TelAbility

Enhancing the lives of children with disabilities

INTERVENTION EVALUATION FORM

* This TelAbility Handout will help you evaluate the interventions your child receives*
(These interventions can be medicines, equipment, therapies, surgeries, or other treatments)

*** Complete it along with your provider, save it, and review it at the end of the intervention to see how close it came to achieving your goals***

NAME OF INTERVENTION _____

PROVIDER(S) _____
FACILITY _____
PHONE NUMBER _____

FREQUENCY OF INTERVENTION _____
How often will this be given (one time, once a week, once a month, etc.)?

LENGTH OF INTERVENTION _____
How long will this intervention last (days, weeks, months)

POSSIBLE SIDE EFFECTS/DRAWBACKS OF THIS INTERVENTION

_____
_____

****

AFTER _____WEEKS _____ MONTHS (fill in agreed upon time frame) IT IS HOPED THAT THIS CHILD WILL:(write down what improvements you hope/expect to see)

PARENTS (write here)	**PROVIDER(S) (write here)**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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