



NYC Early Intervention Program Session (Home/Facility) - Version 1

Child's Name: _____		DOB: _____		Sex: Male Female		EI #: _____	
Interventionist's Name: _____		Credentials: _____		National Provider ID #: _____		Service Type: _____	
Session Date: _____ IFSP Service Location: _____ Time: From _____ AM PM To _____ AM PM Intensity: _____ Session delivered: In-person Telehealth				Session Date: _____ IFSP Service Location: _____ Time: From _____ AM PM To _____ AM PM Intensity: _____ Session delivered: In-person Telehealth			
Date Note Written: _____ ICD-10 code: _____ HCPCS Code (if applicable): _____ 1st CPT Code: _____ 2nd CPT Code: _____ 3rd CPT Code: _____ 4th CPT Code: _____				Date Note Written: _____ ICD-10 code: _____ HCPCS Code (if applicable): _____ 1st CPT Code: _____ 2nd CPT Code: _____ 3rd CPT Code: _____ 4th CPT Code: _____			
Session cancelled - reason listed in #1. Session must be made up by: _____ This is a make-up for a missed session on _____. (must be within 2 weeks) Session Participants: child parent/caregiver Other: _____				Session cancelled - reason listed in #1. Session must be made up by: _____ This is a make-up for a missed session on _____. (must be within 2 weeks) Session Participants: child parent/caregiver Other: _____			
1. IFSP Outcome(s) and developmental step(s) addressed during this session:				1. IFSP Outcome(s) and developmental step(s) addressed during this session:			
2. Describe what happened during today's session and the progress made toward the IFSP outcome(s). Include the <u>routine activity</u> and the <u>strategies</u> used in the session. When available, include parent/caregiver feedback on how they incorporated the strategies between sessions.				2. Describe what happened during today's session and the progress made toward the IFSP outcome(s). Include the <u>routine activity</u> and the <u>strategies</u> used in the session. When available, include parent/caregiver feedback on how they incorporated the strategies between sessions.			
3. How did you work with the parent/caregiver? Observed parent/caregiver and child during routines Parent/caregiver tried activity, feedback exchanged Demonstrated activity to parent/caregiver Reviewed communication tool with parent/caregiver Other:				3. How did you work with the parent/caregiver? Observed parent/caregiver and child during routines Parent/caregiver tried activity, feedback exchanged Demonstrated activity to parent/caregiver Reviewed communication tool with parent/caregiver Other:			
4. What strategies/activities did you and the parent/caregiver collaboratively agree to do to support their child's learning and development between visits?				4. What strategies/activities did you and the parent/caregiver collaboratively agree to do to support their child's learning and development between visits?			
Parent/Caregiver Signature: _____ Date: ____/____/____				Parent/Caregiver Signature: _____ Date: ____/____/____			
Relationship to child: _____				Relationship to child: _____			
Interventionist Signature: _____ Date: ____/____/____				Interventionist Signature: _____ Date: ____/____/____			
License/Certification #: _____				License/Certification #: _____			
Supervising Clinician (if applicable): _____ Date: ____/____/____				Supervising Clinician (if applicable): _____ Date: ____/____/____			
License/Certification #: _____				License/Certification #: _____			

