

Early Intervention Visit Summary

Child's Name: _____ Teacher's Name: _____

Today's Date/Time: _____ Purpose of Visit: _____

EI Service Provider's Name: _____

Date/Time of Next Visit: _____

UPDATES SINCE THE LAST VISIT

GOALS ADDRESSED TODAY AND HOW WE COLLABORATED

FOLLOW-UP ACTIVITIES TO TRY BETWEEN VISITS

PLANS FOR NEXT TIME
