

PUTNAM COUNTY EARLY INTERVENTION PROGRAM SESSION NOTE

Child's Name: _____		DOB: ___/___/___	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Authorization #: _____	
		Service Coordinator: _____	
Interventionist's Name: _____		Credentials: _____	
National Provider ID #: _____		Service type: _____	
		Frequency: _____ <input type="checkbox"/> mo <input type="checkbox"/> wk	
Session Date: ___/___/___		IFSP Service Location: _____	
		Date Note Written: ___/___/___	
Time: From ___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM		To ___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM	
ICD-10 code: _____		HCPCS (if applicable): _____	
1st CPT code: _____		2nd CPT code: _____	
		3rd CPT code: _____	
		4th CPT code: _____	
<input type="checkbox"/> Session cancelled-reason listed in #1 <input type="checkbox"/> This is a make-up session for a missed session on : ___/___/___			
Session Participants: <input type="checkbox"/> Child <input type="checkbox"/> Parent/Caregiver <input type="checkbox"/> Other: _____ <input type="checkbox"/> Parent/Caregiver unable to participate during session due to: _____			
1. Describe the progress that the child has made toward the IFSP outcomes since the last session. Include parent/caregiver feedback.			
2. IFSP Functional Outcome(s) and Objective(s) addressed during this session.			
3. Routine Activities worked on during the session: <input type="checkbox"/> Activities of Daily Living (ADL) <input type="checkbox"/> Play/Social <input type="checkbox"/> Community/Errand <input type="checkbox"/> Other(s): _____			
Strategies used within the Routine Activities: <input type="checkbox"/> Modeling <input type="checkbox"/> Cues <input type="checkbox"/> Prompts <input type="checkbox"/> Positioning <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Other(s): _____			
4. How did you coach the parent/caregiver? <input type="checkbox"/> Observed Parent/Caregiver and child during routines <input type="checkbox"/> Parent/Caregiver tried activity, feedback exchanged <input type="checkbox"/> Demonstrated activity to Parent/Caregiver <input type="checkbox"/> Other: _____ <i>If the parent/caregiver was unavailable, how did you communicate with them about the session?</i>			
5. What learning activities did the parent/caregiver agree to do with the child before the next visit:			
Parent/Caregiver Signature: _____		Date: ___/___/___	
Relationship to Child: _____			
Interventionist Signature: _____		Date: ___/___/___	
License/Certification #: _____			

PUTNAM COUNTY EARLY INTERVENTION PROGRAM

SESSION NOTE

Service Coordinator: _____

Frequency: X mo wk

Child's Name: _____ DOB: ____/____/____ Sex: Male Female Authorization #: _____

Interventionist's Name: _____ Credentials: _____ NPI #: _____ Service type: _____

Session Date: ____/____/____ IFSP Service Location: _____ Time: From ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM To ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM Date Note Written: ____/____/____ ICD-10 code: _____ HCPCS (if applicable): _____ 1st CPT code: _____ 2nd CPT code: _____ 3rd CPT code: _____ 4th CPT code: _____ <input type="checkbox"/> Session cancelled-reason listed in #1 <input type="checkbox"/> This is a make-up session for a missed session on ____/____/____ Session Participants: <input type="checkbox"/> Child <input type="checkbox"/> Parent/Caregiver <input type="checkbox"/> Other: _____ <input type="checkbox"/> Parent/Caregiver unable to participate during session due to: _____	Session Date: ____/____/____ IFSP Service Location: _____ Time: From ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM To ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM Date Note Written: ____/____/____ ICD-10 code: _____ HCPCS (if applicable): _____ 1st CPT code: _____ 2nd CPT code: _____ 3rd CPT code: _____ 4th CPT code: _____ <input type="checkbox"/> Session cancelled-reason listed in #1 <input type="checkbox"/> This is a make-up session for a missed session on ____/____/____ Session Participants: <input type="checkbox"/> Child <input type="checkbox"/> Parent/Caregiver <input type="checkbox"/> Other: _____ <input type="checkbox"/> Parent/Caregiver unable to participate during session due to: _____
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Interventionist Signature: _____ Date: ____/____/____ License/Certification #: _____	Interventionist Signature: _____ Date: ____/____/____ License/Certification #: _____

5-1-17 added: Date Note Written and Frequency