

|  |  |                        |  |  |  |   |  |   |  |  |                            |   |                  |               |
|--|--|------------------------|--|--|--|---|--|---|--|--|----------------------------|---|------------------|---------------|
| <b>Optional Local ID #</b><br>(if required)  |  |                        |  |  |  |   |  |   |  |  | <b>Date:</b>               | <b>Time in:</b>   | <b>Time out:</b> | <b>Units:</b> |
| <b>Name of Child</b>   |  | <b>Provider/Agency</b> |  |  |  | <b>Type of Service</b>  |  |   | <b>Type of Session</b>   |  | <b>Location of Session</b> |   |                  |               |
|  |  |                        |  |  |  | OT <input type="checkbox"/> PT <input type="checkbox"/> ST <input type="checkbox"/><br>SI <input type="checkbox"/> Other: |  |   | Initial <input type="checkbox"/> Ongoing <input type="checkbox"/><br><input type="checkbox"/> Other: |  |                            |   |                  |               |
| <b>Outcome(s)/Goals(s) from IFSP/IEP:</b>  |  |                        |  |  |  |   |  |   |  |  |                            |   |                  |               |
| <b>Child and Family Outcome Update:</b>  |  |                        |  |  |  |   |  |   |  |  |                            |   |                  |               |
| <b>What we did today to address the outcome: Include how intervention was embedded within <u>activities and routines, family participation and how strategies were used.</u></b> |  |                        |  |  |  |   |  |   |  |  |                            | <b>Strategies used:</b>   |                  |               |
|  |  |                        |  |  |  |   |  |   |  |  |                            | <input type="checkbox"/> Direct teaching<br><input type="checkbox"/> Demonstration<br><input type="checkbox"/> Guided practice w/feedback<br><input type="checkbox"/> Caregiver practice w/feedback<br><input type="checkbox"/> Problem solving<br><input type="checkbox"/> Reflection<br><input type="checkbox"/> Other: |                  |               |
| <b>Progress information/data collection:</b>   |  |                        |  |  |  |   |  | <b>Plans for next session and opportunities for practice:</b> |  |  |                            |   |                  |               |
|  |  |                        |  |  |  |   |  |   |  |  |                            |   |                  |               |

**Early Interventionist Name/Title/  
Signature/Phone Number:**

**Parent/Caregiver Name/Signature:**

**Service Coordinator Name:**

**Date Next Session:**