

NYC EARLY INTERVENTION PROGRAM

FAMILIES AS PARTNERS (FAP) CALENDAR

CHILD'S NAME: _____ EI #: _____ DATES: FROM ____/____/____ TO: ____/____/____
(Last) (First)

NAME OF THERAPIST: _____ DISCIPLINE: _____ AUTHORIZED SERVICE: _____

| Family Plan for the Week <i>(Filled out by interventionist)</i> | Parent/Caregiver: Put + if the activity worked well and a – if it didn't work well. <i>(Filled out by Family/Caregiver (circle EI sessions days))</i> | | | | | | | IMPORTANT Questions about Family Plan <i>(Filled out by Family/Caregiver)</i> |
|---|---|-----|------|-----|-------|-----|-----|--|
| | Sun | Mon | Tues | Wed | Thurs | Fri | Sat | What worked well in the plan? <hr/> What didn't work? <hr/> I'd like more ideas for this activity <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Sun | Mon | Tues | Wed | Thurs | Fri | Sat | What worked well in the plan? <hr/> What didn't work? <hr/> I'd like more ideas for this activity <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Sun | Mon | Tues | Wed | Thurs | Fri | Sat | What worked well in the plan? <hr/> What didn't work? <hr/> I'd like more ideas for this activity <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Sun | Mon | Tues | Wed | Thurs | Fri | Sat | What worked well in the plan? <hr/> What didn't work? <hr/> I'd like more ideas for this activity <input type="checkbox"/> Yes <input type="checkbox"/> No |

Family member(s)/Caregiver(s) who completed calendar: _____

IMPORTANT!! SAVE!! KEEP THIS PAGE AND GIVE IT TO YOUR SERVICE COORDINATOR!!