GCI-1097A INTFF (10-19)

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Arizona Early Intervention Program (AzEIP)

QUARTERLY PROGRESS REPORT

Child's Name ______________________ Date of Birth __________ Date of Report __________

IFSP Date __________ Consent on File Recipient ______________________________

SUPPORT OR INTERVENTION CHILD IS RECEIVING

Evaluation / Assessment	Developmental Special Instruction	Family Support, Training
Occupational Therapy	Physical Therapy	Speech-Language Therapy
Assistive Technology	Hearing Specialist	Vision Specialist

Other *(Cued language, nutrition, social work, psychological services, orientation and mobility)*

CHILD AND FAMILY OUTCOMES

PROGRESS SINCE LAST REPORT

RECOMMENDATIONS

*If you have any questions regarding this report, please review it with the family or contact the individual below.

Team Lead *(TL)* ______________________________

Signature ______________________________ Date __________

Service Coordinator ______________________________ Phone No. __________

Adapted From: The Early Intervention Teaming Handbook: The Primary Service Provider Approach by M'Lisa L. Shelden PT, Ph.D., and Dathan D. Rush, Ed.D., CCC-SLP - 2013 by Paul H. Brookes Publishing Co