

SUNNY DAYS	NYC EARLY INTERVENTION PRO	OGRAM SESSION NOTE	
Child's Name:		EI#:	
Child's Name:(Last) (Interventionist's Name:	First) Discipline:	Location of Service:	
l .	ICD-9 Code: Session cancelled /	Date note written:/ not held. Write reason below (indicate make-up date) or date//	ı:
Progress by child/family related to outcom			
□ 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 ramily in ☐ Parent/caregiver unable to participate List family activity for next week: ☐ Services were provided according to the family activity for next week:		th parent (calendar, notebook etc.)	
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		Dolation objects objects	
		Relationship to child: Credential:	
Interventionist Signature:	am/pm To Service Type: ICD-9 Code: Session cancelled /	Relationship to child:	
Interventionist Signature:	am/pm To Service Type: ICD-9 Code: Session cancelled / Make-Up Session f	Credential:	
Date:/ Time: From CPT Code: IFSP Outcome(s) Addressed: Progress by child/family related to outcome	am/pm To Service Type: ICD-9 Code: Session cancelled / Make-Up Session f	Credential:	
Date:/ Time: From CPT Code: IFSP Outcome(s) Addressed: Progress by child/family related to outcome Worked with parent/caregiver and child to Activity During Session: Activity with parent/caregiver (check all the Parent/caregiver tried activity, therapist a	am/pm ToService Type: ICD-9 Code: Session cancelled /	Credential:	
Date:/ Time: From CPT Code: IFSP Outcome(s) Addressed: Progress by child/family related to outcome Worked with parent/caregiver and child to activity During Session: Activity with parent/caregiver (check all the parent/caregiver tried activity, therapist a collaborated with parent to meet family activity for next week:	am/pm To Service Type: ICD-9 Code: Session cancelled /	Credential:):
Date:/ Time: From CPT Code: IFSP Outcome(s) Addressed: Progress by child/family related to outcome Worked with parent/caregiver and child to activity During Session: Activity with parent/caregiver (check all the Parent/caregiver tried activity, therapist a collaborated with parent to meet family of Parent/caregiver unable to participate List family activity for next week: Services were provided according to the formal parent/Caregiver Signature:	am/pm ToService Type: ICD-9 Code: Session cancelled / Make-Up Session f es: at apply) at apply) ssisted Discussed session activity with paneeds Reviewed communication tool with Parent/caregiver unavailable frequency and duration stated in the IFSP.	Credential:):