

ORANGE COUNTY EARLY INTERVENTION PROGRAM SESSION NOTE

Child's Name: _____	DOB: ____/____/____		
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Authorization Number: _____		
Interventionist's Name: _____	Credentials: _____		
National Provider ID #: _____	Service Type: _____		
Session Date: ____/____/____	IFSP Service Location: _____	Date Note Written: ____/____/____	
Time: From _____	<input type="checkbox"/> AM <input type="checkbox"/> PM	To _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	
ICD-10 code: _____	HCPCS Code (if applicable): _____		
1st CPT Code: _____	2nd CPT Code: _____	3rd CPT Code: _____	4th CPT Code: _____
<input type="checkbox"/> Session cancelled - reason listed in #1. Session must be made up by: ____/____/____			
<input type="checkbox"/> This is a make-up for a missed session on ____/____/____			
Session Participants: <input type="checkbox"/> Child <input type="checkbox"/> Parent/Caregiver <input type="checkbox"/> Other: _____			
<input type="checkbox"/> Parent/Caregiver unable to participate during session due to: _____			
1. Describe the progress that the child has made toward the IFSP outcomes since the last session. Include parent/caregiver feedback.			
2. IFSP Functional Outcome(s) and Objective(s) addressed during this session:			
3. Routine Activities worked on during the session: <input type="checkbox"/> Activities of Daily Living (ADL) <input type="checkbox"/> Play/Social <input type="checkbox"/> Community/Errand <input type="checkbox"/> Other(s): _____			
Strategies used within the Routine Activities: <input type="checkbox"/> Modeling <input type="checkbox"/> Cues <input type="checkbox"/> Prompts <input type="checkbox"/> Positioning <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Other(s): _____			
4. How did you coach the parent/caregiver? <input type="checkbox"/> Observed parent/caregiver and child during routines <input type="checkbox"/> Parent/caregiver tried activity, feedback exchanged <input type="checkbox"/> Demonstrated activity to parent/caregiver <input type="checkbox"/> Reviewed communication tool with parent/caregiver <input type="checkbox"/> Other(s): _____ <i>If the parent/caregiver was unavailable, how did you communicate with them about the session?</i>			
5. What learning activities did the parent/caregiver agree to do with the child before the next visit:			
Parent/Caregiver Signature: _____		Date: ____/____/____	
Relationship to child: _____			
Interventionist Signature: _____		Date: ____/____/____	
License/Certification #: _____			