

Child's Name: _____ DOB: ____/____/____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female EI #: _____	
Interventionist's Name: _____ Credentials: _____ National Provider ID #: _____ Service Type: _____	
Session Date: ____/____/____ IFSP Service Location: _____ Time: From _____ <input type="checkbox"/> AM <input type="checkbox"/> PM To _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	Session Date: ____/____/____ IFSP Service Location: _____ Time: From _____ <input type="checkbox"/> AM <input type="checkbox"/> PM To _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Date Note Written: ____/____/____ ICD-10 code: _____ HCPCS Code (if applicable): _____ 1st CPT Code: _____ 2nd CPT Code: _____ 3rd CPT Code: _____ 4th CPT Code: _____	Date Note Written: ____/____/____ ICD-10 code: _____ HCPCS Code (if applicable): _____ 1st CPT Code: _____ 2nd CPT Code: _____ 3rd CPT Code: _____ 4th CPT Code: _____
<input type="checkbox"/> Session cancelled - reason listed in #1. Session must be made up by: ____/____/____ <input type="checkbox"/> This is a make-up for a missed session on ____/____/____. (must be within 2 weeks) Session Participants: _____ <input type="checkbox"/> ch If the parent/caregiver was unavailable, how did you communicate with them about the session?	<input type="checkbox"/> Session cancelled- reason listed in #1. Session must be made up by: ____/____/____ <input type="checkbox"/> This is a make-up for a missed session on ____/____/____.(must be within 2 weeks) Session Participants: _____ <input type="checkbox"/> ch 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 this session:	2. IFSP Functional Outcome(s) and Objective(s) addressed during this session:
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 checked="" type="checkbox"/> Cues <input type="checkbox"/> Prompts <input type="checkbox"/> Positioning <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Other:	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 checked="" type="checkbox"/> Cues <input type="checkbox"/> Prompts <input type="checkbox"/> Positioning <input checked="" type="checkbox"/> Assistive Tech <input type="checkbox"/> Other:
4. How did you work with the parent/caregiver? <input checked="" 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"/> Reviewed communication tool with parent/caregiver <input type="checkbox"/> Other:	4. How did you work with the parent/caregiver? <input checked="" 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"/> Reviewed communication tool with parent/caregiver <input type="checkbox"/> 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: _____ Date: ____/____/____ License/Certification #: _____	Interventionist Signature: _____ Date: ____/____/____ License/Certification #: _____