

EARLY INTERVENTION (EI) PROGRAM SUMMARY

Child's Name: _____

Date: _____

Service Coordinator: _____

Agency Name: _____

Agency Phone: _____

1. Please briefly describe the strengths and challenges the child demonstrates.

Strengths: _____

Challenges: _____

2. Please describe the things the child enjoys most (i.e. toys, people, places, activities, etc.).

3. Please describe activities the child's family enjoys doing together.

4. Please list the EI services the child receives during a typical week.

<i>Service Type</i>	<i>Days/Week</i>	<i>Hours/Week</i>	<i>Location (home, clinic)</i>	<i>Provider (therapist, coordinator)</i>

5. Please describe activities and routines that are successful and those that are challenging for the child.

Successful: _____

Challenging: _____

6. Please list any additional supports the child receives (i.e. assistive technology devices, adapted materials)

7. Please describe the service model used by the agency. (dedicated service model; integrated team model, etc.)

8. Please add any comments you think would be helpful for the child's next service providers.

