

NYC Early Intervention Program Session Note

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: _____ Date Note Written: ____/____/____ Time: From _____ <input type="checkbox"/> AM <input type="checkbox"/> PM To _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
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"/> child <input type="checkbox"/> parent/caregiver <input type="checkbox"/> 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):
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"/> <input type="checkbox"/> Other: _____
4. How did you work with the parent/caregiver? <input type="checkbox"/> C 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?

Parent/Caregiver Signature: _____ Date:

____/____/____

Relationship to child:

Interventionist Signature: _____ Date:

____/____/____

License/Certification