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| **Child’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_  **Sex:**  Male  Female  **EI #: \_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_  **Freq/Dur** \_\_\_\_\_/\_\_\_\_\_ | |
| **Interventionist’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Credentials: \_\_\_\_\_\_\_\_\_ National Provider ID #:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Service Type:** **SI/ABA** | |
| Session Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Service Location: \_\_Home \_\_Daycare \_\_Remote  Time: From \_\_\_\_\_\_\_:\_\_\_\_\_\_\_\_  AM  PM To \_\_\_\_\_\_\_\_:\_\_\_\_\_\_\_\_\_\_ AM  PM | Session Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Service Location: \_\_Home \_\_Daycare \_\_Remote  Time: From \_\_\_\_\_\_\_:\_\_\_\_\_\_\_\_  AM  PM To \_\_\_\_\_\_\_\_:\_\_\_\_\_\_\_\_\_\_ AM  PM |
| Date Note Written: \_\_\_\_/\_\_\_\_/\_\_\_\_ ICD-10 code: \_\_\_\_\_ HCPCS Code:\_\_\_\_\_  1st CPT Code:\_\_\_\_ 2nd CPT Code:\_\_\_\_ 3rd CPT Code:\_\_\_\_4th CPT Code: \_\_\_\_   COVID SELF Screening Conducted  COVID Child Screening Conducted | Date Note Written: \_\_\_\_/\_\_\_\_/\_\_\_\_ ICD-10 code: \_\_\_\_\_ HCPCS Code:\_\_\_\_\_  1st CPT Code:\_\_\_\_ 2nd CPT Code:\_\_\_\_ 3rd CPT Code:\_\_\_\_4th CPT Code: \_\_\_\_   COVID SELF Screening Conducted  COVID Child Screening Conducted |
| 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? | 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. | **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): | Additional Information about the session (as appropriate): |
| **2.** IFSP Functional Outcome(s) and Objective(s) addressed during this session: | **2.** IFSP Functional Outcome(s) and Objective(s) addressed during this 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: | **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 Tech  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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **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? | **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Parent/Caregiver Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Interventionist Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  License/Certification #:\_Certified/Credentials\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Interventionist Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  License/Certification #:\_Certified/Credentials\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |