

Early Intervention Session Note

Optional Local ID # (if required)									Date	Time in	Time out	Units*	
Name of Child	Provider/Agency							Type of Service	Type of Session	Location of Session			
										OT <input type="checkbox"/> PT <input type="checkbox"/> ST <input type="checkbox"/>	Initial <input type="checkbox"/> Ongoing <input type="checkbox"/>		
										SI <input type="checkbox"/> Other:	<input type="checkbox"/> Other:		
Outcome(s)/Goals(s) from IFSP/IEP currently addressed: Specific targets to reach outcome(s)/goal(s):													
Child and family outcome updates including updates on targets from family plan for between sessions: <h2 style="text-align: center;">Setting the Stage</h2> <p style="text-align: center;">EI Principle 1- Individualize for the child and caregiver. EI Principle 2- Meaningful & functional outcomes.</p>													
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.													
<h2 style="text-align: center;">Observation and Opportunities to Embed</h2> <p style="text-align: center;">EI Principle 3- Work collaboratively with the family.</p>													
Coaching strategies used in routines: <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"/> Specific feedback <input type="checkbox"/> Problem solving <input type="checkbox"/> Reflection <input type="checkbox"/> Other:													
Describe progress of target(s) identified in session plan and practiced in session: Target 1 _____ <input type="checkbox"/> Completed target as described <input type="checkbox"/> Some/partial target use <input type="checkbox"/> Not yet <input type="checkbox"/> Did not practice Target 2 _____ <input type="checkbox"/> Completed target as described <input type="checkbox"/> Some/partial target use <input type="checkbox"/> Not yet <input type="checkbox"/> Did not practice													
Family plan for between sessions: What? (Targets): How? (Strategies): When & Where? (Routines & locations): Who? (Which caregiver or caregivers): What will success look like for the family?													
<h2 style="text-align: center;">Reflection and Review</h2> <p style="text-align: center;">EI Principle 5- Coach and support family/caregivers/educators.</p>													

Problem Solving and Planning
EI Principle 4- Integrate all aspects of the child.

Early Interventionist Name/Title/Signature/Phone Number: _____

Parent/Caregiver Name/Signature: _____

Service Coordinator Name: _____

Date and Time of Next Session: _____

*Codes for missed session: CA-Child Absent PA-EI Professional Absent NS-No Show AON-Act of Nature