

ANNOTATED GUIDANCE FOR WRITING EARLY INTERVENTION SESSION NOTES



Documentation of early intervention service delivery must be completed by an early intervention professional whenever IFSP services are delivered to a child. A copy of the session note, either paper or electronic, must be given to the family and/or caregiver at the end of the session or within a reasonable amount of time so the family plan for between sessions can be utilized. The session note needs to be written in a professional, accurate and unbiased manner without acronyms or jargon. It also should be written legibly in an objective format and not include personal feelings, beliefs, judgments, or assumptions. This is to ensure the note serves as a resource to the family, caregivers, other team members, and service providers.

Each session note will include the following:

Date: the service was delivered

Time In: time the service began (ex. 9:07 AM) **Time Out:** time the service ended (ex. 3:13 PM)

Units: 1 unit = 15 minutes Calculate units by dividing the number of minutes by 15 and rounding down to the nearest whole number, ex. $63 \div 15 = 4.2$ which would equate to 4 units of service.

Name of the Child on file

Provider/Agency provider name and agency as applicable

Type of Service:

OT – Occupational Therapy **PT** – Physical Therapy

ST – Speech Therapy **SI** – Special Instruction

Other – Please specify (ex. nursing, social work, audiology, vision, etc.)

Type of Session:

Initial – Please specify a reason if the service did not begin within 14 days

Ongoing – Check if this is an ongoing service that was delivered

Other – Please specify (ex. consultation, IFSP meeting, etc.)

Location of Session:

home, early childhood classroom, community setting, etc. ex. the park, library, store, etc.



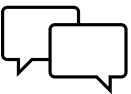
Outcome(s)/Goal(s) from the IFSP/IEP currently addressed:

Clearly identify which outcome(s) or goal(s) is being worked on in the session. Include the outcome or goal number and enough text to unmistakably identify it. This information identifies why the service is being delivered and the relationship of the service to the IFSP/IEP.

Specific targets to reach outcome(s) goal(s):

Identify the observable, measurable child target(s) addressed during the visit.

Targets addressed reflect the priorities of the caregiver(s) and include the skills that move the child incrementally closer to meeting his/her IFSP outcome. For example, if a child's outcome is to use words to request so he can play with peers at daycare, the target of the session may be imitating the single words car and book.



Child and family outcome updates including updates on targets from family plan for between

sessions: Document updated information about the child and family including related changes in medical, educational, social, developmental, or updates related to other services.

Record updates specific to the family's plan for embedding strategies between sessions. Include caregiver reflections and observations about child target use, caregiver strategy use, and routines used for practice. Comment on caregiver reflections related to progress toward outcome achievement. Note any data that may have been gathered or collected by the family.

Questions to prompt discussion with caregiver(s):	Examples of documentation:
<p>Assess child and family wellbeing.</p> <ul style="list-style-type: none"> • “How have you and the family been this week?” • “How was the visit with Grandma this week?” • “Tell me about the new childcare, how’s it going?” 	<ul style="list-style-type: none"> • <i>Laura saw the doctor, she has an ear infection and is not sleeping well.</i> • <i>Roberto claps when he sees Grandma. Dad counts this as a request because she does “Happy and You Know It” with him.</i>
<p>Review family plan for practice between visits created in the previous session.</p> <ul style="list-style-type: none"> • “During our last visit, you tried offering choices while getting dressed. How did you use choices during the week?” • “You thought you’d try putting his brother in the tub with him as a communication partner. How did that go? What other times did you find to include his brother?” • “I see he is pushing the toy grocery cart and taking a few steps. What did you do to make that happen?” 	<ul style="list-style-type: none"> • <i>He is pointing to make breakfast choices, being hungrier in the morning than at lunch made a difference.</i> • <i>Both boys in the tub took too long before bed. Mom will try weekend mornings instead. They did love singing in the car. Mom has heard lots of new sounds.</i> • <i>Canned food in the grocery cart made it more stable, he took 5 steps with the cart!</i>
<p>Revisit child outcome(s) on the IFSP and solicit family feedback on child’s current status to keep the “big picture” in focus.</p> <ul style="list-style-type: none"> • “Cara’s outcome is vocalizations to help her develop words. What sounds have you heard this week? Is this still a priority?” 	<ul style="list-style-type: none"> • <i>Mom has heard 3 new sounds this week, this continues to be a priority.</i>



