ESP Service Location: Session Date: / ESP Service Location: AM PM To	Child's Name: DOB: Interventionist's Name: Credentials:	/ / Sex: □Male □Female EI#; National Provider ID#: Service Type:
	FSP Service Location:	e: / / IFSP Service Location:
Ist CPT Code: 3rd CPT Code: 4th CPT Code:	Vritten: / ICD-9 code:	/ritten: / ICD-0 code:
Sard CPT Code: Ath CPT Code: listed in #1. Session must be made up by: / /		
a cancelled - reason listed in #1. Session must be made up by:	3rd CPT Code:	3rd CPT Code:
Participants: Dhild Date:	ssion must be ma	lled-reason listed in #1. Session must be ma
be the progress that the child has made toward the IFSP outcomes since the ion. Include parent/caregiver feedback. al information about the session (as appropriate): Functional Outcome(s) and Objective(s) addressed during this session: Functional Outcome(s) and Objective(s) addressed during this session: Activities worked on during the session: Activities of Daily Living (ADL) bocial Community/Errand Other(s): sused within the Routine Activities: Modeling Cues Prompts Forming Assistive Technology Other: Strategies/activities did you and the parent/caregiver and child utines Parent/caregiver Strategies/activities did you and the parent/caregiver collaboratively agree to poort their child's learning and development between visits? Date: Date:	Session Participants: Lehild parent/caregiver Other:	Session Participants: Child Cparent/caregiver Cother:
the the progress that the child has made toward the IFSP outcomes since the on. Include parent/caregiver feedback. al information about the session (as appropriate): functional Outcome(s) and Objective(s) addressed during this session: functional Outcome(s) and Objective(s) addressed during this session: functional Outcome(s) and Objective(s) addressed during this session: focial Community/Errand Other(s): So used within the Routine Activities: Modeling Cues Prompts oning Assistive Technology Other: fild you work with the parent/caregiver? Observed parent/caregiver and child outines Parent/caregiver tried activity, feedback exchanged Demonstrated to parent/caregiver Green and the parent/caregiver collaboratively agree to prompt their child's learning and development between visits? aregiver Signature: Date: Date:	if the parenular great was unavailable, now did you communicate with them about the session?	If the parent/caregiver was unavailable, how did you communicate with them at session?
	1. Describe the progress that the child has made toward the IFSP outcomes since the	ibe the progress
	last session. Include parent/caregiver feedback.	last session. Include parent/caregiver feedback.
	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 Other(Thes Prompts	3. Routine Activities worked on during the session: Activities of Daily Living Play/Social Community/Errand Other(s): Strategies used within the Routine Activities: Modeling These Prompts
	☐ Positioning ☐ Assistive Technology ☐ Other: 4. How did you work with the parent/caregiver? ☐ Observed parent/caregiver and child	☐ Positioning ☐ Assistive Tech ☐ Other: 4. How did you work with the parent/caregiver? ☐ Observed parent/caregiver are
ities did you and the parent/caregiver collaboratively agree to 's learning and development between visits? Date:	during routines Parent/caregiver tried activity, feedback exchanged Demonstrated activity to parent/caregiver Reviewed communication tool with parent/caregiver Other:	during routines Parent/caregiver tried activity, feedback exchanged Demon activity to parent/caregiver Reviewed communication tool with parent/caregiver Other:
ure:Date: _/_ / Parent/Caregiver Signature:	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 agr to support their child's learning and development between visits?
e:	nature:	