

Child Development Services – Cumberland County
50 Depot Road, Falmouth Maine 04105
207-781-8881

Report Date:

Name:

D.O.B:

Parent/Guardian:

Address:

Disability code from IEP:

Plan of Care Date:

IEP Date:

Physician:

Clinician/Provider:

Type of service:

Frequency/Intensity:

Method:

Sessions attended:

Location:

***Key: 1=Met 2=>80% 3= 60-79% 4= 40-59% 5= 20-39% 6= 1-19% 7= Not addressed or n/a**

***Based on progress toward goals/outcomes during a 12 month plan of care**

| Annual Goal (s) for IEP | Mar | Aug | Sept | Dec |
|--------------------------------|------------|------------|-------------|------------|
| I. | | | | |
| Comment: | | | | |
| II. | | | | |
| Comment: | | | | |
| III. | | | | |
| Comment: | | | | |
| IV. | | | | |
| Comment: | | | | |

| Plan of care ICD-9 Code | Mar | Aug | Sept | Dec |
|------------------------------------|------------|------------|-------------|------------|
| | | | | |

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Given the level of progress, I recommend the IEP consider:

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|--|---------------------------------------|--|--|
| | Discharge | | Re-Evaluation |
| | Continue Service | | IEP Team review of another area of concern |
| | Change in Service (frequency or type) | | Other: |
| | ESY | | |

Comments/ Recommendations:

Clinician/ Provider Signature: _____ **Date:** _____

Child & Family Services Coordinator