



INDIANA FIRST STEPS EARLY INTERVENTION SYSTEM EXIT SUMMARY

State Form 51310 (R4 / 3-13)

Child's Name: _____ First Steps identification number: _____

Child's date of birth (month, day, year): _____ County of residence: _____

Date Completed (month, day, year): _____ Duration of First Steps participation*: _____ months
* If less than six (6) months, you do not need to complete this Exit Summary.

Service Coordinator: _____ Telephone: () - _____

CHILD DEVELOPMENT OUTCOMES

An important outcome of First Steps is for **children to learn important and essential developmental skills**. Therapists with knowledge of your child have provided the assessment scores below using the *Assessment, Evaluation, and Programming System for Infants and Children (AEPS®)*.

DOMAIN	CHILD'S LEVEL OF PERFORMANCE		MADE PROGRESS? ¹
	ENTRANCE AEPS (STANDARD DEVIATIONS)	EXIT AEPS (STANDARD DEVIATIONS)	
ADAPTIVE	<input type="checkbox"/> 0 <input type="checkbox"/> -1 <input type="checkbox"/> -1.5 <input type="checkbox"/> -2	<input type="checkbox"/> 0 <input type="checkbox"/> -1 <input type="checkbox"/> -1.5 <input type="checkbox"/> -2	<input type="checkbox"/> YES <input type="checkbox"/> NO
COGNITIVE	<input type="checkbox"/> 0 <input type="checkbox"/> -1 <input type="checkbox"/> -1.5 <input type="checkbox"/> -2	<input type="checkbox"/> 0 <input type="checkbox"/> -1 <input type="checkbox"/> -1.5 <input type="checkbox"/> -2	<input type="checkbox"/> YES <input type="checkbox"/> NO
COMMUNICATION	<input type="checkbox"/> 0 <input type="checkbox"/> -1 <input type="checkbox"/> -1.5 <input type="checkbox"/> -2	<input type="checkbox"/> 0 <input type="checkbox"/> -1 <input type="checkbox"/> -1.5 <input type="checkbox"/> -2	<input type="checkbox"/> YES <input type="checkbox"/> NO
FINE MOTOR	<input type="checkbox"/> 0 <input type="checkbox"/> -1 <input type="checkbox"/> -1.5 <input type="checkbox"/> -2	<input type="checkbox"/> 0 <input type="checkbox"/> -1 <input type="checkbox"/> -1.5 <input type="checkbox"/> -2	<input type="checkbox"/> YES <input type="checkbox"/> NO
GROSS MOTOR	<input type="checkbox"/> 0 <input type="checkbox"/> -1 <input type="checkbox"/> -1.5 <input type="checkbox"/> -2	<input type="checkbox"/> 0 <input type="checkbox"/> -1 <input type="checkbox"/> -1.5 <input type="checkbox"/> -2	<input type="checkbox"/> YES <input type="checkbox"/> NO
SOCIAL EMOTIONAL	<input type="checkbox"/> 0 <input type="checkbox"/> -1 <input type="checkbox"/> -1.5 <input type="checkbox"/> -2	<input type="checkbox"/> 0 <input type="checkbox"/> -1 <input type="checkbox"/> -1.5 <input type="checkbox"/> -2	<input type="checkbox"/> YES <input type="checkbox"/> NO

¹ Did the child make any progress in learning new skills? Check "Yes" if the child learned one or more new skills for that Domain during his time in First Steps. If the child did not learn a new skill or regressed, check "No."

TRANSITION INFORMATION

1. Why are your child and family leaving First Steps? (Please check one.)

- ☐ Our child no longer needs First Steps services.
☐ We have decided to find services elsewhere.
☐ Our child is three (3) years old.

2. After your child and family leave First Steps, will your child be receiving any services?

- ☐ Yes
☐ No

3. If you answered yes, which services will he or she receive? Check all that apply.

- ☐ My child will attend a community child care or preschool.
☐ My child will get therapy from a hospital, clinic or private therapist.
☐ My child will attend a Head Start program.
☐ My child will be enrolled in the public school's Special Education Pre-School program.
☐ Other (please specify): _____

FAMILY OUTCOMES SURVEY

Dear Family Member,

When children and families leave First Steps, we gather information to evaluate the program. The information we collect is confidential. It is combined with the information we gather from all families leaving First Steps. Please take a few minutes to complete our Family Survey. It will tell us how helpful we have been to your family. It will also help us to improve services for future families. Completion of the survey is voluntary.

☐ I AGREE to complete the Survey

☐ I DECLINE to complete the Survey

Parent Signature: _____ Date (month, day, year): _____

****Instructions:** The Family Outcomes Survey focuses on the helpfulness of the First Steps program. For each question below, please select how helpful First Steps has been to you and your family over the past year: "Not at all helpful," "A little helpful," "Somewhat helpful," "Very helpful," or "Extremely helpful."

Not at all helpful	A little helpful	Somewhat helpful	Very helpful	Extremely helpful
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Knowing your rights

How helpful has First Steps been in ...

1. giving you useful information about services and supports for you and your child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. giving you useful information about your rights related to your child's developmental delay or disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. giving you useful information about who to contact when you have questions/concerns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. giving you useful information about available options when your child leaves First Steps?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. explaining your rights and procedural safeguards in ways that are easy for you to understand?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Communicating your child's needs

How helpful has First Steps been in ...

6. giving you useful information about your child's delays or needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. listening to you and respecting your choices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. connecting you with other services or people who can help your child and family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. talking with you about your child and family's strengths and needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. talking with you about what you think is important for your child and family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. developing a good relationship with you and your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Helping your child develop and learn

How helpful has First Steps been in ...

12. giving you useful information about how to help your child get along with others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. giving you useful information about how to help your child learn new skills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. giving you useful information about how to help your child take care of his/her needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. identifying things you do that help your child learn and grow?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. sharing ideas on how to include your child in daily activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. working with you to know when your child is making progress?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**These questions were developed by the Early Childhood Outcomes Center with support from the Office of Special Education Programs, U.S. DOE.

SERVICE COORDINATOR ONLY

If the family was unable to complete this survey, why?

☐ Family could not be reached or did not respond

☐ Family moved

☐ I did not administer the Family Survey

☐ Other: _____

Please list your attempts to reach/contact the family:

Date (month, day, year)

Contact Method