



# RI Early Intervention Individualized Family Service Plan

## Child and Family Outcomes

Child's Name

DOB

ID#

*Outcomes are like goals...they reflect the changes families would like to see happen for themselves and their children. They are based on your concerns and priorities and are related to the development of your child. We will make them measurable so we can track progress.*

<p># <input type="text"/> a.) What we want to see happen for our child/family as a result of early intervention supports and services?</p>	<p><b>Date Written</b></p>
<p>b.) How will we know your child/family has made progress?</p>	<p><b>Date Reviewed</b></p> <p><input type="checkbox"/> Periodic /6 Mo.</p> <p><input type="checkbox"/> Annual IFSP</p> <p>Other _____</p> <p><b>Parent Initials</b></p>
<p>c.) Progress Review: Outcome is: <input type="checkbox"/> Continued <input type="checkbox"/> Achieved <input type="checkbox"/> Modified/New Outcome Written</p>	<p><b>Additional Review:</b></p> <p><b>Date Reviewed</b></p> <p><b>Parent Initials</b></p>
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