What we did today to address the outcome(s) and reach session targets: What routines were practiced to embed strategies to support child learning? Include how intervention was embedded within activities and routines, family participation and how strategies were used.

Document a clear description of the visit. Clarify how the observable, measurable child targets and the methods the caregiver is practicing are being embedded in routines during the visit. Describe how coaching strategies were used to support the caregiver’s ability to help their child reach targets and outcomes within their routines. Session notes need to portray service delivery within the context of the family’s or early childhood setting’s meaningful, everyday routines in a manner that is functional for the child and caregiver. Interventionists should work to coach caregivers in a minimum of two high quality routines in the session. Specific coaching strategies which best match the caregiver’s learning preferences and support the outcomes and targets of the child should be used in decreasing levels of support as caregiver competence and independence increases.

<input type="checkbox"/> Observation	<input type="checkbox"/> Direct Teaching	<input type="checkbox"/> Demonstration with Narration	<input type="checkbox"/> Guided Practice
<input type="checkbox"/> Caregiver Practice	<input type="checkbox"/> Feedback	<input type="checkbox"/> Problem Solving	<input type="checkbox"/> Reflection
<input type="checkbox"/> Other			

Put a check in the box next to each of the specific coaching strategies that were used and represented in the narrative. Session notes that consist of observations only do not meet regulatory requirements. Descriptions of coaching strategies used must be included in the above narrative, examples are on the following pages.

Specific Coaching Strategy	Explanation - <i>documentation example</i>
<p><u>Observation (Ob)</u></p> <p>Ob occurs when the caregiver interacts with the child while the interventionist observes quietly. The primary role of the caregiver is to interact with the child in a new or familiar routine; the role of the EI is to observe, gather information, and after observing, share specific feedback with the caregiver. The EI should be nearby but not part of the activity. Observations should last at least 20 seconds before feedback to ensure an adequate picture is obtained. Specific feedback builds on the caregiver's strengths for engaging the child's participation in the interaction.</p>	<ul style="list-style-type: none"> • EI observes Sarah and her mother during their hand washing routine for at least 20 seconds and collects data on Sarah's behaviors and her responses to mom's prompts. • <i>Mom said "bubbles" throughout hand washing. Brainstormed opportunities to build on this. Mom decided to try "more bubbles".</i>
<p><u>Direct Teaching (DT)</u></p> <p>The EI shares information about a specific intervention strategy or how to establish opportunities for repetition in a routine with the intent for the caregivers to learn how to support their child's learning. The child may or may not be included in the interaction during the explanation of the strategy and how it helps support development. A handout or video clip may be used for illustration.</p>	<ul style="list-style-type: none"> • The EI explains, "He can reach for the toys easier when his trunk is stable. You can help him by placing your hands just above his waist. As he gets stronger you can lessen your support." • <i>Talked with Grandma about helping him with trunk stability (support above waist) to reach for toys.</i>
<p><u>Demonstration with Narration (Dem/N)</u></p> <p>The EI takes the lead in demonstrating a strategy with the child while the caregiver observes. The EI sets up the demonstration by telling the caregiver what she is going to do and why. The EI narrates during and after the demonstration with the purpose of explaining how to use the strategy as it is being demonstrated. Dem/N offers caregivers an opportunity to see the strategy while also observing how the child responds. Dem/N may be repeated and should evolve into guided or caregiver practice so that the caregiver can practice while the EI is available for support.</p>	<ul style="list-style-type: none"> • The EI provides hands-on trunk support at the toddler's hips to help maintain her balance to take a few steps. Simultaneously, the EI explains where and why to provide this support and then invites the caregiver to try. • <i>Hand placement at hips for balance to take steps- showed and described to Dad, he practiced helping her step from kitchen chair to Mom.</i>
<p><u>Guided Practice (GP)</u></p> <p>In GP, the EI supports the caregiver and child to learn new strategies or skills or practice ones that have been revised in the identified routine. The EI may offer suggestions about how or when to use a strategy, how to adapt materials, where else to embed the strategy to increase opportunities, recommend variations or share examples of other strategies to try. The EI may join in briefly to try a strategy with the caregiver and child during the routine but backs out for the caregiver to continue practicing with the child. The caregiver should have multiple turns to practice using the strategy(ies). GP often leads to caregiver practice.</p>	<ul style="list-style-type: none"> • During bubble play the EI says, "Let's see what happens if you wait a little longer before blowing more bubbles-maybe she will reach for the bubbles." • <i>Mom tried wait time before blowing more bubbles. Suggested she ask, "want more".</i>

