

NYC EARLY INTERVENTION PROGRAM

SESSION NOTE

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

Interventionist's Name: _____ Discipline: _____ Location of Service: _____

Date: ____/____/____ Time: From ____ 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): ____/____/____ (if known)

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.

This is a makeup session for ____/____/____ This makeup session is not medically or therapeutically contraindicated

Parent/Caregiver Signature: _____ Relationship to child: _____

Interventionist Signature: _____ Credential: _____ NPI #: _____

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