PUTNAM COUNTY EARLY INTERVENTION PROGRAM SESSION NOTE

Child's Name:	
Sex: Male Female Authorization #:	Service Coordinator:
Interventionist's Name:	Credentials:
National Provider ID #:Service type:	Frequency:
Session Date:/ IFSP Service Location:	Date Note Written:/
Time: From: DAM DPM To:	□ ам □ рм
ICD-10 code: HCPCS (if applicable):	
1st CPT code: 2nd CPT code: 3rd CPT code:_	
☐ Session cancelled-reason listed in #1	
☐ This is a make-up session for a missed session on ://_	<u> </u>
Session Participants: Child Parent/Caregiver Other:	·
☐ Parent/Caregiver unable to participate during session due to:	
1. Describe the progress that the child has made toward the IFSP out	comes since the last session. Include parent/caregiver feedback.
2. IFSP Functional Outcome(s) and Objective(s) addressed during the	s session.
3. Routine Activities worked on during the session: ☐ Activities of ☐ Community/Errand ☐ Other(s):	
Strategies used within the Routine Activities: ☐ Modeling ☐ Cu ☐ Assistive Technology ☐ Other(s):	es D Prompts D Positioning
4. How did you coach the parent/caregiver? □ Observed Parent/Care	egiver and child during routines
☐ Parent/Caregiver tried activity, feedback exchanged ☐ De	monstrated activity to Parent/Caregiver
Other:	
If the parent/caregiver was unavailable, how did you communicate v	vith them about the session?
,	
5. What learning activities did the parent/caregiver agree to do with	the child before the next visit:
·	
Parent/Caregiver Signature:	
Relationship to Child:	<u> </u>
Interventionist Signature:	
License/Certification #:	

PUTNAM COUNTY EARLY INTERVENTION PROGRAM **SESSION NOTE**

SESSI		ION NOTE	9	Service Coordinator:			
Childia Nama	, ,	Save	Malo D Fomalo	Frequency:			
Child's Name: DOB:_ Interventionist's Name:		Sex: Male Fema		Authorization #:_	Service type:		
Session Date:/	credent	Session Date: /		e Location:		·	
	AM PM						
	J AM L PM	Time: From:		To:			
Date Note Written:	_	Date Note Written:					
HCPCS (if applicable):1st CPT code:		HCPCS (if applicable):		1st CPT co			
2nd CPT code: 4th CPT code: 4th CPT code:		2nd CPT code:	3rd CPT code:	4th	CPT code:		
Session cancelled-reason listed in #1		Session cancelled-reason					
This is a make-up session for a missed session on			ion for a missed session on				
Session Participants:		Session Participants: Parent/Caregiver unable					
, areny eurografi anable to participate daring season due to:		l Tarong our og ror gridd	a to participate during out	non due to			
Describe the progress that the child has made toward the IFSP outcomes since	the last session.	1. Describe the progress the	hat the child has made	oward the IFSP outc	omes since the I	last session.	
Include parent/caregiver feedback.		Include parent/caregiver for					
IFSP Functional Outcome(s) and Objective(s) addressed during this session.		IFSP Functional Outcom	ne(s) and Ohiective(s) are	dressed during this	ession		
2. Har functional outcome(s) and objective(s) addressed during this session.		2. II S. Tanodona Gatosin	10(3) 4114 02)001110(3) 41	iai cooca aai ii g ciiio i	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
			,				
3. Routine Activities worked on during the session: Activities of	(ADI)	3. Routine Activities we	orked on during the	ossion:			
	Daily Living (ADL)	Play/Social C	_	Other(s):	Activities of Daily L	IVING (ADL)	
						_	
Strategies used within the Routine Activities: Modeling C	Cues Prompts	Strategies used with		-	eling Cues	Prompts	
Positioning Assistive Technology Other(s):		Positioning A	Assistive Technology	Other(s):			
4. How did you coach the parent/caregiver? Observed Parent/Caregiver and	child during routines	4. How did you coach the	parent/caregiver?	Observed Parent/Ca	regiver and child d	luring routines	
Parent/Caregiver tried activity, feedback exchanged Demonstrated activity	y to Parent/Caregiver	Parent/Caregiver trie	ed activity, feedback excha	nged Demons	trated activity to F	Parent/Caregiver	
Other:	·						
If the parent/caregiver was unavailable, how did you communicate with them abo	out the session?	If the parent/caregiver was	s unavailable, how did y	ou communicate wit	h them about th	he session?	
5. What learning activities did the parent/caregiver agree to do with the	child before the	5. What learning activit	ies did the parent/ca	regiver agree to do	with the child	before the	
next visit:		next visit:					
Parent/Caregiver Signature: Date:		Parent/Caregiver Signature:_			Date:/		
Relationship to Child:		Relationship to Child:					
Interventionist Signature: Date:	JJ	Interventionist Signature:			Date:/	/	
License/Cortification #		License/Cortification #:				_	

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