Specific Coaching Strategy	Explanation - <i>documentation example</i>
<p>Caregiver Practice (CP)</p> <p>The caregiver takes the lead in interacting with the child as the EI observes and supports the interaction as needed. As the caregiver practices, the EI identifies the caregiver and child's strengths to share specific feedback to the caregiver or child's behavior, offer encouragement, or ask a reflective question without interrupting the routine. The EI is less actively involved or 'hands-on' than in guided practice. The intent is for the caregiver to practice new or revised strategies in a familiar or new routine with the EI available to offer GP, DT, or Dem/N only as needed. Feedback or reflection follows each CP.</p>	<ul style="list-style-type: none"> • Mom is practicing pausing to give Amy time to take a turn rather than asking "What's that?". Mom and Amy look at a book together, the EI observes Mom wait after reading the title. Amy points, vocalizes, and looks up at her mom to "tell" her about the picture. When the book is over the EI asks Amy's mother what she thinks went well. • Mom practiced pausing during book time. Amy pointed, vocalized, and looked to her mom.
<p>General and Specific Feedback (GF and SF)</p> <p>The EI comments about the caregiver's use of strategies with the child or the child's behavior/ responses. Feedback may be specific (citing something the EI observed) or general in nature encouraging or affirming participation. SF is encouraged throughout the session to provide additional information to the caregiver about what is working and why. SF that links what the caregiver does to how the child responds promotes confidence and competence. Feedback may be provided during or after the routine and may be directed to the child or the caregiver. Feedback should occur after Ob, GP, and CP.</p>	<ul style="list-style-type: none"> • EI comments "Wow! You really make sure she has lots of opportunities to make choices as you help her to get ready for childcare in the morning." (SF) • Mom's natural use of choices with songs and books prompts her to use a gesture to choose. • EI says "Look at you both smiling! (GF)
<p>Problem Solving (PS)</p> <p>The caregiver and EI consider and discuss routines, outcomes/targets, and strategies to identify options and revise or expand the current plan. Both parties contribute, define, or clarify solutions to a problem, situation, or concern and develop an action plan for when or how the strategy will be used in the routine. If needed, the EI supports the caregiver's active participation with questions and comments for discussion, such as "What do you think worked," "What didn't feel quite right," or "What do you think will make this easier for you or the child to participate?" The EI and caregiver must contribute substantively for at least 2 turns in the exchange that results in ideas to try, different routines for practice, or plans for new outcomes.</p>	<ul style="list-style-type: none"> • EI: "How do you think we could help him get the ball to you?" Mom: "Maybe if I hold the laundry basket he can throw the ball into the basket." EI: "Let's try it. Have you tried 'ready, set, go' to get his attention." Mom: "Not here but other times and it helps. I'll try it." • Brainstormed ways to build on ball play. Mom tried laundry basket and "ready, set, go". He rolled it to the basket 3 times.
<p>Reflection (Re)</p> <p>The EI supports the caregiver in reflecting on a routine, home visit, strategy, or child's progress. The EI may ask questions or make comments to encourage the caregiver to reflect. Reflection encourages the caregiver to generate ideas to enhance strategy use and ways to generalize strategies to new routines. Reflection helps the caregiver put words around what the child is learning to do and how they want it to look as progress is made. The EI may also build or expand upon the caregiver's comments to encourage continued reflection. Videos or other tools may be used to create opportunities for reflection.</p>	<ul style="list-style-type: none"> • EI: "Let's watch this video clip to see how he responded when you gave him a 'job' to do while cleaning up after breakfast. What do you want to try differently next time?" • EI: "What do you think helped him not only stay on the swing, but ask for more?" • Ms. Alicia felt that slowing him down and facing him were the most helpful in getting him to hold on and used "more".



