



NYC EARLY INTERVENTION PROGRAM SESSION NOTE

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ EI #: \_\_\_\_\_
(Last) (First)

Interventionist's Name: \_\_\_\_\_ Discipline: \_\_\_\_\_ Location of Service: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_ Time: From \_\_\_ am/pm To \_\_\_ Service Type: \_\_\_ Date note written: \_\_\_/\_\_\_/\_\_\_

CPT Code: \_\_\_\_\_ ICD-9 Code: \_\_\_\_\_

IFSP Outcome(s) Addressed: \_\_\_\_\_
[ ] Session cancelled /not held. Write reason below (indicate make-up date):
[ ] Make-Up Session for date \_\_\_/\_\_\_/\_\_\_

Progress by child/family related to outcomes:

[ ] Worked with parent/caregiver and child together [ ] Worked with parent/caregiver alone [ ] Worked with child alone

Activity During Session:

Activity with parent/caregiver (check all that apply)

- [ ] Parent/caregiver tried activity, therapist assisted [ ] Discussed session activity with parent/caregiver [ ] Showed parent/caregiver activity
[ ] Collaborated with parent to meet family needs [ ] Reviewed communication tool with parent (calendar, notebook etc.)
[ ] Parent/caregiver unable to participate [ ] Parent/caregiver unavailable

List family activity for next week:

[ ] Services were provided according to the frequency and duration stated in the IFSP.

Parent/Caregiver Signature: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Interventionist Signature: \_\_\_\_\_ Credential: \_\_\_\_\_

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