



NEW JERSEY EARLY INTERVENTION SYSTEM PRACTITIONER IFSP REVIEW SUMMARY

Child's Last Name	Child's First Name	MI	DOB	SPOE ID #
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.



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Outcome (List and provide progress on all current IFSP outcomes)	Outcome Progress/Status		Challenges	
	Initial/Baseline Status	Current Status/Progress		
			<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)?				
Practitioner Signature			Date	