ORANGE COUNTY DEPARTMENT OF HEALTH
EARLY INTERVENTION PROGRESS/DISCHARGE NOTE

CHILD'S NAME: _____ DOB: _____

CHILD'S ADDRESS: _____

NAME OF PROVIDER/ DISCIPLINE: _____

NAME OF AGENCY (if applicable):_____

EIOD: _____

ONGOING SERVICE
COORDINATOR/AGENCY:_____

TYPE OF NOTE/DUE DATE: 5 Month: ____ Annual: _____ Discharge: _____

If this is a discharge note, reason for discharge: _____ Discharge Date:_____

DATES OF SERVICE: From: _____ To: _____
(Dates that you provided service during this reporting period)

SITE OF SERVICE: _____

PHYSICIAN'S ORDERS (IF APPLICABLE) – START DATE: _____

DURING THE CURRENT IFSP PERIOD:

SESSIONS AUTHORIZED_____ # SESSIONS PROVIDED _____

CO-VISITS AUTHORIZED (if applicable) _____ # CO-VISITS PROVIDED _____

IFSP FUNCTIONAL OUTCOMES	ACHIEVED	MAKING PROGRESS	NOT YET ADDRESSING

Family Activities/Strategies of IFSP – what is/was the family/child care provider being taught relative to the activities/strategies you are working on: _____
_____
_____
_____

Describe the child's progress towards functional outcomes? (Strengths & Challenges) _____
_____
_____
_____

Summarize your "ongoing assessment" of the child's developmental status, including observations from the parent, observations from the provider, clinical opinion, professional judgment, information from other caregivers (if appropriate), results of any recent testing, etc.): _____
_____
_____
_____

Describe child's current level of functioning: _____
_____
_____
_____

Describe the collaborative activities that have occurred with IFSP team members and others related to the family activities/strategies you have worked on during this reporting period: _____
_____
_____
_____

Additional information and recommendation: _____
_____
_____
_____

Provider Signature: _____ Date: _____
License, Registration or Certification # : _____

For COTA, OTA, PTA and SLP in his/her 9 Months of Supervision:

Supervisor comments (optional):_____
_____
_____

Supervisor Signature: _____ Date: _____
License, Registration or Certification #:_____

cc: Parent / Guardian
Ongoing Service Coordinator
Early Intervention Official Designee
IFSP Team Members
Others as designated in IFSP