CPT: T1027 x 4

ICD-10: _____

Early Start, Inc

NYC EARLY INTERVENTION PROGRAM

CO-VISIT SESSION NOTE

Child's Name: _____ DOB:_____ EI#: _____

List co-visit participants. Include name and role (discipline of interventionist).

Date of co-visit: ____/_____/_____

Date Session Note written: _____/____/_____

Time of co-visit: From _____ To _____

Location of co-visit (check one): □ Home □ Center

IFSP Outcome(s) Addressed:

Progress of child/family related to IFSP outcomes:

DISCUSSION AT CO-VISIT: List current concerns of parent/caregiver and/or interventionists. If applicable, confirm which interventionists are assigned to upcoming Family Training (FT) sessions. Indicate date, time and place of next co-visit session.

ACTIVITY AT CO-VISIT:

Indicate only one:

- □ Worked with parent/caregiver and child together
- □ Worked with parent/caregiver alone
- □ Worked with child alone

Check all that apply:

- □ Discussed session activity with parent/caregiver
- □ Parent/caregiver tried activity, interventionist(s) assisted
- □ Showed parent/caregiver activity
- □ Reviewed Calendar with parent
- □ Interventionist(s) used alternate tool to work with parent
- □ Other (describe)

FAMILY PLAN FOR NEXT TIME PERIOD, AS PER IFSP (record also on FAP Calendar):

FOLLOW-UP BY TEAM OF INTERVENTIONISTS – List plans and strategies to (1) support next month's Family Plan and (2) integrate services:

Parent/Caregiver Signature: _____ Relationship to child:_____

Interventionist Signature: _____ Credential:_____

National Provider ID #: _____