NYC EARLY INTERVENTION PROGRAM **SESSION NOTES** **INSTRUCTIONS FOR COMPLETION**

GENERAL INSTRUCTIONS

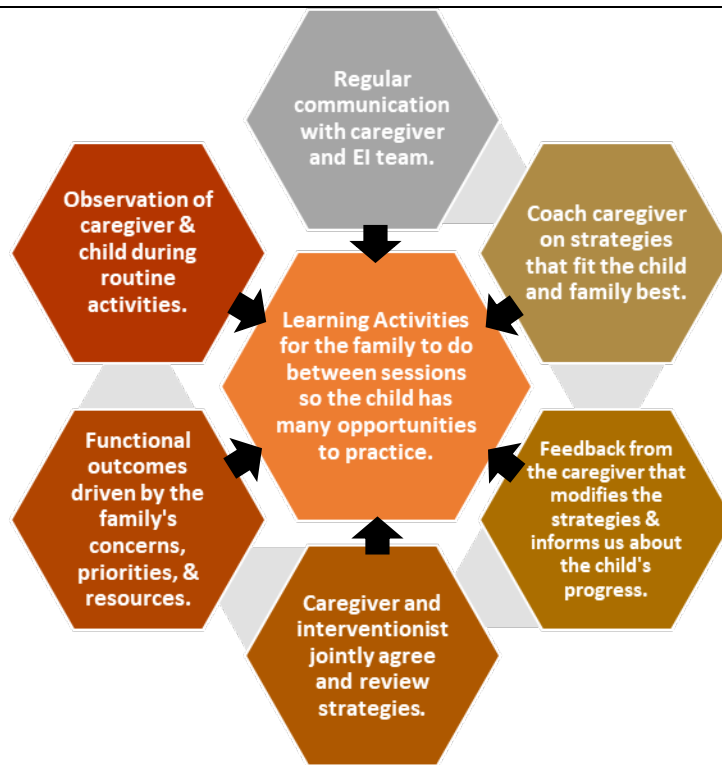
The interventionist must complete this form for each session conducted. They must also document whenever a session is cancelled and the reason for the cancellation on the form. The family should receive a copy of the session note as close as possible to the completed session. A copy must also be submitted to the interventionist's provider agency for billing purposes. **All Session Note fields are mandatory.** A provider may add additional fields or pages to the form if necessary. **Refer to the [Session Note Policy](#).**

DEMOGRAPHIC/AUTHORIZATION INFORMATION

Child's Name:	Information must be the same as in the NYS DOH BEI Data System EI Hub (do not use nickname).
DOB:	Enter child's date of birth.
Sex:	Enter the child's sex assigned at birth (Male or Female)
EI #:	The EI # as it appears in EI Hub
Interventionist Name:	Print the name of the interventionist who is completing this form.
Credentials:	Interventionist's discipline/credentials; e.g., speech language pathologist (MS, CCC/SLP); special educator (MS Ed.); or physical therapist (Dr.PT.), etc.
National Provider ID #:	Write the National Provider ID (NPI) #. [See NY State regulations from June 2010.]
Service Type:	IFSP authorized service delivered by the interventionist, e.g., Speech Therapy, Physical Therapy, Occupational Therapy, Special Instruction, etc.
Session Date:	Date session was held.
IFSP Service Location:	Provide the IFSP service location used for this session. This is the location where the IFSP indicates the service is to be provided. IFSP locations include the home, in a community location (e.g., child care program), or in a facility. Home and community-based individual/collateral sessions are the provision by appropriate qualified personnel of EI services to an eligible child and/or collateral services provided in the context of the parent/child dyad to help the child reach their outcomes, as articulated in the IFSP. - Home/Community services take place at the child's home or other natural settings in which children under three are typically found (including child care centers, other than those located at the same premises as the EI provider, and family child care homes). [NYS DOH BEI regulations Section 69-4.30] Note: The natural environment plays an important role in Early Intervention Part C services. These include the settings (e.g., home, grocery store, playground, library, places of worship, child care, etc.); the materials that are typically found and used in the child's environment and routines (e.g., child's toys, books, bowls, family songs and games); the people with whom the child interacts on a consistent, regular basis during their routine activities (e.g., parents, siblings, relatives, child care teacher); and their usual family routine activities (e.g., meal times, bath times, dressing, travel, celebrating holidays). By considering all these components of the natural environment, interventionists can enhance their provision of culturally respectful and family-centered EI services. - For services provided in child care programs, EI services should be provided to the EI child <i>within the child care group</i> (with the other typically developing children) during routine activities. This makes child care a natural environment. - When the EI child is pulled out to another room or segregated to a corner of a room away from their child care group during the EI sessions, the EI session is no longer being provided in the natural environment. - When services are not provided in the natural environment, such as when provided in a center-based program, the reasons why are required to be documented in the IFSP.
Date Note Written:	Date that the interventionist completes the note. It is expected that notes are written contemporaneously or as close as possible to the session.
Time:	Exact duration of session. From begin time to end time . AM/PM must be indicated in order to support billing.
Intensity:	Indicate if this session was provided as a home/community or individual-facility session as authorized in the IFSP. Use the NYC EI Group Session Note for group, parent-child, and family-support group services.

