

WYOMING EARLY INTERVENTION AND EDUCATION PROGRAM (EIEP)

**CHILD AND FAMILY OUTCOME\***

Student Name:

DOB:

Agency:

Date:

**We want:** (What will happen or change? Measureable Outcomes)

**So that:** (Why is this important?)

**What is already happening?** (What is the child doing now? What has been tried? What is working?)

**We will know we are successful when:** (What can we measure?)

<b>What will happen within the child and family's everyday routines and activities and places? (Strategies)</b>	<b>Person who will be Responsible</b>