

**York/Adams County Early Intervention
Quarterly Progress Monitoring**

BSU #: _____
SC: _____
Child's Name: _____
Therapist's Name: _____
Discipline: _____

3 Month: _____
6 Month: _____
9 Month: _____

IFSP Date: _____
Date Of Form: _____

Current Frequency: _____ / _____
(units)
Units Used to Date: _____

Have there been any changes in health insurance? (Private/MA/Carrier Information)
Yes (if yes, explain): _____
No: _____

Is there any update to the family/health assessment information?

What progress has been made in achieving the outcome? (This summary is directly linked to visit records and progress notes. It summarizes what progress has been achieved over the past three months.)

Outcome # _____

Outcome # _____

What will we be working on for the next three months?