



Early Intervention Session Note

Optional Local ID # (if required)									Date	Time in	Time out	Units*
Name of Child		Provider/Agency				Type of Service			Type of Session		Location of Session	
						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:												
<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"/> Specific feedback <input type="checkbox"/> Problem solving <input type="checkbox"/> Reflection <input type="checkbox"/> Other:												
Describe progress of target(s) identified in session plan and practiced in session:												
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:												
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