

WESTCHESTER COUNTY EARLY INTERVENTION PROGRAM
SESSION NOTE

Invoice #: _____
Service Coordinator: _____

Child's Name: _____ DOB: ____/____/____ Sex: Male Female Authorization #: _____

Interventionist's Name: _____ Credentials: _____ NPI #: _____ Service type: _____

<p>Session Date: ____/____/____ IFSP Service Location: _____ Time: From ____:____ AM <input type="checkbox"/> PM <input type="checkbox"/> To ____:____ AM <input type="checkbox"/> PM <input type="checkbox"/> PM Date Note Written: ____/____/____ ICD-10 code: _____ HCPCS (if applicable): _____ 1st CPT code: _____ 2nd CPT code: _____ 3rd CPT code: _____ 4th CPT code: _____ <input type="checkbox"/> Session cancelled-reason listed in #1 <input type="checkbox"/> This is a make-up session 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: _____</p>	<p>Session Date: ____/____/____ IFSP Service Location: _____ Time: From ____:____ AM <input type="checkbox"/> PM <input type="checkbox"/> To ____:____ AM <input type="checkbox"/> PM <input type="checkbox"/> PM Date Note Written: ____/____/____ ICD-10 code: _____ HCPCS (if applicable): _____ 1st CPT code: _____ 2nd CPT code: _____ 3rd CPT code: _____ 4th CPT code: _____ <input type="checkbox"/> Session cancelled-reason listed in #1 <input type="checkbox"/> This is a make-up session 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: _____</p>
<p>1. Describe the progress that the child has made toward the IFSP outcomes since the last session. Include parent/caregiver feedback.</p>	<p>1. Describe the progress that the child has made toward the IFSP outcomes since the last session. Include parent/caregiver feedback.</p>
<p>2. IFSP Functional Outcome(s) and Objective(s) addressed during this session.</p>	<p>2. IFSP Functional Outcome(s) and Objective(s) addressed during this session.</p>
<p>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): _____</p>	<p>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): _____</p>
<p>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"/> Other: _____ <i>If the parent/caregiver was unavailable, how did you communicate with them about the session?</i></p>	<p>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"/> Other: _____ <i>If the parent/caregiver was unavailable, how did you communicate with them about the session?</i></p>
<p>5. What learning activities did the parent/caregiver agree to do with the child before the next visit:</p> <p>Parent/Caregiver Signature: _____ Date: ____/____/____ Relationship to Child: _____ Interventionist Signature: _____ Date: ____/____/____ License/Certification #: _____</p>	<p>5. What learning activities did the parent/caregiver agree to do with the child before the next visit:</p> <p>Parent/Caregiver Signature: _____ Date: ____/____/____ Relationship to Child: _____ Interventionist Signature: _____ Date: ____/____/____ License/Certification #: _____</p>