

**INDIVIDUALIZED FAMILY SERVICE PLAN
FUNCTIONAL OUTCOMES (Page 4)**

Child's Name: (Last) _____ (First) _____ EI #: _____
 DOB: / / Today's Date: / / Date of Review: / /

Functional Outcome: A practical result that your child will gain as a result of Early Intervention supports and services in the next 6 months
Note: Outcomes are not discipline specific. Interventionist must work together on all outcomes identified in the IFSP.

<p>1. Functional Outcome:</p> <p>Objectives: Short term goals that should be achieved in order for the child to reach the functional outcome:</p> <p>Six Month Review: Will this outcome: <input type="checkbox"/> Continue <input type="checkbox"/> Be Revised (Complete new outcome page) <input type="checkbox"/> Discontinue Progress Note Dates:</p> <p>3. Functional Outcome:</p> <p>Objectives: Short term goals that should be achieved in order for the child to reach the functional outcome:</p> <p>Six Month Review: Will this outcome: <input type="checkbox"/> Continue <input type="checkbox"/> Be Revised (Complete new outcome page) <input type="checkbox"/> Discontinue Progress Note Dates:</p>	<p>2. Functional Outcome:</p> <p>Objectives: Short term goals that should be achieved in order for the child to reach the functional outcome:</p> <p>Six Month Review: Will this outcome: <input type="checkbox"/> Continue <input type="checkbox"/> Be Revised (Complete new outcome page) <input type="checkbox"/> Discontinue Progress Note Dates:</p> <p>4. Functional Outcome:</p> <p>Objectives: Short term goals that should be achieved in order for the child to reach the functional outcome:</p> <p>Six Month Review: Will this outcome: <input type="checkbox"/> Continue <input type="checkbox"/> Be Revised (Complete new outcome page) <input type="checkbox"/> Discontinue Progress Note Dates:</p>
<p>Signature of Person Completing <input type="checkbox"/> 6 <input type="checkbox"/> 18 <input type="checkbox"/> 30 mo Review</p>	<p>Signature and Stamp of EIOD (at Review)</p>