

## 90-Day Progress Summary Form

<b>Date of Progress Summary:</b>		<b>Start Date for Services:</b>	
<b>Student's Name:</b>		<b>School Name:</b>	
<b>Medicaid #:</b>		<b>School Phone #:</b>	
		<b>Medicaid #:</b>	
<b>Date of IPOC:</b>		<b>Date of Assessment:</b>	
<b>Date of Admission to the program:</b>		<b>Date of Follow-up Assessment (if applicable):</b>	
<b>DSM-5 Code:</b>	<b>or ICD-10 Code:</b>	<b>Description of Diagnosis:</b>	
<b>Summary of the child's concerns/conditions:</b>			
List or attach any medications prescribed or administered, if applicable.			
Brief description of any contact to the child's family, if discharged is unplanned.			
<b>Previous IPOC Goals and Objectives: Start Date of IPOC: / / End Date of IPOC: / /</b>			
<b>1) Goal:</b>		<b>Date(s) of Service:</b>	
<b>a) Objective:</b>	<b>Recommendation or Need for Continued Treatment</b>	<b>Recommendation Frequency/Units</b>	
Description of progress or lack of progress to goal:			
<b>Reason for discharge and recommendations for continuity of care:</b>		<b>Date of Discharge (If applicable)</b>	
<b>b) Objective:</b>	<b>Recommendation or Need for Continued Treatment</b>	<b>Recommendation Frequency/Units</b>	
Description of progress or lack of progress to goal:			
<b>Reason for discharge and recommendations for continuity of care</b>		<b>Date of Discharge (If applicable)</b>	
<b>2) Goal:</b>		<b>Date(s) of Service:</b>	
<b>a) Objective:</b>	<b>Recommendation or Need for Continued Treatment</b>	<b>Recommendation Frequency/Units</b>	
Description of progress or lack of progress to goal:			
<b>Reason for discharge and recommendations for continuity of care:</b>		<b>Date of Discharge (If applicable)</b>	
<b>b) Objective:</b>	<b>Recommendation or Need for Continued Treatment</b>	<b>Recommendation Frequency/Units</b>	
Description of progress or lack of progress to goal:			
<b>Reason for discharge and recommendations for continuity of care:</b>		<b>Date of Discharge (If applicable)</b>	
<b>New IPOC Goals and Objectives: Start Date of IPOC: / / End Date of IPOC: / /</b>			
<b>1) Goal:</b>		<b>Date(s) of Service:</b>	
<b>a) Objective:</b>	<b>Recommendation for Treatment</b>	<b>Recommendation Frequency/Units</b>	

<b>b) Objective</b>	<b>Recommendation for Treatment</b>	<b>Recommendation Frequency/Units</b>
<b>2) Goal:</b>		<b>Date(s) of Service:</b>
<b>a) Objective:</b>	<b>Recommendation for Treatment</b>	<b>Recommendation Frequency/Units</b>
<b>b) Objective:</b>	<b>Recommendation for Treatment</b>	<b>Recommendation Frequency/Units</b>

<b>MHP Print Name:</b>	<b>Signature:</b>	<b>Date:</b>
<b>LPHA Print Name:</b>	<b>Signature:</b>	<b>Date:</b>