

Lancaster County Progress Monitoring Update

Child's Name:	DOB:	IFSP Date:	IFSP Frequency/Duration:
<input type="checkbox"/> 5 month (Due 1 week before the 6 month Review Meeting)	<input type="checkbox"/> 9 month (Due prior to the start of Annual testing)	<input type="checkbox"/> Other	
Support Coordinator (SC):	Timeframe for PMU data collection	Begin date:	End date:
Interventionist/Discipline/Agency (Please Print):			
Primary Session Location (Home, Child Care):	Other Community Settings Where Supports are Occurring:		
Updates to the Family's Routine and/or Health Assessment (Including Health, Vision, and Hearing)			
Outcome #_____ (With Key Words to Identify Outcome)			
What was measured? (Attach Data Collection Tools Used)			
Summary of Changes/Progress Made in Achieving the Outcome			
Please include data directly related to the measurement statement on the IFSP.			

Parent Response: When have you been able to use the provided strategies during your day and has anything become easier or more enjoyable with your child?

Are there any changes needed to the outcome and/or what is being measured? Yes [] No [] Please explain these changes below.

Please provide any additional information including Next Steps, Other Areas to be Addressed, Routines that are Challenging, etc.

Contacted Support Coordinator to discuss these changes: Yes [] No []

Attendance: Total Sessions Held ____ No Shows ____ Interventionist Cancelled ____ Family Cancelled ____ Act of Nature ____ Holiday ____

Interventionist Signature: _____ Caregiver Signature: _____ Date Completed: _____

If someone other than parent signed above, date information was reviewed with parent _____