



# Early Intervention Session Note

<b>Optional Local ID #</b> (if required)									<b>Date</b>	<b>Time in</b>	<b>Time out</b>	<b>Units*</b>	
<b>Name of Child</b>		<b>Provider/Agency</b>							<b>Type of Service</b>		<b>Type of Session</b>		<b>Location of Session</b>
									OT <input type="checkbox"/> PT <input type="checkbox"/> ST <input type="checkbox"/> SI <input type="checkbox"/> Other:		Initial <input type="checkbox"/> Ongoing <input type="checkbox"/> <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:**

**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.**

**Coaching strategies used in routines:**  
 Observation  Direct teaching  Demonstration with narration  Guided practice  Caregiver practice  
 Specific feedback  Problem solving  Reflection  Other:

**Describe progress of target(s) identified in session plan and practiced in session:**  
 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:**  
 What? (Targets):  
 How? (Strategies):  
 When & Where? (Routines & locations):  
 Who? (Which caregiver or caregivers):  
 What will success look like for the family?

**Early Interventionist Name/Title/ Phone**  
**Signature:** \_\_\_\_\_

**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