NYC Early Intervention Program Session Note

Child Name:

DOB: / /

Sex: ☐ Male ☐ Female EI#:

Interventionist Name:

Credentials:

National Provider ID #:

Service Type:

Session Date: / /

IFSP Service Location: Home/Comm. Session Date: / /

IFSP Service Location: Home/Comm.

Time: From

* AM ☐ PM to ☐ AM ☐ PM Time: From
* AM ☐ PM to ☐ AM ☐ PM

Date Note Written: / /

HCPCS CODE ( if applicable):

ICD-10 Code: 1st CPT Code:

Date Note Written: / /

HCPCS CODE ( if applicable):

ICD-10 Code: 1st CPT Code:

2nd CPT Code:

3rd CPT Code:

4th CPT Code:

2nd CPT Code:

3rd CPT Code:

4th CPT Code:

* Session cancelled-reason listed in #1. Session must be made up by : / / ☐ Session cancelled-reason listed 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:

If the parent/caregiver was unavailable, how did you communicate with them about the session?

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1. Describe the progress that the child has made toward the IFSP outcomes since the last session. Include parent/caregiver feedback.

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Additional Information about the session (as appropriate): Additional Information about the session (as appropriate):

1. IFSP Functional Outcome(s) and Objective(s) addressed during the session: 2.IFSP Functional Outcome(s) and Objective(s) addressed during the session:
2. Routine Activities worked on during the session: ☐ Activities of Daily Living (ADL) 3.Routine Activities worked on during the session: ☐ Activities of Daily Living (ADL)

* Play/Social ☐ Community/Errand ☐ Other(s): ☐ Play/Social ☐ Community/Errand ☐ Other(s):

Strategies used within the Routine Activities: ☐ Modeling ☐ Cues ☐ Prompts Strategies used within the Routine Activities: ☐ Modeling ☐ Cues ☐ Prompts

* Positioning ☐ Assistive Technology ☐ Other: ☐ Positioning ☐ Assistive Technology ☐ Other:

1. How did you work with the parent/caregiver? ☐ Observed parent/caregiver and child 4. How did you work with the parent/caregiver? ☐ Observed parent/caregiver and child during routines ☐ Parent/caregiver tried activity, feedback exchanged ☐ Demonstrated during routines ☐ Parent/caregiver tried activity, feedback exchanged ☐ Demonstrated activity to parent/caregiver ☐ Reviewed communication tool with parent/caregiver activity to parent/caregiver ☐ Reviewed communication tool with parent/caregiver

* Other:

1. What strategies/activities did you and the parent/caregiver collaboratively agree to do to support their child’s learning and development between visits?

* 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?

Parent/Caregiver Signature: \_ Relationship to child:

Interventionist Signature/Credential:

Date: / /

Parent/Caregiver Signature: \_ Relationship to child:

Interventionist Signature/Credential:

Date: / /

License/Certification #:

Date: / /

License/Certification #:

Date: / /



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