



## Provider Progress Report Template/Quality Rubric

### Progress Report Type (check one)

5 month	10 month	Other

### Child Information

Name of Child	Child ID	Child Date of Birth

Report Date	IFSP Start Date	IFSP End Date

### Provider Information

Name of Provider	Discipline	Name of Agency

### Authorization Information

Authorization Start Date (mm/dd/yyyy)	Authorization End Date (mm/dd/yyyy)	Date of First Session (mm/dd/yyyy)

### Quantity, Frequency, and Length

Weekly	Monthly	Annually	Total

Total Number of Sessions Provided	Number of Sessions Provided as Scheduled	Number of Sessions Provided as Make-Up

Number of sessions cancelled by family with prior notice

Number of sessions missed due to no call / no show

Number of sessions cancelled by provider with prior notice

**Outcome**

Outcome Number	Outcome Version	Outcome Name

Check One	Status of Outcome
	Achieved – Remove status of outcome from IFSP – review continued need for service
	Partially Met – Continue outcome as written on the IFSP, review frequency of authorization
	Little Progress – Continue outcome as written on the IFSP, review frequency of authorization
	Discontinue – Remove outcome for the IFSP, discontinue authorization

**What progress has been made towards the outcome?**

Describe the child’s progress toward the identified IFSP outcome using clear, family-friendly language. The 10-month report should include more detailed information. This form is utilized by Service Coordinators in order to write annuals, ED Team Members to redetermine eligibility and complete the AEPS, and families to understand their child’s progress. Include only factual, objective observations rather than opinions or interpretations. In certain specialized cases, this form may also be used for insurance prior authorizations, high-intensity service requests, or for sharing with medical professionals. Below are topics that should be discussed in this box if applicable to the child.

- Summarize relevant short-term goals, including current developmental levels, the child’s present status, audiological information, presence of orthotics.
- Document specific skills, behaviors, or targets observed during visits, especially those demonstrated within daily routines.
- Identify any current areas of delay that continue to affect the child’s progress.
- Explain how intervention strategies were used and how they supported movement toward the goal.
- Include updates to intervention approaches, strategies, or caregiver coaching activities implemented during this period.
- Provide a brief summary of relevant events or developmental changes over the past several months.

**How will the provider support the child and family to continue making progress towards the outcome? (Only complete if continuing outcome)**

Describe how you will continue to support the child and family in making progress toward the ongoing IFSP outcome. Use family friendly language that the family is already familiar with. Below are topics that should be discussed in this box if applicable to the child.

- Identify any new short-term goals.
- Describe the planned intervention strategies you will use to support continued progress.
- Identify the specific skills, behaviors, or targets you will focus on upcoming visits.
- Outline how you will coach and partner with the caregiver to embed strategies into daily routines.
- Explain how you will help strengthen the family’s confidence and capacity to support their child’s development.
- Note any adjustments or updates to intervention methods based on the child’s current needs.
- Specify what you will monitor moving forward to track progress toward the outcome.
- Describe how your planned support will promote continued movement toward the identified IFSP outcome.
- Resources in the community families can or have accessed.
- Recommendations for referrals, DME, AAC, orthotics, etc.

**What changes does the provider recommend be made to the frequency of the authorization based on the child’s progress? (Include justification)**

Describe the provider’s recommendation for the authorized frequency of services.

- If recommending a change, include the justification and explain why the revised frequency is appropriate based on the child’s current developmental levels and areas of need.
- If no change is recommended, state the current frequency and indicate that continuation at this level is advised.
- If recommending discontinuation of services, clearly state the document reasons supporting that recommendation.

**What new outcome does the provider recommend be added to the IFSP?**

If applicable, describe the new outcome the provider recommends adding to the IFSP.

- If recommending the addition of new services that will require a new outcome, include the rationale behind this request and possible skills that would be addressed from the addition of the new service.
- If recommending no change, write “no changes,” to avoid blank field.

**Other Comments**

Required: Provider contact information, including phone number and email

If applicable:

- If COTA/PTA involved, identify the supervising OT/PT
- Updates about the family that may impact services (e.g. upcoming move, job changes, medical updates, hospitalizations, cancellations)
- Areas of challenge or concerns that would be helpful for the ED Team
- Adjusted age
- Relevant information regarding eligibility not typically reflected in the AEPS (e.g. considerations for possible informed clinical opinion or other new medical/developmental considerations)
- Corrections to attendance if the recorded attendance is inaccurate
- Any information regarding other areas of development beyond this outcome

**My signature verifies that I agree to the accuracy of the time reported for this activity**

Signature of Provider	Date (mm/dd/yyyy)

Signature of provider supervisor (if needed)	Date (mm/dd/yyyy)