### Check the purpose of co-visit(s):

- [ ] Provide co-treatment for child targeting an area of child need in which 2 or more qualified personnel are providing different interventions.
- [ ] Enable professionals and parents/caregivers to work together to assess child progress and problem-solve on emerging issues related to child and family needs across the areas of needs that are being addressed by differently qualified personnel.

**OR**

- [ ] Provide education, training, and instruction to the parent/designated caregiver in use and integration of particular techniques and strategies to enhance the child’s development and functioning in the area of need being addressed by the professionals.

(NOTE: Checking this box requires the use of Family Training as the service type.)

### Functional outcome(s) addressed by co-visit:

_________________________________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________________________________

### Participants:

- [ ] Parent/Caregiver  
- [ ] ST  
- [ ] PT  
- [ ] OT  
- [ ] SI  
- [ ] SW  
- [ ] Other __________________________

- [ ] FT (Indicate number and disciplines of participants)________________________

### Method:

- [ ] Office/Facility Individual/Collateral  
- [ ] Basic Home/Community Individual/Collateral  
- [ ] Extended Home/Community Individual/Collateral

### Location:

- [ ] Home  
- [ ] Center  
- [ ] Other __________________________  

### Frequency:

- [ ] [ ] Use existing authorized units  
- [ ] Additional units to be authorized  
- [ ] Waiver needed?  
- [ ] Yes  
- [ ] No

### Comments:

NOTE:

If one or more of the interventionists involved in a co-visit is unable to participate in a scheduled visit, s/he is responsible for contacting the Service Coordinator to request that the co-visit be rescheduled.

The Ongoing Service Coordinator should review the IFSP and, if co-visits are authorized, contact parents and interventionists to coordinate the co-visits.