

**Child's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Sex:**  Male  Female **EI #:** \_\_\_\_\_  
**Interventionist's Name:** \_\_\_\_\_ **Credentials:** \_\_\_\_\_ **National Provider ID #:** \_\_\_\_\_ **Service Type:** \_\_\_\_\_

**Session Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **IFSP Service Location:** \_\_\_\_\_  AM  PM  
**Time:** From \_\_\_\_:\_\_\_\_ To \_\_\_\_:\_\_\_\_  AM  PM  
**Date Note Written:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **ICD-9 code:** \_\_\_\_\_ **1st CPT Code:** \_\_\_\_\_  
**HCP/CS Code (if applicable):** \_\_\_\_\_ **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 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: \_\_\_\_\_

**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: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 License/Certification #: \_\_\_\_\_

**Session Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **IFSP Service Location:** \_\_\_\_\_  AM  PM  
**Time:** From \_\_\_\_:\_\_\_\_ To \_\_\_\_:\_\_\_\_  AM  PM  
**Date Note Written:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **ICD-9 code:** \_\_\_\_\_ **1st CPT Code:** \_\_\_\_\_  
**HCP/CS Code (if applicable):** \_\_\_\_\_ **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 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 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: \_\_\_\_\_

**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: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 License/Certification #: \_\_\_\_\_