

Contact Notes Guidelines for Clear, Concise and Compliant Documentation (Revised JULY 2015)

All provider contact notes should be recorded in CODE under the child's "IFSP Services Provided" tab, within three working days of your scheduled visit. Remember that the day of your visit counts as the first day in the three day documentation timeline. **Please remember the following requirements for a complete narrative contact note:**

- Language should be easily understood by all team members including the family. Use the family/caregiver's own words whenever appropriate to describe their concerns, note strategies they developed, or identify the joint plan.
- Include the names of all the people who were present and participated in the session, including siblings and interpreters.
- Observations and events should be recorded in a factual, non-judgmental way.
- Your documentation should clearly show that you are using evidenced-based practices, including a coaching interaction style to support child participation within the context of everyday routines and activities using toys and materials existing in the child's environment.
- Include sufficient information to allow the reader to know: what happened since the last visit; what the provider did during the session; how the family/caregiver actively participated in the session; how the child responded to strategies implemented; and, what supports and suggestions were developed with the family/caregiver for follow-up during their daily routines.
- Reference communication with other team members, communications about scheduling, communications outside of home visits with families, and teaming documentation under "Other Services Provided" tab.
- Include ongoing authentic assessment information.
- Include short term goal or outcome mastery when applicable so you have accurate mastery dates to record at IFSP reviews. (It is not necessary to carry forward notations of mastery of goals/outcomes on subsequent contact notes.)
- Provide justification as to why the duration of a visit was longer or shorter than what is specified on the child's IFSP within the initial portion of the contact note for easy reference upon review.

Heading (this information does not need to be repeated in the narrative portion):

- Child's first and last name
- Type of service provided (e.g., service coordination, physical therapy, etc.)
- Type of contact (e.g. phone, face-to-face, mail, etc.)
- Date of contact note
- Date of service/contact
- Length of the session in minutes

	What should be included	Example
<p>Subjective:</p> <p>SHARED INFO</p>	<ul style="list-style-type: none"> • Everyone who was present at the visit. (The note must specify that the child was present, especially for billing Medicaid.) • For non English speaking families, specify if interpreter was used or if session was conducted in family’s native language. • Information from the family/caregiver about what has happened since last session; what strategies they tried and what worked; what continues to be challenging. • Information related to doctor appointments, medical status updates • Caregiver concerns, comments, updates • Good place to add a quote from the caregiver. “Toby ate two new foods while shopping at Trader Joe’s last week!” 	<p>Review the Joint Plan:</p> <p>Babysitter said that letting Ernesto pick one toy himself from his toy bin increased his interest & attention for sitting and playing longer on his own.</p> <p>Baby sat happily in high chair for 3 meals this week. Doctor said he gained ½ ounce.</p> <p>Mom shared that baby rolled across the room to follow her when she left the room twice.</p> <p>Baby saw eye doctor on Monday and vision is normal.</p> <p>Grandma expressed concerns about toddler’s lengthy tantrums. “It really upsets me to see him so out of control.”</p> <p>Auntie said, “I really want this child to give me a signal or tell me he’s all done instead of throwing his plate on the floor when she doesn’t want to eat anymore.”</p>
<p>Objective:</p> <p>OBSERVABLE, FACTUAL INFORMATION ABOUT WHAT HAPPENED DURING THE VISIT</p>	<ul style="list-style-type: none"> • Specific Long Term Outcomes or Short Term goals addressed or: “Worked on IFSP goals related to: _____” • Identify the child’s interests/family routines/familiar activities that supported the skills and behaviors demonstrated during the session • Describe the location/setting in detail if relevant to outcomes during the session. (Note that the location of your visit is identified in the heading information in CODE as Center, Home, Daycare, Other Community.) • How did the family/caregiver actively participate during the session? • What the provider did during the session including specific narrative information about methods, instructions, supports, and strategies implemented related to outcomes and goals. • What was the child’s general response to intervention strategies implemented during the session related to IFSP outcomes and goals? • Ongoing authentic assessment information with description of functional skills and behaviors related to family priorities, 	<p>Observation, Action/Practice</p> <p>In the context of water play in the family’s backyard, Sammy had opportunities to sit and use 2 hands together to successfully put together/pull apart a variety of plastic connectable toys.</p> <p>Tommy is motivated to watch the activity of and interact with Jason, his older brother. Mom quietly provided guidance to Jason during car/truck play with Tommy, and Tommy verbalized 3 environmental sounds imitatively.</p> <p>Parent followed interventionist’s direct models for incorporating sensory-motor play into meal times, helping Johnny by using hand-over-hand assistance place 3 textured uncooked pasta noodles into his bowl during clean up.</p> <p>Parents agreed that thickened cereal would facilitate eating/swallowing and mixed cereal for Maggie to desired consistency for mealtime today. Maggie ate one tablespoon of the thickened cereal when Dad offered her small amounts by spoon.</p> <p>In the context of seated floor play, interventionist demonstrated how to increase Monte’s rotational shoulder movement in reaching for toys. Mom practiced correctly facilitating the same movements with Monte and she identified the safety precautions discussed.</p> <p>After discussion about noted vision concerns, parents decided that an eye exam by an ophthalmologist would be the best way to support them and Olivia in learning more about her vision status.</p>

