NYC Early Intervention Program Session Note

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Child Name:		:/	Sex: ☐ Male		[#:
Interventionist Name:	Credentials:	Natio	onal Provider ID #:		Service Type:
Session Date:/ IFSP Service L	ocation: <u>Home/Comm.</u>	Session Date:	//	IFSP S	ervice Location: <u>Home/Comm.</u>
Time: From	\square AM \square PM	Time: From		M □ PM to	□ AM □ PM
Date Note Written:// ICD HCPCS CODE (if applicable): 1st (0-10 Code:	Date Note Written:	:/		ICD-10 Code: 1 st CPT Code:
		HCPCS CODE (if	applicable):		1 st CPT Code:
2 nd CPT Code: 4 th (2 nd CPT Code:	3 rd CF	T Code:	4 th CPT Code:
☐ Session cancelled-reason listed in #1. Session must be made up	by:/	☐ Session cancelle	ed-reason listed in #	‡1. Session must b	be made up by:/
\square This is a make-up for a missed session on/ (1)	\square This is a make-up for a missed session on/ (must be within 2 weeks)				
Session Participants: □ child □ parent/caregiver □ Other:	Session Participants: □ child □ parent/caregiver □ Other:				
If the parent/caregiver was unavailable, how did you communicat	If the parent/caregiver was unavailable, how did you communicate with them about the				
session?	session?				
1. Describe the progress that the child has made toward the IFSP	outcomes since the last				the IFSP outcomes since the last
session. Include parent/caregiver feedback.		session. Include pa	rent/caregiver feed	Jack.	
Additional Information about the session (as appropriate):		Additional Informa	ation about the sessi	ion (as appropriat	e):
(us upproprime)		1100101011011	tion do out the sess.	on (as appropriate	-,-
2.IFSP Functional Outcome(s) and Objective(s) addressed during	2.IFSP Functional Outcome(s) and Objective(s) addressed during the session:				
2.11 of Tunetional Outcome(s) and Objective(s) addressed during	the session.	2.11 ST Tunetional	outcome(s) and oc	geenve(s) address	sed during the session.
3. Routine Activities worked on during the session: \square Activities of			_		Activities of Daily Living (ADL)
☐ Play/Social ☐ Community/Errand ☐ Other(s):					
Strategies used within the Routine Activities: \square Modeling \square Cu	es 🗆 Prompts	=			ing \square Cues \square Prompts
☐ Positioning ☐ Assistive Technology ☐ Other:			Assistive Technolo		
4. How did you work with the parent/caregiver? \square Observed parent	_	•		· ·	served parent/caregiver and child
during routines Parent/caregiver tried activity, feedback exchanges	C	_	_	•	ack exchanged Demonstrated
activity to parent/caregiver Reviewed communication tool with					n tool with parent/caregiver
☐ Other:		☐ Other:			giver collaboratively agree to do to
5. What strategies/activities did you and the parent/caregiver colla	aboratively agree to do to	5. What strategies/a	activities did you ar	nd the parent/care	giver collaboratively agree to do to
support their child's learning and development between visits?		support their child'	's learning and deve	elopment between	visits?
Parent/Caregiver Signature:	Date:/	Parent/Caregiver S	ignature:		Date:/
Relationship to child:		Relationship to chi	-		
Interventionist Signature/Credential:		Interventionist Sign			
License/Certification #:	Date:/	License/Certification			/