

NYC Early Intervention Program Session Note

Child’s Name: EI #:

DOB: / /

Sex: ☐ Male ☐ Female

Interventionist Name: National Provider ID#:

Credentials: Service Type:

Session Date: / / IFSP Service Location: Home/Community Date Note Written: / /

Time: From: ☐AM ☐PM To: ☐AM ☐PM ICD-10 Code: HCPCS Code(if applicable):

1st 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 session 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.

Additional information about the session (as appropriate):

1. IFSP Functional Outcome(s) and Objective(s) addressed during the session:
2. 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:
1. How did you work with the parent/caregiver? ☐ Observed parent/caregiver and child during routines
* Parent/caregiver tried activity, feedback exchanges ☐ Demonstrated 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?

Parent/Caregiver Signature: Relationship to child: Interventionist Signature & Credential: License/Certification#:

Date: / / Date: / /

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