

ROCKLAND COUNTY EARLY INTERVENTION PROGRAM - SESSION NOTE

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

Interventionist's Name: _____ **Service Coordinator:** _____ **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 ICD-10 Code: _____ HCPS (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 <input type="checkbox"/> 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 ICD-10 Code: _____ HCPS (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 <input type="checkbox"/> 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 or list reason for cancellation.	1. Describe the progress that the child has made toward the IFSP outcomes since the last session. Include parent/caregiver feedback or list reason for cancellation.
2. IFSP Functional Outcome(s) and Objective(s) addressed during this session.	2. IFSP Functional Outcome(s) and Objective(s) addressed during this session.
3. Activities used to facilitate progress towards IFSP objectives:	3. Activities used to facilitate progress towards IFSP objectives:
4. Strategies used: <input type="checkbox"/> Modeling <input type="checkbox"/> Cues <input type="checkbox"/> Prompts <input type="checkbox"/> Positioning <input type="checkbox"/> ATD <input type="checkbox"/> Other _____	4. Strategies used: <input type="checkbox"/> Modeling <input type="checkbox"/> Cues <input type="checkbox"/> Prompts <input type="checkbox"/> Positioning <input type="checkbox"/> ATD <input type="checkbox"/> Other _____
5. How did you facilitate parent/caregiver carryover? <input type="checkbox"/> Observed Parent/Caregiver and child during routines <input type="checkbox"/> Parent/Caregiver tried activity; feedback exchanged <input type="checkbox"/> Demonstrated activity <input type="checkbox"/> Other: _____ <i>If the parent/caregiver was unavailable, how did you communicate with them about the session?</i>	5. How did you facilitate parent/caregiver carryover? <input type="checkbox"/> Observed Parent/Caregiver and child during routines <input type="checkbox"/> Parent/Caregiver tried activity; feedback exchanged <input type="checkbox"/> Demonstrated activity <input type="checkbox"/> Other: _____ <i>If the parent/caregiver was unavailable, how did you communicate with them about the session?</i>
6. What learning activities did the parent/caregiver agree to do with the child before the next session?	6. What learning activities did the parent/caregiver agree to do with the child before the next session?
Interventionist Signature: _____ Date: ____ / ____ / ____ License/Certification #: _____ Supervisor: _____	Interventionist Signature: _____ Date: ____ / ____ / ____ License/Certification #: _____ Supervisor: _____