How was this session delivered? In-person or Telehealth?	Check whether this session was provided in-person or via telehealth. Note: The parent must sign the New York State Early Intervention Program Consent for the Use of Telehealth for each service type before any remote (or hybrid) services (including service coordination) may begin. • EI services rendered via telehealth must include both simultaneous audio and visual components for the entire duration of the authorized session for both the provider and the family. If this is not possible, the session must be provided in person. • The expectation post-COVID is that most early intervention services will be delivered in-person. However, telehealth remains an option for providing EI services with parent consent and in accordance with the IFSP. NYS DOH Early Intervention Program Guidance Document (December 2023) IFSP service authorizations may include telehealth hybrid services, in which some sessions are provided in person (e.g., first session, once a month, twice a month) and some sessions are provided remotely. Telehealth can also be provided on a temporary basis when it is documented in the child's IFSP that in-person services are currently being sought, telehealth is necessary to prevent gaps in services, and the parent consents.
ICD-10 Code:	The relevant ICD-10 code as indicated on the child's evaluation.
HCPCS Code (if applicable):	Enter the Level II HCPCS code for the service or product provided by a non-health care interventionist (for example, Special Educator).
CPT Code(s):	Enter the CPT code(s) as indicated by the interventionist's professional association. • Depending on the CPT code, a session may require more than one code. For example, if the same service was provided for a 30-minute session and the CPT code is for 15 minutes of service, the CPT code would be listed twice. (See Early Intervention Memorandum 2003-1).
Session Cancelled:	When a session is cancelled: 1. Indicate that the session was cancelled and document the reason under question #1. 2. The missed session must be made up before: Write the date that is 2 weeks from the missed session. The make-up session should occur on or prior to this date. 3. This is a make-up session for: If this session is a make-up session, check this box and indicate the date of the missed session. Note: Refer to the Make-Up Policy
Session Participants (check all)	Check the box(es) that indicates the session's participants, including the child, parent/caregiver, or other. Specify who the other participants are: (e.g., foster parent, siblings, child care teacher, other children in child care).
1. IFSP Outcome(s) and developmental step(s) addressed during this session:	Document the IFSP outcome(s) and developmental step(s) that was worked on in this session with the child and parent/caregiver. List each outcome by number and each developmental step by number and letter. • Interventionists should address each IFSP outcome and developmental step based on their own scope of practice proficiency, knowledge, experience, and expertise. • Whenever interventionists believe that they cannot address an IFSP outcome or developmental step, they should document this in Question #1 in the NYC EIP Progress Note with an explanation. Note: Ongoing discussions with the parents about their current concerns, priorities and resources will help guide the IFSP outcome or developmental step that will be worked on during the session and promote collaboration with families. Joint planning is an evidence-based component of coaching and method for working with families.
2. Describe what happened during today's session and the progress made toward the IFSP outcome(s) Include the <u>routine activity</u> and the <u>strategies</u> used in the session. When available, include	Document what happened during this session, and the progress the child has made during this session (e.g., generalization to other routines, ease of doing the learning activity, obstacles encountered). • If this is the first session, document the observations and assessment of the child's developmental status and functioning. Describe strengths and areas that need support.

