Name of child	Date of birth (*month, day, year*)	IFSP date (*month, day, year*)

SECTION 4: OUTCOMES

This page should be duplicated, as needed, one outcome per page	Outcome number

The IFSP must include the major outcomes expected to be achieved for the child and family, and the criteria, procedures and timelines used to determine the achievement of the outcome. Outcomes should be written in a language that is easily understood by the family and all IFSP Team members. The outcome should not include specific services or individual names until the IFSP is completed. All outcomes must be reviewed and discussed with the family. At that time, circle the type of service or discipline that is mutually selected to be the most appropriate to assist the family in addressing each strategy or activity.

Outcome Statement: What we would like to see happen for our child / family:	So that:

THINGS WE HOPE TO SEE TO KNOW WE ARE MAKING PROGRESS:	BY WHEN?

STRATEGIES FOR WORKING ON THIS OUTCOME UTILIZING THE DAILY ROUTINES AND ACTIVITIES OF OUR CHILD AND FAMILY:	BRAINSTORM PEOPLE WHO RESOURCES THAT CAN HELP. CIRCLE THE FINAL SELECTION

Date (*month, day, year*) (*if an addendum page*)