

**NYC EARLY INTERVENTION PROGRAM
FAMILIES AS PARTNERS (FAP) CALENDAR**

CHILD'S NAME: _____
(Last) _____ (First) _____

EI #: _____ DATES: FROM ____/____/____ TO: ____/____/____

Name of Interventionist/Agency	Authorized Service

FAMILY PLAN Month of _____ Completed by Interventionist(s). Number the activities.	Questions about Family Plan: What worked well in the plan? What didn't work? Comments, concerns and adjustments. (Completed by Parent/Caregiver)	Parent/Caregiver: List the number of the activity you tried. Put "+" if the activity worked well and "-" if it didn't work well. (Completed by Parent/Caregiver)							
		Sun: week of	Mon	Tues	Wed	Thurs	Fri	Sat	
		Sun: week of							
		Mon							
		Tues							
		Wed							
		Thurs							
		Fri							
		Sat							
		Sun: week of							
		Mon							
		Tues							
		Wed							
		Thurs							
		Fri							
		Sat							
		Sun: week of							
		Mon							
		Tues							
		Wed							
		Thurs							
		Fri							
		Sat							

Parent(s)/Caregiver(s) who completed calendar: _____
IMPORTANT!! SAVE!! KEEP THIS PAGE AND GIVE IT TO YOUR SERVICE COORDINATOR!!