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 plans  and 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: