

**IV. IFSP Outcomes**

Family's Concerns, Priorities, and Resources	Child's Abilities/Needs
<b>Outcome #</b>	<b>Start Date</b> _____ <b>Target Date:</b> _____ _____ _____
Activities	Person Responsible

Review Date:	Outcome Status:	Comments:

Child's Name: \_\_\_\_\_

Medicaid Number: \_\_\_\_\_  N/A

Agency: \_\_\_\_\_

Section Number: \_\_\_\_\_

## IX. IFSP Review

### Instructions:

Outcomes are the changes the family wants for themselves or for their child. Outcomes should be discussed at the IFSP meeting by all team members as related to the family's concerns, priorities, and resources, the child's abilities and needs or both. New outcomes can be added at any time additions are desired or needed.

**Family's Concerns, Priorities, and Resources:** State the family's concerns along with their priorities and resources when related to the identified outcome.

**Concerns** are the areas identified by the family as needs, issues, or problems they want to address.

**Priorities** are things or accomplishments important to the family.

**Resources** are formal and informal means that can help the family.

**Child's Abilities/Needs:** State what the child is able to do and what he needs to be able to do when related to the identified outcome.

**Outcome #\_\_:** Place the sequential number of the outcome on the line. Then, in the space provided, write a description of the desired result of what the child or family will do or accomplish. Each subsequent outcome should be numbered consecutively per page in Section IV. Outcomes may be child or family-focused.

**Target Date:** Enter the anticipated date this outcome will be completed. Enter revised target dates as needed when time frames must be adjusted. Date format is mm/dd/yy.

**Start Date:** Enter the date that work toward the desired outcome will begin. Date format is mm/dd/yy.

**Activities:** Describe the methods and procedures that will be used to reach the outcome. Include a projected completion date if desired. Activities should tell the person reading the statement what is being done to achieve the outcome.

**Person Responsible:** Name the person(s) responsible for carrying out the activities to help the child or family achieve the outcome. Family member(s) may be identified as person(s) responsible.

### Dates Reviewed/Outcome Status/Comments:

Enter date outcome progress was reviewed. Next to date, write one of these terms: "achieved," "ongoing," or "discontinued" to describe outcome status at that time. Under comments, explain why an outcome is ongoing or discontinued. Additional review dates and outcome status should be entered as appropriate if prior review status was "ongoing." Date format is mm/dd/yy.

**Child's Name:** Enter the first, middle, and last name of the child.

**Medicaid Number:** Enter child's Medicaid number. If child does not have a Medicaid number, check the box indicating N/A.

**Agency:** Identify which Children's Developmental Services Agency is involved.

**Section Number:** Identify page using the roman numerals corresponding with the Section. If inserting additional pages, indicate with letter of alphabet after numeral (e.g. if adding a page to Section III, identify that page as IIIa).