

ANNOTATED GUIDANCE FOR WRITING EARLY INTERVENTION SESSION NOTES

Documentation of early intervention service delivery must be completed by an early intervention professional when IFSP services are delivered to a child as well as when planned service delivery does not occur. A copy of the session note, either paper or electronic, must be given to the family and/or caregiver at the end of the session or within a reasonable amount of time so the family plan for between sessions can be utilized. The session note needs to be written in a professional, accurate and unbiased manner without acronyms or jargon. It also should be written legibly in an objective format and not include personal feelings, beliefs, judgments, or assumptions. This is to ensure the note serves as a resource to the family, caregivers, other team members, and service providers.

Each session note will include the following:

Date: the service was delivered

Time In: the time of day the service was begun (ex. 9:07 AM) **Time Out:** the time of day the service ended (ex. 3:13 PM)

Units: The number of units of service provided (1 unit = 15 minutes). The number of units is calculated by taking the number of minutes and dividing by 15, then rounding down to the nearest whole number, ex. $63 \div 15 = 4.2$ which would equate to 4 units of service.

Name of the Child receiving the service

Provider/Agency that delivered the service

Type of Service:

OT – Occupational Therapy

PT – Physical Therapy

ST – Speech Therapy

SI – Special Instruction

Other – Please specify (ex. nursing, social work, audiology, vision, etc.)

Type of Session:

Initial – Please specify a reason if the service did not begin within 14 days

Ongoing – Check if this is an ongoing service that was delivered

Other – Please specify

Location of Session:

Indicate the location where the service was provided, ex. home, early childhood classroom, community setting, ex. the park, library, store, etc.

Outcome(s)/Goal(s) from the IFSP/IEP Currently Addressed:

Clearly identify which outcome(s) or goal(s) is being worked on. Include the outcome or goal # number as well as enough text to unmistakably identify the outcome or goal. This information identifies why the service is being delivered and the relationship of the service to the IFSP/IEP.

Specific Targets to reach Outcome(s) Goal(s)

Identify the observable, measurable child target(s) that were addressed during the visit.

For example, if a child's outcome is to use words to request so he can play with peers at daycare, the target of the session may be imitating the single words car and book.

Child and family outcome updates including updates on targets from family plan for between sessions:

Document any updated information about the child and family, including related changes in medical, educational, social, developmental, or other services. Record updates specific to the family's plan for embedding strategies between sessions. Include caregiver reflections and observations about child target(s) use, caregiver(s) strategy use, and routines used for practice. Note any data collection that may have been gathered or collected by the family or caregiver to help instruct and support service delivery. Record caregiver reflections related to progress toward outcome achievement.

Questions to prompt discussion with caregiver(s):	Examples of documentation
<p>Assess child and family wellbeing.</p> <ul style="list-style-type: none"> • “How has Laura been? Did her cold go away?” “Is grandma out of the hospital?” “Has dad gotten any break from overtime duty?” <p>Review family plan for practice between visits created in the previous session.</p> <ul style="list-style-type: none"> • “During our last visit, we tried using the choice board while getting dressed. How did it go?” “You were going to try putting the snack choice board on the refrigerator. How did that work?” “We played on the swings and in the sandbox last week. Did he ask for more?” • “How did using the toy grocery cart work for increasing her walking? Did she chase you? Did you have fun?” “Did bath time take longer when you added big brother as a conversation partner?” “How much extra time was involved with Danny helping put the clothes away?” <p>Revisit child outcomes on IFSP and solicit family feedback on child’s current status to keep the “big picture” in focus.</p> <ul style="list-style-type: none"> • “We’re working on Cara’s vocalizations to help her develop words. What sounds have you heard this week? Is this still a priority?” 	<ul style="list-style-type: none"> • <i>Laura was seen at the dr. this week for an ear infection.</i> • <i>Dad is on overtime and was unable to take Joey to the park.</i> • <i>Mom used the choice board during breakfast, he picked Cheerios.</i> • <i>Emmet asked for more when he was on the swing and when he wanted juice for the first time yesterday.</i> • <i>The grocery cart did not work because all Latoya wanted to do was play with the stuff in the cart.</i> • <i>Danny helped put his clothes away but lost interest after 2 minutes.</i> • <i>Mom has heard 3 new sounds, this continues to be a priority.</i>

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.

Document a clear and individualized description of the visit. Indicate how the coaching strategies were used to support the caregiver embedding evidence-based intervention strategies that support child progress toward targets and outcomes within everyday routines and activities.

Clarify how the observable, measurable child targets were addressed in the visit. Targets addressed reflect the priorities of the caregiver(s) and include the skills that move the child incrementally closer to meeting his/her IFSP outcome. Session notes need to describe services within the context of the family’s or early childhood setting’s meaningful, everyday routines in a manner that is functional for the child and caregiver(s). Identify the routines utilized during the session within this narrative. Early Interventionists should work to support caregivers in a minimum of two high quality, family routines.

