



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**

Family/Caregiver Update	Information from family/caregiver about what has happened since last session including progress on joint plan developed at previous session.
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IFSP Outcomes/Short Term Goals Addressed Today

Narrative Summary of the Early Intervention Session	<ul style="list-style-type: none"> • 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.
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Joint Planning	Documentation of joint planning for implementation of strategies and supports between visits during the family/caregiver daily routines and activities.
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Ongoing Assessment: Child's skills observed and /or reported by family/caregiver	<ul style="list-style-type: none"> • Child's progress in relation to IFSP outcomes/ short-term goals (if not addressed in narrative). • New functional skills (if any) in any of the three global outcome areas.
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Provider(s) Printed Names(s), Signature(s) & Credentials: _____

Date of Provider Signature: _____ **Next Visit Scheduled (Date & Time):** _____