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| **DEPARTMENT OF HEALTH SERVICES**  Division of Medicaid Services  F-00989H (02/2017) | | **STATE OF WISCONSIN** | | | |
| **CHILD / FAMILY OUTCOME** | | | | | |
| Child’s Name | | | | Date of Report | |
| Enter date | | | | Click here to enter a date. | |
| This page indicates the outcome(s) for the child and family to be supported through the Birth to 3 Program’s services. The outcomes are based on:   * The family’s priorities. * All areas of development. * Participation in everyday routines. | | | | | |
|  | | | | | |
| Date: Enter date | | | | | |
| When thinking about your family routines, what would you like your child to have a chance to do? (measurable result) | | | | | |
| Click here to enter text. | | | | | |
| What is happening now? What is working well? What do you want to see changed? What have you tried? What are you expecting to see next? (current status) | | | | | |
| Click here to enter text. | | | | | |
| When do you see this outcome being accomplished (upcoming events, holiday)? When will the goal be achieved? (timeline) | | | | | |
| Click here to enter text. | | | | | |
| What shall we try? How are we going to get there? Where will we start? Where will our joint planning begin; what will visits look like? (strategies) | | | | | |
| Click here to enter text. | | | | | |
| How are we going to know we are on the right track? (criteria—how will progress be determined, standard rule or test on which a decision is based) | | | | | |
| Click here to enter text. | | | | | |
| How will we measure progress on this outcome? (procedures—who/how determine progress) | | | | | |
| Parent report | | | Observations of the child | | |
| Ongoing assessment | | | Periodic reviews of Individualized Family Service Plan | | |
| Other: Enter date | | | | | |
| Progress / Modifications or Revisions Toward Outcome | | | | | |
| Date: | | | | | |
| Click here to enter text. | | | | | |
| Select Only One | | | | | |
| Accomplished | Continue | | | | No Longer Important |