	<p>concerns and outcomes (Important for referencing later when writing narratives to support indicators statements.)</p>	<p>Day care provider, Trudy, attached the foot rest to the high chair to increase Amy’s postural stability during mealtime today. Trudy commented, “Look at her sitting up!”</p> <p>Oscar initially grimaced while touching playdough his aunt offered, but continued to poke the playdough for 3 minutes with physical prompting and verbal encouragement by his aunt.</p> <p>Dad able to appropriately position baby on her belly over the boppy pillow after models by interventionist. Dad restated his understanding of the importance of tummy time and how the boppy pillow can help his baby tolerate being on her tummy.</p> <p>After interventionist’s demonstration, Mom fed baby 3 spoonfuls of applesauce using the spoon to gently depress the center of baby’s tongue and stimulated a faster, more efficient swallow.</p> <p>Mom initiated turn taking game with Max, rolling ball back and forth 3 times, keeping him engaged by using eye contact and a sing-song voice to prompt him to repeat the activity. Max smiled and laughed as he engaged in the activity.</p> <p>Updated developmental levels using the ELAP and parents’ observations of child’s behavior in daily routines. Skills levels are as follow . . .</p> <p>Currently, Moses is walking with one hand held from his bedroom to the bathroom at bath times. He will label three toys floating in the tub, stand and lean against the tub, and try to reach into to the water to retrieve a toy.</p>
<p>Assessment</p> <p>OBJECTIVE FINDINGS, WHEN SUBJECTIVE AND OBJECTIVE INFO. IS CONSIDERED</p> <p>WHAT IS WORKING WELL, WHAT IS STILL A CHALLENGE</p>	<ul style="list-style-type: none"> • Interpretation of observations and information received from caregivers. • Information about the child’s response to intervention strategies implemented during the session related to IFSP outcomes and goals may also be reported here objectively with regard to how the family will move forward with helping the child. • Revisions and/or additions to intervention strategies relevant to what’s been happening and what happened during the visit should be recorded here. • Interpretation of progress toward IFSP goals • Clinical opinions. 	<p>Reflection and Feedback</p> <p>Parent understands that child needs repeated demonstration and wait time for her to imitate two word combinations.</p> <p>Child continues to present with weakness and instability through his trunk and is not yet steady enough in sitting to retrieve a dropped toy. Discussed child’s abilities with parent and reviewed strategies that support just sitting independently for increased periods of time (without reaching for toys).</p> <p>Child’s difficulty with making transitions is interfering with her ability to participate fully in community activities. Provided education about TEACCH strategies including “First/Then Schedule, and use of a transition object or photo.</p> <p>Child was very motivated to hold and push the car with light-up buttons today, and demonstrated the same focused attention with another toy (light-up ball that played music) Mom identified that had similar visual stimulation.</p> <p>Mom learned another way to help her child shift his weight while he tried to cruise</p>

	<ul style="list-style-type: none"> • Considerations of revising frequency of services, or support from an additional service and need for an IFSP review. 	<p>along the couch.</p> <p>Child is demonstrating increased stability and balance in standing, now able to stand for 3-5 seconds and reach forward toward nanny to grab a toy.</p> <p>Child continues to walk on her toes and discussed with parent that she may require night splints to lengthen heel cords. Showed pictures of night splints found on internet and identified resources for obtaining the splints when we decide together to move forward with splints.</p> <p>Child making rapid progress toward outcome related to eating and supporting nutritional needs without supplement G-tube feedings, which GI doctor confirmed at recent appointment. Discussed reducing frequency of speech services from bimonthly to one time per month visits during today’s IFSP review. Also discussed that Nutrition services could remain at frequency of one time per month.</p> <p>Mom tearfully said, “I really need more help with managing his behavior. I understand he has difficulty using words to say what he wants but what more can I do to help him calm himself?” Discussed mentor support from team Family Counselor at future visit. Parent was amenable.</p>
<p>Plan</p> <p>WHAT WILL THE CAREGIVER DO BETWEEN THIS VISIT AND THE NEXT TO SUPPORT THE CHILD’S OUTCOMES</p>	<ul style="list-style-type: none"> • What is the plan for the next session? Can the family/caregiver tell you the plan in their own words? • Suggestions and strategies developed by caregiver and interventionist for follow-up activities to support child interests and learning during daily routines. • Suggested terminology should reflect familiar activities and strategies used within a daily routine. • Be specific about the plan and strategies family is invested in using. Avoid using terminology such as, “home program” or “home activities.” • Plan for when next contact will be, if specific date is not scheduled. (ex., Call family at beginning of next month to schedule next appointment.) • Signature and credentials of provider (at least first initial and last name; handwritten or electronic, no stamp service) 	<p>Identify the Joint Plan</p> <p>Next session, interventionist will meet family at their local park to help parent support Maeve in exploring equipment by climbing.</p> <p>Next session, Mom would like to work on child’s ability to use a spoon during meal time. Mom plans to introduce a spoon and empty bowl during meal preparation for child to explore without any expectations for use.</p> <p>Grandma agreed that when at the grocery store with Asha this week, she will encourage her to help put apples and other produce items into bags to facilitate attention and cooperation. They will have at least two opportunities to do this.</p> <p>Dad will allow “wait time” between his verbal model and Jose’s response when working on imitation of 2 word phrases while reading a bedtime story.</p> <p>Provide family with adapted seating system from ITC loan closet with intention of sharing resources with family for obtaining their own.</p> <p>Mom will encourage in/out play with familiar Tupperware containers and plastic measuring cups and spoons from kitchen cabinet Alice always crawls toward and opens.</p> <p>Discuss scheduling an IFSP review with service coordinator to consider reducing frequency of visits based on input from family, child progress and change in family</p>

		<p>schedule.</p> <p>At family's request, accompany family to library to show them children's area and check out library books in the next month. Will develop strategies with parents to support Liam's attention and staying close to them in public places, including picture schedule and giving choices.</p>
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