Child's Name:	DOB:	// Sex: Male	Female EI #:	
Interventionist's Name:	Credentials:	National Provider ID #:	Service Type:	
Session Date:/ IFSP Service Location:		Session Date:/ IF	SP Service Location:	
Time: From AM PM To Date Note Written: / / ICD-10 code: HCPCS Code (if applicable): 1st CP	AM PM	Time: From	AM PM To AM PM ICD-10 code: 1st CPT Code:	
Date Note Written:/ ICD-10 code:		Date Note Written://_	ICD-10 code:	
HCPCS Code (if applicable): 1st CP	Γ Code:	HCPCS Code (if applicable):	1st CPT Code:	
2nd CPT Code: 3rd CPT Code: 4t	h CPT Code:	2nd CPT Code: 3rd	CPT Code: 4th CPT Code:	
Session cancelled - reason listed in #1. Session must be mad			l in #1. Session must be made up by://	_
This is a make-up for a missed session on/	(must be within 2 weeks)	This is a make-up for a missed	session on/(must be within 2 weeks)	;)
Session Participants: child parent/caregiver Other:		Session Participants: child pa	rent/caregiver Other:	
If the parent/caregiver was unavailable, how did you commun	icate with them about the		ilable, how did you communicate with them about th	ne
session?		session?		
1. Describe the progress that the child has made toward the IF	SP outcomes since the		child has made toward the IFSP outcomes since the	
last session. Include parent/caregiver feedback.		last session. Include parent/careg	giver feedback.	
Additional information about the session (as appropriate):		Additional Information about the	e session (as appropriate):	
(11 1 /			(11 1 /	
2 IEOD E di 1 O. d (-) 1 Ol i . di (-) 1 d 1 d.	-i 41-ii	IECD For diagram (a)	- 1 Ohio die (a) - 11 1 1 4 i i	
2. IFSP Functional Outcome(s) and Objective(s) addressed du	ring this session:	IFSP Functional Outcome(s) at	nd Objective(s) addressed during this session:	
3. Routine Activities worked on during the session: Activities	es of Daily Living (ADL)	3. Routine Activities worked on o	during the session: Activities of Daily Living (ADI	L)
Play/Social Community/Errand Other(s):		Play/Social Community/Err	rand Other(s):	_
Strategies used within the Routine Activities: Modeling C	Cues Prompts	Strategies used within the Routin	e Activities: Modeling Cues Prompts	
Positioning Assistive Technology Other:		Positioning Assistive Tech		
4. How did you work with the parent/caregiver? Observed			rent/caregiver? Observed parent/caregiver and chil	
during routines Parent/caregiver tried activity, feedback exc			er tried activity, feedback exchanged Demonstrate	:d
activity to parent/caregiver Reviewed communication tool v	with parent/caregiver		viewed communication tool with parent/caregiver	
Other:		Other:		_
5. What strategies/activities did you and the parent/caregiver			ou and the parent/caregiver collaboratively agree to o	do
do to support their child's learning and development between	visits?	to support their child's learning a	and development between visits?	
Darant/Caracivar Cianatura	Doto: / /	Demont/Conscient C:	D	
Parent/Caregiver Signature:	Date://	Parent/Caregiver Signature:	Date:/	
Interventionist Signature:	Date: / /	Relationship to child: Interventionist Signature:	Data: / /	
License/Certification #:	//	License/Certification #:	Date://	—
Discliber Continuation II.		License/Certification #.		

