

Child's Name: _____		DOB: ____/____/____		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		EI #: _____	
Interventionist's Name: _____		Credentials: _____		National Provider ID #: _____		Service Type: _____	
Session Date: ____/____/____ IFSP Service Location: _____				Session Date: ____/____/____ IFSP Service Location: _____			
Time: From _____ <input type="checkbox"/> AM <input type="checkbox"/> PM To _____ <input type="checkbox"/> AM <input type="checkbox"/> PM				Time: From _____ <input type="checkbox"/> AM <input type="checkbox"/> PM To _____ <input type="checkbox"/> AM <input type="checkbox"/> PM			
Date Note Written: ____/____/____ ICD-10 code: _____				Date Note Written: ____/____/____ ICD-10 code: _____			
HCPCS Code (if applicable): _____ 1st CPT Code: _____				HCPCS Code (if applicable): _____ 1st CPT Code: _____			
2nd CPT Code: _____ 3rd CPT Code: _____ 4th 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 ____/____/____. (must be within 2 weeks) Session Participants: <input type="checkbox"/> child <input type="checkbox"/> parent/caregiver <input type="checkbox"/> Other: _____ If the parent/caregiver was unavailable, how did you communicate with them about the session?				<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 ____/____/____. (must be within 2 weeks) Session Participants: <input type="checkbox"/> child <input type="checkbox"/> parent/caregiver <input type="checkbox"/> Other: _____ If the parent/caregiver was unavailable, how did you communicate with them about the session?			
1. Describe the progress that the child has made toward the IFSP outcomes since the last session. Include parent/caregiver feedback. 				1. Describe the progress that the child has made toward the IFSP outcomes since the last session. Include parent/caregiver feedback. 			
Additional information about the session (as appropriate):				Additional Information about the session (as appropriate):			
2. IFSP Functional Outcome(s) and Objective(s) addressed during this session: 				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: _____				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 Tech <input type="checkbox"/> Other: _____			
4. How did you work with 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: _____				4. How did you work with 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: _____			
5. What strategies/activities did you and the parent/caregiver collaboratively agree to do to support their child's learning and development between visits? 				5. What strategies/activities did you and the parent/caregiver collaboratively agree to do to support their child's learning and development between visits? 			
Parent/Caregiver Signature: _____ Date: ____/____/____				Parent/Caregiver Signature: _____ Date: ____/____/____			
Relationship to child: _____				Relationship to child: _____			
Interventionist Signature: _____ Date: ____/____/____				Interventionist Signature: _____ Date: ____/____/____			
License/Certification #: _____				License/Certification #: _____			