NYC Early Intervention Program Session Note

Session Date: ______/____/______

Session Participants:
☐ child ☐ parent/caregiver ☐ Other:

IFSP Service Location: Home/Comm.

Date Note Written: ______/____/______

HCPCS CODE (if applicable): __________

ICD-10 Code: __________

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 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):

2. IFSP Functional Outcome(s) and Objective(s) addressed during the session:

3. 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:

4. How did you work with the parent/caregiver? ☐ Observed parent/caregiver and child during routines ☐ Parent/caregiver tried activity, feedback exchanged ☐ Demonstrated activity to parent/caregiver ☐ Reviewed communication tool with parent/caregiver
☐ 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/Credential: __________________________ Date: ______/____/______

License/Certification #: __________________________

NYC Early Intervention Program Session Note 9/2015 Version 1 - Two Notes Per Page