Show the use of the specific coaching strategies which best match the caregiver’s learning preferences and support the outcomes and targets of the child. The note should evidence the scaffolding of strategies used to meet the learning needs of the caregiver. Note, specific coaching strategies should be used in decreasing levels of support as caregiver competence and independence increases. Include specific information about how the family member or caregiver was involved in the visit and describe their participation.

This short narrative describes how the interventionist supported the caregiver(s) use of strategies and techniques to help the child reach targets and outcomes within their typical routines with the important people in their lives.

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|---|--|---|--|
| <input type="checkbox"/> Observation | <input type="checkbox"/> Direct Teaching | <input type="checkbox"/> Demonstration with Narration | <input type="checkbox"/> Guided Practice |
| <input type="checkbox"/> Caregiver Practice | <input type="checkbox"/> Feedback | <input type="checkbox"/> Problem Solving | <input type="checkbox"/> Reflection |
| <input type="checkbox"/> Other | | | |

Put a check in the box next to each of the specific coaching strategies that were used. and describe how the coaching strategy was used in the narrative. Session notes that consist of mere observations do not meet regulatory requirements, therefore, those sessions would not be considered reimbursable.

SPECIFIC COACHING STRATEGY	Looks like and <i>examples of documentation</i>
<p>Observation The primary role of the caregiver is to interact with the child; the role of the interventionist is to observe or gather data. Interventionist does not give specific feedback or suggestions. Interventionist is not a part of the activity though s/he may be in close proximity; s/he does not offer comments. Observations must last at least 20 seconds.</p>	<ul style="list-style-type: none"> • Interventionist observes mom and Sarah’s hand washing routine for at least 20 seconds and collects data on Sarah’s behaviors and her responses to mom’s prompts. • <i>Sarah smiled and brought her hands together each time Mom said “rub” during hand washing.</i>
<p>Direct Teaching The EI shares information about a specific strategy, routine, or child development with the intent for the caregivers to learn how to support their child in new ways. The child may or may not be included in the interaction until you have explained how to use the strategy and how it helps support development. A handout or video clip may be used for illustration.</p>	<ul style="list-style-type: none"> • “Mirroring is a strategy we can use to increase his imitation skills. To use this strategy we just do what he does and copy his actions. So, if he drops a block in the bucket, you drop a block. This will keep him engaged in the interaction and show him the power of imitation.” • <i>Explained using mirroring during play to Grandma.</i>
<p>Demonstration with Narration The EI takes the lead in demonstrating a strategy with the child while the caregiver observes. He or she sets up the demonstration by telling the caregiver what she is going to do, and why. The EI narrates during and after the demonstration with the purpose of showing the caregiver how to use the strategy. If the EI does not narrate the strategy, the caregiver does not benefit from seeing it directly and may not realize what the EI did to support the child. Demonstration may be repeated and should evolve into guided or caregiver practice with feedback</p>	<ul style="list-style-type: none"> • During a virtual visit, the Early Interventionist uses a toy doll and toy bottle to demonstrate how a caregiver can show the baby the bottle, set it on the table, and then point while saying to mom “You can point to the bottle and then wait 3 seconds to see if he requests it with a gesture or vocalization.”. • The Early Interventionist provides some hands-on trunk support at the hips to help the toddler maintain balance to take a few steps. During this time the EI explains where and why she is giving that support and then invites the caregiver to try. • <i>Showed Dad hand placement at hips and described how this helps with balance, Dad was ready to try as Joey toddled after the dogs.</i>
<p>Guided Practice The EI and caregiver work as partners with the child and exchange roles in practicing intervention strategies in the context of a routine. The EI guides the interaction with specific suggestions about how to use a strategy. The caregiver has a turn (or multiple turns) to practice using the strategy with the child as the EI makes suggestions during the interaction or following the routine.</p>	<ul style="list-style-type: none"> • During snack, the Early Interventionist says, “Here are two goldfish for her to eat. Let’s see what happens if you wait a little longer before offering her more.”. Child eats and looks at mom and mom reaches out with another goldfish. The Early Interventionist prompts mom to say ‘more’ before giving her another goldfish. • <i>Guided Mom to limit quantity, use wait time, and then model “more” when she looks and wants more goldfish.</i>
<p>Caregiver Practice The caregiver takes the lead in interaction with the child as the EI observes and supports the interaction as needed. Support is offered by providing feedback specific to the caregiver or child’s behavior, offering encouragement, or asking a reflective question without interrupting the routine. The EI is less actively involved or ‘hands-on’ than in guided practice.</p>	<ul style="list-style-type: none"> • Mom is working on pausing to give Amy time to take a turn rather than asking “What’s that?” As mom and Amy look at a book together, mom waits after reading the title. Amy vocalizes and mom turns the page. Amy points, vocalizes, and looks up at mom to “tell” her about the picture. • <i>Mom practiced pausing during book time, Amy responded by pointing, vocalizing, and looking to Mom.</i>

Feedback The EI offers performance-based comments about the caregiver’s use of strategies with the child or about the child’s behavior/ responses. Feedback may be specific (citing something the ei observed) or general in nature. Feedback may be provided during or after the routine and may be directed to the child or to the caregiver.

