NYC EARLY INTERVENTION PROGRAM CO-VISIT SESSION NOTE

**Child’s Name: DOB: \_\_\_\_\_\_Sex: \_\_M\_\_F EI #:**

(Last) (First)

 **Interventionist’s Name: Disciplne\_\_ST\_\_\_SI\_\_\_OT\_\_\_\_PT\_\_\_\_Other:\_\_\_\_\_NPI#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- |
| List co-visit participants. Include name and role (discipline of interventionist).\_\_\_ST:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_PT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_OT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_SW/Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SI /\_\_\_ABA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_Gurdian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date of co-visit: / / Date Session Note written: \_\_\_\_/\_\_\_\_/\_\_\_\_ ICD-10:\_\_\_\_\_ CPT:\_\_\_\_x\_\_\_\_ Time of co-visit: From am/pm To am/pm Location of co-visit (check one):  Home  Center  |
| **IFSP Outcome(s) Addressed:****Progress of child/family related to IFSP outcomes:** |
| **DISCUSSION AT CO-VISIT:** List current concerns of parent/caregiver and/or interventionists. If applicable, confirm which interventionists are assigned to upcoming Family Training (FT) sessions. Indicate date, time and place of next co-visit session. | **ACTIVITY AT CO-VISIT:*****Indicate only one:**** Worked with parent/caregiver and child together
* Worked with parent/caregiver alone
* Worked with child alone

***Check all that apply:**** Discussed session activity with parent/caregiver
* Parent/caregiver tried activity, interventionist(s) assisted
* Showed parent/caregiver activity
* Reviewed Calendar with parent
* Interventionist(s) used alternate tool to work with parent
* Other (describe)
 |
| **FAMILY PLAN FOR NEXT TIME PERIOD, AS PER IFSP**(record also on FAP calendar): | **FOLLOW-UP BY TEAM OF INTERVENTIONISTS –** List plansand strategies to (1) support next month’s Family Plan and(2) integrate services: |
| **Parent/Caregiver Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_****Interventionist Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Credentials/Lic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_ /\_\_\_\_/\_\_** |

IFSP Outcomes/Objectives: