



NYC Early Intervention Program Session Note

Child's Name: _____		DOB: ___/___/___		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
EI #: _____					
Interventionist Name: _____		Credentials: _____			
National Provider ID#: _____		Service Type: _____			
Session Date: ___/___/___		IFSP Service Location: <u>Home/Community</u>		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): _____			
1 st CPT Code: _____		2 nd CPT Code: _____		3 rd CPT Code: _____	
		4 th 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 session 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 the 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 type="checkbox"/> Cues <input type="checkbox"/> Prompts <input type="checkbox"/> Positioning <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Other: _____					
4. How did you work with the parent/caregiver? <input type="checkbox"/> Observed parent/caregiver and child during routines <input type="checkbox"/> Parent/caregiver tried activity, feedback exchanges <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 & Credential: _____				Date: ___/___/___	
License/Certification#: _____					