

NYC Early Intervention Program Session Note

Child's Name: _____		DOB: ____/____/____		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
EI #: _____					
Interventionist's Name: _____			Credentials: _____		
National Provider ID #: _____			Service Type: _____		
Session Date: ____/____/____		IFSP Service Location: _____		Date Note Written: ____/____/____	
Time: From _____		<input type="checkbox"/> AM <input type="checkbox"/> PM To _____		<input type="checkbox"/> AM <input type="checkbox"/> PM	
ICD-10 code: _____		HCPCS Code (if applicable): _____			
1st CPT Code: _____		2nd CPT Code: _____		3rd CPT Code: _____	
				4th CPT Code: _____	
<input type="checkbox"/> Session cancelled - reason listed in #1. Session must be made up by: ____/____/____					
<input type="checkbox"/> This is a make-up for a missed session on ____/____/____. (must be within 2 weeks)					
Session Participants: <input type="checkbox"/> child <input type="checkbox"/> parent/caregiver <input type="checkbox"/> 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: <input type="checkbox"/> Activities of Daily Living (ADL) <input type="checkbox"/> Play/Social					
<input type="checkbox"/> Community/Errand <input type="checkbox"/> Other(s): _____					
Strategies used within the Routine Activities: <input type="checkbox"/> Modeling <input type="checkbox"/> Cues <input type="checkbox"/> Prompts <input type="checkbox"/> Positioning <input type="checkbox"/> Assistive Technology					
<input type="checkbox"/> Other: _____					
4. How did you work with the parent/caregiver? <input type="checkbox"/> Observed parent/caregiver and child during routines <input type="checkbox"/> Parent/caregiver tried activity, feedback exchanged <input type="checkbox"/> Demonstrated activity to parent/caregiver <input type="checkbox"/> Reviewed communication tool with parent/caregiver <input type="checkbox"/> 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 #: _____					

