

NYC Early Intervention Program Session Note Instructions

1. A Session Note must be completed for each session.
2. Complete all areas as follows:
 - **Child's Name, DOB, and EI number:** Make sure this information is consistent with the information in the EI system (do not use nicknames).
 - **Interventionist's Name:** The individual providing the intervention.
 - **Discipline:** The appropriate discipline of the interventionist (e.g., PT, ST).
 - **Location of Service:** Where the session took place, e.g., home, center-based program, community location.
 - **Date and Time:** The date and time during which the session took place.
 - **Service Type:** The service type as listed on the IFSP, such as Speech Therapy or Family Training.
 - **CPT Code:** The relevant CPT code as indicated by the interventionist's professional association.
 - **ICD-9 Code:** The relevant ICD-9 code as indicated on the child's evaluation.
 - **Date Note Written:** The date the session note was completed (should be the same as the date of service).
 - **IFSP Outcome(s) Addressed:** The target outcome(s) from the IFSP, which was/were the focus of that session's intervention.
 - **Session Cancelled:** Check this off when the session is cancelled/not held and describe the reason why.
 - **Outcome(s) Addressed** section. Have the parent sign off on the cancelled session note and indicate the date of the makeup session.
 - **Progress by child/family related to outcomes:** Brief description of progress toward reaching the outcomes listed, including achievements and/or obstacles. Indicate if any IFSP objectives are met.
 - **Worked with parent/caregiver and child together...:** Check the appropriate box indicating those involved in this session (child/family/caregiver)
 - **Activity During Session:** Brief description of the intervention activity during the session.
 - **Activity with parent/caregiver:** The activities done with the parent/caregiver. Check all that apply. Note that family needs are defined as anything that keeps the family from having the time, energy and focus to help meet IFSP outcomes (e.g. guidance on handling tantrums, etc.). In the activity section, please describe the family need and how it was addressed.
 - **List family activity for next week:**
 1. Indicate the one or more activities agreed upon by the interventionist and the parent/caregiver that will be used during daily routines in the coming week(s).
 2. If this session was a co-visit, list the family plan on the session note as agreed upon at the co-visit.
 3. Indicate how the interventionist is helping the parent/caregiver document the activities to help his/her child during the daily routine. For example, if the objective is for the child to roll, the interventionist could write: "At bath or change time, the parent will use a towel or diaper to gently lift one side of the child to assist in beginning to roll." Parent will record progress in parent/therapist notebook/calendar, etc.
 4. Activities for parents are expected to span a minimum of one week. However, a therapist may see the child/family more than once per week; or activities may be recommended for multiple weeks. Indicate in this section if you are continuing to work on an activity from the previous Session Note.
 - **Verify that the session was provided at the frequency and duration stated in the IFSP.**
 - **Parent/Caregiver Signature and Relationship to Child:** The parent/caregiver who was present during the session signs and indicates his/her relationship to the child (not required for Facility-based services).
 - **Provider's Signature and Credential:** The interventionist's signature and credentials.
3. Keep the Session notes in child's file at the provider site. The Session notes may be reviewed or requested by the parents; therapist supervisor; NYC DOHMH EIP's various departments such as the Regional Office and Program Monitoring and Quality Improvement; and NYS DOH IPRO audit.