

Child's Name: _____ (Last) _____ (First) _____ DOB: _____ EI #: _____

Interventionist's Name: _____ Discipline: _____ Location of Service: _____

Date: ____/____/____ Time: From ____ To ____ Service Type: _____ Date note written: ____/____/____

IFSP Outcome(s) Addressed:

Progress by child/family related to outcomes:

- Worked with parent/caregiver and child together
- Worked with parent/caregiver alone
- Worked with child alone

Activity During Session:

Activity with parent/caregiver (check all that apply)

- Discussed session activity with parent/caregiver
- Showed parent/caregiver activity
- Parent/caregiver tried activity, therapist assisted
- Parent/caregiver unable to participate
- Reviewed Calendar with parent
- Therapist used alternate tool to work with parent/caregiver (e.g., phone call, notebook)
- Parent/caregiver unavailable

List Family Plan/Calendar activity for next week: →

Parent/Caregiver Signature: _____ Relationship to child: _____

Interventionist Signature: _____ Credential: _____

Date: ____/____/____ Time: From ____ To ____ Service Type: _____ Date note written: ____/____/____

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