



# NEW JERSEY EARLY INTERVENTION SYSTEM PRACTITIONER IFSP REVIEW SUMMARY

<b>Child's Last Name</b>	<b>Child's First Name</b>	<b>MI</b>	<b>DOB</b>	<b>SPOE ID #</b>
Current IFSP Start Date	Service Coordinator's Name		County	
<input type="checkbox"/> 6 month IFSP Periodic Review <input type="checkbox"/> Other IFSP Periodic Review <input type="checkbox"/> Annual IFSP Review				

The practitioner must prepare this form with the parent or share a copy of the form with the parent and the SCU prior to the IFSP review.

EIP Practitioner's Last Name	EIP Practitioner's First Name	Discipline/Title
EIP Agency Name	Authorized Early Intervention Service(s)	Date Prepared

**Family Outcomes:** How have you helped the family?

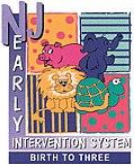
1. Know their rights
  2. Effectively communicate their child's needs
  3. Help their child develop and learn
- Describe

**Child Outcomes:** How have you helped the child?

1. Develop positive social-emotional skills (including social relationships)
  2. Acquire and use of knowledge and skills (including early language/ communication).
  3. Use appropriate behaviors to meet their needs.
- Describe

**The following information is provided for consideration at the upcoming IFSP review based upon my work with the child, the child's family and other caregivers, since the last IFSP review.**

The following tools/early learning standards including ongoing assessments and curriculum (activities) were used with the child and family during the early intervention service(s) authorization period.



# NEW JERSEY EARLY INTERVENTION SYSTEM PRACTITIONER IFSP REVIEW SUMMARY

<b>Child's Last Name</b>	<b>Child's First Name</b>	<b>MI</b>	<b>DOB</b>	<b>SPOE ID #</b>
<b>Outcome (List and provide progress on all current IFSP outcomes)</b>	<b>Outcome Progress/Status</b>			<b>Challenges</b>
	<b>Initial/Baseline Status</b>	<b>Current Status/Progress</b>		
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
If identifying challenges, describe the challenge(s) and strategies implemented to address the challenge(s)?				
<b>Practitioner Signature</b>			<b>Date</b>	