Describe progress of target(s) identified in session plan and practiced in session:

Identify the observable, measurable child target(s) addressed during the visit toward the larger outcome(s). Put a check in the box next to the progress selection that matches the child's target use in relation to the caregiver's description of what the target(s) will look like when successful.

Target 1 _____

Completed target as described Some/partial target use Not yet Did not practice

Target 2 _____

Completed target as described Some/partial target use Not yet Did not practice



Family Plan for between sessions:

The EI supports the caregiver to reflect on targets, strategies, and routines throughout the session and to summarize this information to create the family plan for between sessions. The family's plan is designed to meet their preferences (not EI documentation of recommendations) and defines/describes the following:

What?

What are the targets for the child between sessions. Targets are observable and measurable.

How?

How will the caregiver support the child to reach his/her target(s)? What specific practices will they use before the next session?

When & Where?

During which family routines and activities will the intervention be embedded? How often? In what locations?

Who?

Which of the important people in the child's life will participate? This may include caregiver(s), sibling(s), childcare provider(s) and others who the family identifies.

What will success look like for the family?

The caregiver(s) will describe what the target(s) will look like when it is successful during their routines between visits. This is the information you will gather during updates at the next session.

Sample Family Plan

What? (Targets): ***use gestures more, up, done, point, wave***

How? (Strategies): ***small portions, pausing, modeling, hand over hand***

When & Where? (Routines & locations): ***snack time every morning, peek-a-boo in crib after nap, at grocery store, pictures on Mom's phone***

Who? (Which caregiver or caregivers): ***Mom, Dad, Grandma, big sister***

What will success look like for the family? ***3 gestures without hand over hand or model***

This information is reviewed and documented at the beginning of the following session identifying progress and continued need.

Early Interventionist Name/Title/Signature/Phone Number:

Each note should include the name and signature of the early intervention professional that provided the service. If service is provided by someone who requires supervision under their scope of practice, then there must be a supervisory signature on the session note (indicating that appropriate supervision was performed according to applicable standards).

Parent/Caregiver Name/Signature:

Each note must include a parent or caregiver signature.

Service Coordinator Name:

Each note should include the name of the child’s early intervention service coordinator.

Date and Time of Next Session:

Include the date and time of the next scheduled session.

Codes for missed session:

When a planned service delivery does not occur (i.e., child or early intervention professional is absent; cancellation without notice or an act of nature) the early intervention professional should document this occurrence, including the reason, in the child’s record.

Indicate if the reason for the missed session was:

CA – Child absent

PA – EI professional absent

NS – No show

AON-Act of Nature

A copy of the session note, either paper or electronic, must be given to the family and/or caregiver at the end of the session or within a reasonable amount of time so the family plan for between sessions can be utilized. If services are delivered in an early care and education environment, a copy should be provided to both the family and the caregiver at the early care and education program.

ADDITIONAL GUIDANCE

The session note, along with annotated guidance for completion, can be found in the Session Note section of the Service Delivery page on the Early Intervention Technical Assistance portal. <http://www.eita-pa.org/>