

# CHILD GOALS SUMMARY FORM

**Program Name/location:** \_\_\_\_\_

## Child Information

Name: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mon Day Yr

### Part C Eligibility: (Check all that apply)

- Developmental Delay     Biological At Risk     Environmental At Risk

ICD9 code(s) \_\_\_\_\_

Comments (optional): \_\_\_\_\_

**IFSP Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mon Day Yr

**This rating was completed at:** (Check one)  Initial     Review  
 Annual IFSP meeting     Exit

Did everyone who participated in the IFSP meeting also participate in this rating?     YES     NO

If "NO," who participated in this rating?

- |  |  |
|--|--|
| <input type="checkbox"/> Care Coordinator                    | <input type="checkbox"/> Psychologist                |
| <input type="checkbox"/> Child Development Specialist        | <input type="checkbox"/> Public Health Nurse         |
| <input type="checkbox"/> Family Member/Guardian              | <input type="checkbox"/> Social Worker               |
| <input type="checkbox"/> Healthy Start Clinical Specialist   | <input type="checkbox"/> Speech Language Pathologist |
| <input type="checkbox"/> Healthy Start Family Support Worker | <input type="checkbox"/> Teacher                     |
| <input type="checkbox"/> Occupational Therapist              | <input type="checkbox"/> Other: _____                |
| <input type="checkbox"/> Physical Therapist                  | <input type="checkbox"/> Other: _____                |



**GOAL 1. POSITIVE SOCIAL & EMOTIONAL SKILLS** *(Including relating to and getting along with other people)*

**1a.** Has your child shown *any* new skills or behaviors related to this goal since the last goals summary? *(Check one box)*

<b>Yes</b>	<b>No</b>	<i>Describe progress:</i>

N/A: first measurement for this child

**1b.** Does your child relate to and get along with people and show emotions like other children the same age, across a variety of situations? *(Check one box)*

<b>Not Yet (Like a much younger child)</b>	Between <i>Not Yet</i> and <i>Emerging</i>	<b>Emerging (Like a child who is a little younger)</b>	Between <i>Emerging</i> and <i>Somewhat</i>	<b>Somewhat Like children the same age and somewhat like a younger child</b>	Between <i>Somewhat</i> and <i>Completely</i>	<b>Completely like children the same age</b>

No rating determined *(Explain on separate sheet of paper; discuss with supervisor)*

**GOAL 2. LEARNING AND USING KNOWLEDGE AND SKILLS**

**2a.** Has your child shown *any* new skills or behaviors related to this goal since the last goals summary? *(Check one box)*

<b>Yes</b>	<b>No</b>	<i>Describe progress:</i>

N/A: first measurement for this child

**2b.** Does your child learn and do new things like other children the same age, across a variety of situations? *(Check one box)*

<b>Not Yet (Like a much younger child)</b>	Between <i>Not Yet</i> and <i>Emerging</i>	<b>Emerging (Like a child who is a little younger)</b>	Between <i>Emerging</i> and <i>Somewhat</i>	<b>Somewhat Like children the same age and somewhat like a younger child</b>	Between <i>Somewhat</i> and <i>Completely</i>	<b>Completely like children the same age</b>

No rating determined *(Explain on separate sheet of paper; discuss with supervisor)*

**GOAL 3. TAKING APPROPRIATE ACTION TO MEET NEEDS**

**3a.** Has your child shown *any* new skills or behaviors related to this goal since the last goals summary? *(Check one box)*

<b>Yes</b>	<b>No</b>	<i>Describe progress:</i>

N/A: first measurement for this child

**3b.** Does your child take action to meet his or her needs like other children the same age, across a variety of situations? Does your child get what s/he needs the same way other children the same age do? *(Check one box)*

<b>Not Yet (Like a much younger child)</b>	Between <i>Not Yet</i> and <i>Emerging</i>	<b>Emerging (Like a child who is a little younger)</b>	Between <i>Emerging</i> and <i>Somewhat</i>	<b>Somewhat Like children the same age and somewhat like a younger child</b>	Between <i>Somewhat</i> and <i>Completely</i>	<b>Completely like children the same age</b>

No rating determined *(Explain on separate sheet of paper; discuss with supervisor)*