

Early Intervention Session Note

Optional Local ID # (if required)							Date	Tiı	ne in	Time out	Units*
Name of Child	I	Provider/Agency						pe of Service	Type of Session	Location of Session	
									PT ST ST Other:	Initial Ongoing Office	
Outcome(s)/Goals(s) fro	om]	IFSP	/IEI	P c	urr	ently	y 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 use	d in	n rou	tine	s:							
Observation Direct teaching Demonstration with narration Guided practice Caregiver practice											
Specific feedback Problem solving Reflection Other:											
Describe progress of tag Target 1	rget	t(s) id	lent	ifie	ed i	n ses	sion plan ar	nd practio	ced in session:		
Completed target as of Target 2	lesc	ribed			Sor	ne/p	artial target u	ise 🗌]	Not yet	Did not practice	
Target 2 Completed target as described Some/partial target use Not yet Did not practice											
Family plan for betwee	n se	ession	ls:								
What? (Targets):											
How? (Strategies):		P -1	otio	~ ~)							
When & Where? (Routines & locations):											
Who? (Which caregiver or caregivers): What will success look like for the family?											
what will success look in					Iy :						
Early Interventionist Nan Signature/Phone Number		itle/									
Parent/Caregiver Name/S	igna	ature:									
Service Coordinator Nam	e:										
Date and Time of Next Se	ssior	n:									

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