- “Wow! You do such a good job of making sure she has lots of opportunities to make choices as you help her to get ready for childcare in the morning.” (Specific)
- ***Pointed out Mom’s natural use of choices during their morning routine.***
- “Great job!” (General)

Problem Solving The caregiver and early interventionist consider and discuss strategies to improve routines and outcomes. Both parties contribute, define, or clarify solutions to a problem, situation or concern and develop an action plan for when and how the strategy will be used in a routine.

- EI: “He seems to throw the ball away from you- how do you think we could help him roll the ball toward you?” Mom: “Maybe if I hold the laundry basket he can throw the ball into the basket.” EI: “Let’s try it. You could even say ‘ready, set, go’ to get his attention.”
- ***Brainstormed ways to encourage him to roll the ball to Mom on the playroom floor. She decided to try the laundry basket and “ready, set, go”.***

Reflection The EI supports the caregiver to reflect on a routine, home visit, strategy, or child progress. The EI may ask questions or make comments to encourage the caregiver to reflect. The EI may model his/her own reflections and impressions. The EI may also build or expand upon the caregiver’s comments to encourage continued reflection. Videos or other tools may be used to create opportunities for reflection.

- EI: “Let’s watch the video together to see how he responded when you used environmental arrangement during breakfast. Tell me what you think made this work so well.”
- EI: “How do you think she did using the spoon today? What helped her?”
- EI: “What do you think helped him not only stay on the swing, but ask for more?” or “What do you want to try differently next time?”
- ***Grandpa felt that highly motivating activities work best to keep him engaged and prompt him to ask for more. He will try again with the swing and also with his favorite musical toy.***

Describe progress of target(s) identified in session plan and practiced in session:

Identify the observable, measurable child target(s) that were addressed during the visit toward the larger outcome(s) or goal(s) addressed during the session. Put a check in the box next to the progress selection that matches the child’s target use in relation to the caregiver(s) description of what the target(s) will look like when successful.

Target 1 _____	<input type="checkbox"/> Completed target as described	<input type="checkbox"/> Some/partial target use	<input type="checkbox"/> Not yet	<input type="checkbox"/> Did not practice
Target 2 _____	<input type="checkbox"/> Completed target as described	<input type="checkbox"/> Some/partial target use	<input type="checkbox"/> Not yet	<input type="checkbox"/> Did not practice

Family Plan for between sessions:

The EI supports the caregiver to reflect on targets, strategies, and routines throughout the session and to summarize this information to create the family plan. The family’s plan designed to meet their preferences (not EI documentation of recommendations) and defines/describes the following:

What? What are the targets for the child. Targets are observable and measurable.

How? How will the caregiver support the child to reach his/her targets? What specific practices will they use?

When & Where? During which routines will the intervention be embedded? How often? In what locations?

Who? Which of the important people in the child’s life will participate? This may include caregiver(s), sibling(s), childcare provider(s) and others who the family identifies.

What will success look like for the family? The caregiver(s) will describe what the target(s) will look like when it is successful during their routines between visits. This is the data that you will collect.

Sample Family Plan

What? (Targets): *use gestures more, up, done, point, wave*

How? (Strategies): *small portions, pausing, modeling, hand over hand*

When & Where? (Routines & locations): *snack time every morning, peek-a-boo in crib after, at grocery store, pictures on Mom's phone*

Who? (Which caregiver or caregivers): *Mom, Dad, Grandma, big sister*

What will success look like for the family? *3 gestures without hand over hand or model*

This information is reviewed and documented at the beginning of the following session identifying progress and continued need.

Early Interventionist Name/Title/Signature/Phone Number:

Each note should include the name and signature of the early intervention professional that provided the service. If service is provided by someone who requires supervision under their scope of practice, then there must be a supervisory signature on the session note (indicating that appropriate supervision was performed according to applicable standards).

Parent/Caregiver Name/Signature:

Each note must include a parent or caregiver signature.

Service Coordinator Name:

Each note should include the name of the child's early intervention service coordinator.

Date and Time of Next Session:

Include the date and time of the next scheduled session.

Codes for missed session:

When a planned service delivery does not occur (i.e. child or early intervention professional is absent; cancellation without notice or an act of nature) the early intervention professional should document this occurrence, including the reason, in the child's record.

Indicate if the reason for the missed session was:

CA – Child absent

PA – EI professional absent

NS – No show

AON-Act of Nature

ADDITIONAL GUIDANCE

The session note format, along with annotated guidance for completion of each section of the session note can be found at www.pattan.net. A job aid with additional resources is also available at www.eita-pa.org.