

Early On Washtenaw Coordinated Individual Family Service Plan

GOALS/OUTCOMES/REVIEW

Name: Last _____ First _____ Middle _____
 Date: _____ Initial 6 Month Review Annual Review
 30 Day Placement Interim Transition Other Review

Review of Outcomes must be conducted at least every six months OR more frequently if the family requests a review to determine the degree of progress toward achieving outcomes and whether modifications or revision of the outcomes or services is necessary.

Present Status – What is happening now?

GOAL(S)/OUTCOME(S) STATEMENT: Outcome # Related to Family Priority #
A – Audience (Person targeted); **B** – Behavior (Procedures to be used); **C** – Criteria; **D** – Duration (Time Line)

Steps/Objectives – To reach this outcome. For each Special Education goal list at least 2 short term objectives to meet each goal.	Expected Time Frame
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Strategies/Methods – for working on this outcome during this child & family’s daily routines and activities.	People to be involved
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Date for reviewing the progress made on this outcome (must be within 6 months of the date written):

REVIEW OF OUTCOME(S)

Progress Summary: (What has changed since the outcome was last written or reviewed?)

Modifications/Revisions: (What changes need to be made with this Outcome?)

<input type="checkbox"/> I participated in the review of this outcome Parent Signature:	Date:
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