

# New Jersey Department of Health Early Intervention System Rate Study

Time Study Tool Print Out

*Please contact your agency Champion with questions or reach out to [NJEISRateStudy@pcgus.com](mailto:NJEISRateStudy@pcgus.com)*

# Print Me for Each Day!

Name:

Date:

#	TIME		TYPE OF ACTIVITY	DIRECT EARLY INTERVENTION ACTIVITIES					INDIRECT/ OTHER ADMIN ACTIVITIES
	Start Time	End Time	Direct or Indirect Service (Circle One)	Service Type (Write in)	Service Setting (Write in)	County Where Service Was Provided (Write in)	EI Procedure - Group Size (Write in)	Bilingual Service Provided (Yes/No)	Other Activities (Write in)
1			Direct Service   Indirect/Other Admin Activity						
2			Direct Service   Indirect/Other Admin Activity						
3			Direct Service   Indirect/Other Admin Activity						
4			Direct Service   Indirect/Other Admin Activity						
5			Direct Service   Indirect/Other Admin Activity						
6			Direct Service   Indirect/Other Admin Activity						
7			Direct Service   Indirect/Other Admin Activity						
8			Direct Service   Indirect/Other Admin Activity						
9			Direct Service   Indirect/Other Admin Activity						
10			Direct Service   Indirect/Other Admin Activity						
11			Direct Service   Indirect/Other Admin Activity						
12			Direct Service   Indirect/Other Admin Activity						
13			Direct Service   Indirect/Other Admin Activity						
14			Direct Service   Indirect/Other Admin Activity						
15			Direct Service   Indirect/Other Admin Activity						
16			Direct Service   Indirect/Other Admin Activity						
17			Direct Service   Indirect/Other Admin Activity						
18			Direct Service   Indirect/Other Admin Activity						
19			Direct Service   Indirect/Other Admin Activity						
20			Direct Service   Indirect/Other Admin Activity						
21			Direct Service   Indirect/Other Admin Activity						
22			Direct Service   Indirect/Other Admin Activity						
23			Direct Service   Indirect/Other Admin Activity						
24			Direct Service   Indirect/Other Admin Activity						
25			Direct Service   Indirect/Other Admin Activity						



# Direct Early Intervention Activity Field Options

Service Type
Assessment
Audiology
Developmental Intervention
Evaluation Service
Exit Evaluation
Family Training/Counseling
Foreign Language Interpretation Non IFSP
Foreign Language Interpreter
Health
Interpreter for the Deaf
Interpreter for the Deaf Non IFSP
Medical (Diagnostic Only)
Nursing
Nutrition
Occupational Therapy
Physical Therapy
Psychological
Respite
Sign Cued Language
Social Work
Speech Therapy
Team Meeting IFSP
Vision

Service Setting
DCP&P
EC Incl-Community
EC Prg Child Disability
Home
Hospital In-Patient
Phone/Video Conferencing
Residential
Service Prov/Clinic

EI Procedure Group Size
Consultation/Facilitation with Others
Direct Child Service
Evaluation/Assessment
Group Size 3-4
Group Size 5-6
Group Size 7-8
Group Size 9+



# Indirect/ Other Admin Activity Field Options

## Administrative Tasks

Case Management	Staff meeting
Coordinating Interpretation	Supervision/Mentoring Session
Coordinating Security	Supervisory Related Activities
EIMS Documentation or Report Writing	Team Collaboration
Form 25 Write-Up/Progress Summary	Technology Issues
Invoicing	Training/Education
Cancellation - Client/Family	Travel to/from sessions
Cancellation - Staff	Travel Other (pick up materials/donations/security)
No Show/Missed Session - Client/Family	Child Find/ Intake Time
No Show/Missed Session - Staff	Other Admin. Activity
Prep. Time	Lunch
Email/Telephone/Text – Client/Family	Paid Leave/ Staff Time Off (Sick, PTO)
Email/Telephone/Text – Staff/Other	Unpaid Leave (Personal Appointments)
Schedule/Reschedule session	

