Steps or activities that will be taken to accomplish this outcome (include criteria & timeline):

Early Intervention Service(s) Necessary to Meet this Outcome

EI Service Type	Method	Location/ Setting	How Often	Session Length	Provider Agency	Funding Source	Projected Start Date	Duration of Service

Method – Direct (D); Joint (J) // In-person (P); Technology (T) Location/Setting – Home (H); Community (C); Other (O)

For each EI service that will not be provided in our child's natural environment, provide an explanation of why this outcome cannot be achieved in a natural environment and the steps the Service Coordinator and family will take, including projected date, for moving the service into a natural environment:

List any Early Intervention services which are needed, but not yet coordinated and the steps the Service Coordinator will take to coordinate the needed service(s):

List any services which are being received through other sources, but are not required, nor funded, under Early Intervention:

Outcome Progress Review

	Code	Comments	Date
<input type="checkbox"/> <i>We met it!</i>			
<input type="checkbox"/> <i>We're making progress</i>			
<input type="checkbox"/> <i>Let's make adjustments</i>			
<input type="checkbox"/> <i>Let's focus elsewhere</i>			

As a result of the outcome progress review, the Team (parent and professional) wants to (select one and place into code box above): 1- Develop new outcome; 2-Revise outcome; 3- Modify strategies/activities or Early Intervention service; or 4- Other: