



NYC EARLY INTERVENTION PROGRAM

SESSION NOTE

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ EI #: \_\_\_\_\_ LNS # \_\_\_\_\_  
(Last) (First)

Interventionist's Name: \_\_\_\_\_ Discipline: \_\_\_\_\_ Location of Service: **HOME**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: From \_\_\_\_ To \_\_\_\_ Service Type: \_\_\_\_ Date note written: \_\_\_\_/\_\_\_\_/\_\_\_\_

Make Up Date For: \_\_\_\_/\_\_\_\_/\_\_\_\_

CPT Code: \_\_\_\_\_ ICD-9 Code: \_\_\_\_\_

**IFSP Outcome(s) Addressed:** \_\_\_\_\_  Session cancelled /not held write reason below (indicate make-up date):

**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)

- Parent/caregiver tried activity, therapist assisted  Discussed session activity with parent/caregiver  Showed parent/caregiver activity
- Collaborated with parent to meet family needs  Reviewed communication tool with parent (calendar, notebook etc.)
- Parent/caregiver unable to participate  Parent/caregiver unavailable

**List family activity for next week:**

Services were provided according to the frequency and duration stated in the IFSP.

Parent/Caregiver Signature: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Interventionist Signature: \_\_\_\_\_ Credential: \_\_\_\_\_