

**WESTCHESTER COUNTY EARLY INTERVENTION PROGRAM**  
**SESSION NOTE**

Invoice #: \_\_\_\_\_  
 Service Coordinator: \_\_\_\_\_

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 ____/____/____ <b>Session Participants:</b> <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 ____/____/____ <b>Session Participants:</b> <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.	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.	2. IFSP Functional Outcome(s) and Objective(s) addressed during this session.
<b>3. Routine Activities worked on during the session:</b> <input type="checkbox"/> Activities of Daily Living (ADL) <input type="checkbox"/> Play/Social <input type="checkbox"/> Community/Errand <input type="checkbox"/> Other(s): _____ <b>Strategies used within the Routine Activities:</b> <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): _____	<b>3. Routine Activities worked on during the session:</b> <input type="checkbox"/> Activities of Daily Living (ADL) <input type="checkbox"/> Play/Social <input type="checkbox"/> Community/Errand <input type="checkbox"/> Other(s): _____ <b>Strategies used within the Routine Activities:</b> <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: _____ If the parent/caregiver was unavailable, how did you communicate with them about the session?	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: _____ If the parent/caregiver was unavailable, how did you communicate with them about the session?
5. What learning activities did the parent/caregiver agree to do with the child before the next visit:	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: _____	Parent/Caregiver Signature: _____ Date: ____/____/____ Relationship to Child: _____
Interventionist Signature: _____ Date: ____/____/____ License/Certification #: _____	Interventionist Signature: _____ Date: ____/____/____ License/Certification #: _____