

INDIVIDUALIZED FAMILY SERVICE PLAN

Date: ___/___/___

**PART V: OUTCOMES IDENTIFIED BY FAMILY FOR NEXT SIX TO TWELVE MONTHS
(list specific Early Intervention Services in Part VI)**

___ OUTCOME (What would the family like to see the child accomplish?):

CRITERIA (How will we know we are making progress?):

Procedures to evaluate progress:

- Parent Report Teacher Observation/Assessment Other: _____
- Data Collection (checklist) Developmental Testing: _____

Timelines to evaluate progress:

- Within: 6 months (Date: _____) 1 year (Date: _____) Other (Date: _____)

NOTE: SERVICES RELATED TO OUTCOME ARE IDENTIFIED IN PART V: SERVICES

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CHILD'S NAME _____

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