



**Name of person completing tool:**

**Discipline:**

<b>Identified Outcome:</b>	
<b>Focus routine in the outcome</b>	
<b>Targeted strategies to support the child within the routine</b>	
<b>Additional routines to embed strategies to support the outcome</b>	



STRATEGY	
<b>Identify the strategy used within routine to support outcome</b>	
<b>Is the strategy working as expected for the family?</b>  <input type="checkbox"/> YES <input type="checkbox"/> NO	<i>If no, what happened?</i>  <i>Or, what worked well?</i>
<b>Is the child making progress towards the outcome within routine?</b>  <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> 1. Outcome demonstrated <input type="checkbox"/> 2. Making Progress <input type="checkbox"/> 3. Not Making Progress, Criteria or Strategies Modified
<b>Considerations/ Next Steps</b>	<i>Check all that apply?</i> <input type="checkbox"/> <i>New information needed/ assessment to occur</i> <input type="checkbox"/> <i>New places and people to consider</i> <input type="checkbox"/> <i>Transition support needed within routine</i> <input type="checkbox"/> <i>Family coaching modifications, adaptations, assistive technology</i>
<b>Additional Notes</b>	



WV BIRTH TO THREE  
Office of Maternal, Child and Family Health  
Bureau for Public Health  
West Virginia Department of Health

Child Last Name: \_\_\_\_\_  
Child First Name: \_\_\_\_\_ MI  
DOB: \_\_\_\_\_ ID#: \_\_\_\_\_  
FOLDER: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Updates and/or supports to provide to IFSP team members</b>	
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