



Early Intervention Activity Note

Child's Name: _____ DOB: _____ ITOTS#: _____

Date of Service: _____ Location: _____ Length of Session in Minutes: _____

Participants: _____

Service: _____ Individual Early Intervention Activity: Group Early Intervention Activity

IFSP Outcomes/Short Term Goals Addressed Today:

Narrative Summary of the Early Intervention Session

- ✓ Information from family/caregiver about what has happened since last session including progress on joint plan developed at previous session.
- ✓ Details of how the provider supported the family/caregiver in a routine or activity related to goals and outcomes; strategies practiced and child's response.
- ✓ Specific examples of how the family/caregiver participated in the session including strategies practiced with the child and the child's response.
- ✓ Ongoing Assessment: documentation of child's skills observed and/or reported by family/caregiver including:
 - Child's progress in relation to the IFSP outcomes/ short-term goals.
 - New functional skills (if any) in any of the three global outcome areas.
- ✓ Documentation of joint planning for implementation of strategies and supports between visits during the family/caregiver daily routines and activities.

Provider(s) Printed Name(s), Signature(s) & Credentials: _____

Date: _____ **Next Visit Scheduled (Date & Time):** _____