

## Early Intervention Session Note

Optional Local ID # (if required)										Date:	Time in:	Time out:	Units:
Name of Child		Provider/Agency				Type of Service			Type of Session		Location of Session		
						OT <input type="checkbox"/> PT <input type="checkbox"/> ST <input type="checkbox"/> SI <input type="checkbox"/> Other:			Initial <input type="checkbox"/> Ongoing <input type="checkbox"/> <input type="checkbox"/> Other:				
Outcome(s)/Goals(s) from IFSP/IEP:													
Child and Family Outcome Update:													
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>										Strategies used:			
										<input type="checkbox"/> Direct teaching <input type="checkbox"/> Demonstration <input type="checkbox"/> Guided practice w/feedback <input type="checkbox"/> Caregiver practice w/feedback <input type="checkbox"/> Problem solving <input type="checkbox"/> Reflection <input type="checkbox"/> Other:			
Progress information/data collection:							Plans for next session and opportunities for practice:						

Early Interventionist Name/Title/  
Signature/Phone Number:

Parent/Caregiver Name/Signature:

Service Coordinator Name:

Date Next Session: