

Daily Note/Attendance Sheet

Child's Name: _____ DOB: _____ Authorization #: _____

IFSP Period: ___/___/___ to ___/___/___ Agency Name: Up Wee Grow, Inc Agency NPI #: 1699821868

DOH EIOD: _____ Ongoing Serv. Coord./ Agency: _____/_____

Provider Name/Professional Title: _____ Provider NPI#: _____

Service: Type: _____ Location: _____ Freq: _____ Duration: _____ ICD 10 code: _____

IFSP Functional Outcomes and Objectives as noted on the IFSP:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

[KEY]: X=treatment session S=child sick FV=family vaca PV=provider vaca P=parent canceled M=make up N=no show

Session Date: ___/___/___ [] IN: _____ OUT: _____ Parent/caregiver signature: _____

[] session canceled-note reason: _____ Session must be made up by : ___/___/___

IFSP Functional Outcomes and Objectives addressed during this session: #'s _____, _____, _____, _____, _____, _____

CPT codes: _____, _____, _____, _____

Routine activities addressed during the session: [] activities of daily living [] play/social [] community/errands

[] other: _____

Strategies used within routine activities: [] modeling [] cues [] prompts [] positioning [] assistive tech

[] other: _____

Describe the progress that the child has made toward the IFSP outcomes during the session. Include parent/caregiver feedback: _____

What strategies/activities did you and the parent/caregiver collaboratively agree to do to support their child's learning and development between visits? _____

Provider Signature/title: _____ Date: _____

Session Date: ___/___/___ [] IN: _____ OUT: _____ Parent/caregiver signature: _____

[] session canceled-note reason: _____ Session must be made up by : ___/___/___

IFSP Functional Outcomes and Objectives addressed during this session: #'s _____, _____, _____, _____, _____, _____

CPT codes: _____, _____, _____, _____

Routine activities addressed during the session: [] activities of daily living [] play/social [] community/errands

[] other: _____

Strategies used within routine activities: [] modeling [] cues [] prompts [] positioning [] assistive tech

[] other: _____

Describe the progress that the child has made toward the IFSP outcomes during the session. Include parent/caregiver feedback: _____

What strategies/activities did you and the parent/caregiver collaboratively agree to do to support their child's learning and development between visits? _____

Provider Signature/title: _____ Date: _____