parent/caregiver feedback on how they incorporated the strategies between sessions.	The routine activity that was covered during this session must be included. The session note must include documentation that services are being delivered within the context of the family’s natural routines and are functional for the child. • The routines must be specific to the family’s cultural and social environment and be a concern and priority for them. • The routine activities should include but are not limited to those listed in the outcomes in the IFSP. • It is expected that a range of family routines be documented when appropriate. Routines should not be limited to only “play routines”. When describing what happened during the session, provide the strategies that were used during the session. For example, what strategies were used to support the child’s functioning, the child’s response to the strategy, the child’s engagement, or any modification in strategies to enhance the child’s progress. Examples include: • Modeling; • Verbal cues only; • Gesture with verbal cues; • Physical prompts; • Hand-over-hand; • Modification of the social or the physical environment; • Positioning; • Adaptation of materials; • Generalization of skills across routines; and • Use of Assistive Technology When available, include the parent/caregiver’s feedback about how they incorporated the strategies, and how well they worked and did not work between sessions. • When parents/caregivers share that a strategy did not work, the interventionist should work with the parent/caregiver and the child on a strategy that may work and fit the child and family better. This modification in strategy should be documented in Question 4 of this session note. Note: Interventionists should work collaboratively with the family to seek opportunities to adapt learning experiences and strategies to reflect the individual characteristics of the child and family, and to identify and implement, as appropriate, strategies that enhance and promote the child’s participation in natural learning opportunities across both child and family routines and community settings (NYS DOH Provider Agreement XII C4).
Early Intervention is a developmental program and not a medical or rehabilitative one. Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts (relationship-based learning). They need lots of practice to achieve developmental skills. Children practice throughout the day in addition to during their EI sessions. To give children many opportunities to practice within meaningful contexts, such as their everyday routine activities, it is important to help parents/guardians/caregivers learn new ways to support their child’s learning and development. This is one of the main family outcomes for every EI program (ECTA). Therefore, interventionists should engage, partner and coach caregivers to enhance their confidence and competence to support their child’s development. Research in early intervention and in early childhood brain development shows that parents and caregivers play an integral role in the success of EI services. Therefore, the parent/guardian/caregiver should participate in sessions whether they are in-person or via telehealth. Workgroup on Principles and Practices in Natural Environments, OSEP TA Community of Practice – Part C Settings. When working and communicating with the parent/caregiver and child, interventionist should consider the evidence-based family-centered information in the diagram below. See the NYS DOH BEI Competency Areas for Evidence-based Evaluations and Services in the NY Early Intervention Program.	



3. How did you work with the parent/caregiver during the session? Check all that apply: ☐ Observed parent/caregiver and child during routines ☐ Parent/caregiver tried activity; feedback exchanged ☐ Demonstrated activity to parent/caregiver ☐ Reviewed communication tool with parent/caregiver ☐ Other:

Check off all techniques used during the session with the parent/guardian/caregiver. These are usually the adults or family members that the parents identified in the IFSP who will participate in EI sessions. For example, if the child is receiving services in child care, the child care teacher is considered the caregiver. If a technique was used that is not listed, please check “other” and describe the technique(s).

Some techniques that can be utilized with the parent/caregiver include but are not limited to:

- Observed parent/caregiver and child performing activities;
- Parent/caregiver tried activity and feedback was exchanged;
- Reviewed communication tool with parent/caregiver;
- Discussed activity with parent/caregiver;
- Assisted parent/caregiver;
- Gave the parent/caregiver a picture illustrating the way to position the child after demonstrating the method;
- Demonstrated parent/caregiver-child activity while describing and explaining what was happening;
- Modeled and explained a strategy and provided feedback as parent/caregiver tried the activity with the child;
- Videotaped learning activity and reviewed with parent/caregiver;
- Observed parent/caregiver and child performing activities, with both parent/caregiver and interventionist providing feedback during the session;
- Identified the methods and sequence of an activity for the parent/caregiver; and
- Generalized the strategy to other routines with the parent/caregiver.

When the parent/caregiver did not participate in the session, check off “Other” and then explain why. Describe how you tried to include them in the session. While the presence of the caregiver may be distracting for the child at the beginning, it becomes more routine for the child as the caregiver continues to be part of the sessions. Therefore, parents/guardians/caregivers should *never* be removed from participating in sessions because they are too distracting for their child.

