**IFSP Outcome Quality Checklist**

<table>
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<th>Child NSRRTS:</th>
<th>Connect #:</th>
<th>PRT #:</th>
<th>Date Completed:</th>
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**IFSP Date:**

**Outcome #:**

<table>
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<th>Child Outcomes – Does the Outcome:</th>
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<td>Yes (+)</td>
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1. Emphasize child participation in a **routine(s)**? (Child will participate in **outside time** by .... **NOT** child will participate in **running**; or child will participate in **breakfast and snack time** by .... **NOT** during eating and drinking times).

2. Include an **observable indicator** of what the child will do that is necessary, clearly connected, and/or useful in participating in the **above routine(s)**? (Routine(s) must be identified in #1 to score a +). (Child will **hold spoon** for **4 bites** during .... **NOT** grasps spoon; or child will use word or sign to let family know during .... **NOT** child will not scream; or child will play with a **car by rolling it on the floor** at playtime.... **NOT** child will **sit up and hold bottle at**....)

3. Include a reasonable time frame for completion, with criteria that are clearly linked to the outcome? (Child will hold spoon for 4 bites at lunch **each day for 2 weeks** .... **NOT** 3 of 4 trials; or child will use 2 words together at playtime **on the weekends for 2 weeks** .... **NOT** 1 day across 3 observed days/sessions)

4. Describe priorities in words the family would use (i.e. jargon-free)?

5. Link to the family priorities as listed on page 2 of the IFSP?

**Family Outcomes – Does the Outcome:**

| Yes (+) | No (-) | Comments |

1. State specifically what the family will do (i.e. the family is the actor) based on a family priority as listed on page 2 of the IFSP, i.e. reflecting a family need or interest? (Sally will **get information about child care or respite** .... **NOT** have **knowledge of medical, financial, and developmental services**; or Russ will feel satisfied or comfortable that he knows how to play with Ronnie.... **NOT** family will play appropriately with their child )

2. Include an indicator of when or how the family will know the goal is met? (find child care **by June 15 or by the end of the month**)

3. Written in words the family would use? (i.e. jargon-free.... **NOT** family will utilize resources in their community. **If it is difficult to determine whether the outcome is written in the “family’s words”, score as a “yes”**).

Please check one: _______Child Outcome _______Family Outcome

**Raw Score for this outcome** (# correct items/total # of items) _________

**Instructions for completion**: Rate each IFSP outcome using a separate page. Begin by categorizing the outcome as either a family outcome in which the parent’s name is specified as the focus; or as a child outcome in which the child’s name designates the focus. Using the appropriate section, rate the outcome on each of the criteria listed. A (+) indicates the criterion is present, a (–) indicates it is missing. Use the comments section for feedback or next steps. Record the raw score for this item in the space provided. When all outcomes on the IFSP have been scored, complete a summary sheet. (Adapted with permission from RA McWilliam Goal Functionality Scale III 2009)