los niños SERVICES

Child Name: _____ DOB: ____/____/____ Sex: ☐ Male ☐ Female EI#: _____

Interventionist Name: _____ Credentials: _____ National Provider ID #: _____ Service Type: _____

Session Date: ____/____/____ IFSP Service Location: <u>Home/Comm.</u>	Session Date: ____/____/____ IFSP Service Location: <u>Home/Comm.</u>
Time: From _____ ☐ AM ☐ PM to _____ ☐ AM ☐ PM	Time: From _____ ☐ AM ☐ PM to _____ ☐ AM ☐ PM
Date Note Written: ____/____/____ ICD-10 Code: _____ HCPCS CODE (if applicable): _____ 1st CPT Code: _____	Date Note Written: ____/____/____ ICD-10 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: _____
☐ 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) Session Participants: ☐ child ☐ parent/caregiver ☐ Other: _____ If the parent/caregiver was unavailable, how did you communicate with them about the session?	☐ 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) Session Participants: ☐ child ☐ parent/caregiver ☐ 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 the session:	2.IFSP Functional Outcome(s) and Objective(s) addressed during the session:
3.Routine Activities worked on during the session: ☐ Activities of Daily Living (ADL) ☐ Play/Social ☐ Community/Errand ☐ Other(s): _____ Strategies used within the Routine Activities: ☐ Modeling ☐ Cues ☐ Prompts ☐ Positioning ☐ Assistive Technology ☐ Other:	3.Routine Activities worked on during the session: ☐ Activities of Daily Living (ADL) ☐ Play/Social ☐ Community/Errand ☐ Other(s): _____ Strategies used within the Routine Activities: ☐ Modeling ☐ Cues ☐ Prompts ☐ Positioning ☐ Assistive Technology ☐ Other:
4. How did you work with the parent/caregiver? ☐ Observed parent/caregiver and child during routines ☐ Parent/caregiver tried activity, feedback exchanged ☐ Demonstrated activity to parent/caregiver ☐ Reviewed communication tool with parent/caregiver ☐ Other: _____	4. How did you work with the parent/caregiver? ☐ Observed parent/caregiver and child during routines ☐ Parent/caregiver tried activity, feedback exchanged ☐ Demonstrated activity to parent/caregiver ☐ Reviewed communication tool with parent/caregiver ☐ 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: ____/____/____ Relationship to child: _____	Parent/Caregiver Signature: _____ Date: ____/____/____ Relationship to child: _____
Interventionist Signature/Credential: _____ License/Certification #:_____ Date: ____/____/____	Interventionist Signature/Credential: _____ License/Certification #: _____ Date: ____/____/____