4. What strategies/activities did you and the parent/caregiver collaboratively agree to do

Infants and toddlers need lots of practice to achieve progress, and children with developmental delays need even more practice. More practice is not to be confused with more therapy or service, because all children learn and practice everywhere and anytime during their daily family routines. The primary role of the interventionist is to work

to support their child’s learning and development between visits?	with, coach and support the family members and caregivers in a child’s life. This is why natural environments are important and why the Early Intervention Program is family-centered. Outline the strategies/activities that the caregiver (e.g., parent, babysitter, child care staff) has agreed to do until the next visit. Indicate here if the parent/caregiver did not agree to work on a strategy/activity; include the reason (if given). During each visit, the interventionist and the parent/caregiver can determine and collaborate together on which learning activities: • Will be integrated into the child and family’s natural routines, based on family’s comfort level • Will be used to build upon the child and family’s strengths and competencies • Can be used by the family without the presence of the interventionist Include the following information, if applicable: • If the child is authorized for an AT device, describe how the family will use the device as part of the child’s daily routine. • Support the generalization of the child’s new skills and abilities. Describe the framework of the strategies and whether they may be used in other natural routines when the child and family feel they have been successful. • Include recommendations made by other interventionists working with the parent/caregiver and child whenever possible. EI team collaboration and communication is professional and considered best practice.
Parent/Caregiver Signature and Date Relationship to the Child:	The parent or caregiver (the adult person responsible for the child during the session) must sign and dates the session note. The relationship to the child must be documented. For example, the mother or father and the caregiver may be the child care teacher, the baby sitter, grandmother, or the guardian. The parent or caregiver must also sign and date the service log for this session. Together, the session note and the service log, signed by the qualified personnel and parent/caregiver, would fulfill the requirements of documentation for billing and claiming of the early intervention service visit. Session notes: • If the interventionist is an employee, the agency employer must maintain the original session notes. • If the interventionist is an independent provider, they must maintain the original session note for each session and submit copies to their EI provider agency. • Agencies must provide session notes and service logs when requested for billing and audit purposes. 10 NYCRR section 69-4.26(c) requires that providers maintain original signed and dated session notes and service logs.
Interventionist signature, credentials, date and license/certification number, and title	The interventionist signs the session note and adds their credentials. If certified, write “certified”. Include the date signed. The date must be consistent with the date that the session note was created.
Supervising Clinician signature, credentials, date and license/certification number and title	For sessions provided by CFYs, OTAs, PTAs, and anyone working under a plan of supervision, the signature and license/certification of their supervisor must be included. Date of the signature must be within 45 days of the session.
Resources: The <i>Family Activity Sheet</i> is available to help support the parent/caregiver in implementing the learning activities until the next session. It is also available on the NYC EIP Early Intervention: Information for Families webpage under the section titled “Services Delivered During Daily Routines.” The <i>Family Activity Sheet</i> is a <u>voluntary</u> tool that can be used to document the strategies that the family plans to use during targeted daily routines. The type of tool that the parent/caregiver decides to use is individual to the family. They may decide to use either the Family Activity Sheet, or a communication notebook, or a calendar or even a combination of these tools. They may also use different tools at different times or decide not to use any communication tool.	

For more information regarding family-centered best practices, the parent-child dyad, and functional outcomes, please review the *New York State Department of Health Bureau of Early Intervention [Companion Document for the Competency Areas for Evidence-Based Evaluations and Services in New York Early Intervention Program](#)*.

To learn more about the policies and procedures of the New York City Early Intervention Program, please check out the [New York City Early Intervention Information for Providers](#) webpage; the [NYC Early Intervention: Provider Policies, Procedures, and Forms](#) webpage; and the [NYC Early Intervention: Professional Development and Trainings](#) webpage.

For more information regarding Telehealth services (e.g., service logs) in the New York State Early Intervention Program, please see the Telehealth Guidance, Consent for Telehealth services, and related FAQs in the [**NYS DOH BEI Guidance and Memoranda**](#) webpage.