

CPSE INDIRECT SESSION NOTES

Child's Name: John Unicorn
 Provider's Name: Nicole Fridas

DOB: 11/7/15
 Mandate: 2x60

Date: 6/19/19 Start Time: 11:02 AM/PM End Time: 12:02 AM/PM Type: Group/Individual (circle 1)
 Setting: Home/School/Community (circle 1)

Outcomes: (What IEP goals are being worked on?)

John will improve on preacademic skills to count 1-5 w/70% accuracy, participate in large group activities refraining from tantruming with 8/10 trials and turn take appropriately without supervision for 80% accuracy.

Activities: (What was used to work towards the aforementioned goals?)

SEIT and teacher created a schedule board for visual prompting to support transitions between activities and verbal cues for countdown prior to transitioning.

Response: (How were recommendations implemented or followed up with?)

John has demonstrated improvements to count by rote from 1 to 4 however requires verbal prompting for #5 in sequence. He enjoyed parallel play with peer of his choice.

Team/Parent Collaboration: (What specific observations, discussions, or recommendations have been discussed?)

Teacher was in agreement to provide verbal cues for 3min. warning to clean up and count down with specific wording of what activity/center will come next.

Provider's Signature: [Signature] MSED Provider's Certification/License #: 12345678

Provider's NPI #: SEIT CPTCODE/S N/A

Parent/School's Signature: [Signature] (teacher) Date: 6/19/19

Date: /// Start Time: ::: AM/PM End Time: ::: AM/PM Type: Group/Individual (circle 1) *
 Setting: Home/School/Community (circle 1) *

Date of indirect service Full time of service *always circle as ind. on IEP

Outcomes: (What IEP goals are being worked on?)

Include goals (minimum of 2 to 3 goals) with criteria reflective of the current IEP goals.

Activities: (What was used to work towards the aforementioned goals?)

Include activities that have been recommended to use or observed to be used with brief explanation/purpose of use.

Response: (What was the child's response to the goals?)

How child responded to suggested modifications; did child meet the projected criteria reflective of the OUTCOME DOMAIN?

Team/Parent Collaboration: (What specific observations, discussions, or recommendations have been discussed?)

What specific was recommended to teacher/parent (name who is reviewed with)

Provider's Signature: please ensure you add credentials Provider's Certification/License #: _____

Provider's NPI #: SEIT CPTCODE/S N/A

Parent/School's Signature: Teacher or parent signature Date: /// *
 Who ever is signing needs to date

MUST BE HAND WRITTEN. Black Ink Only Please. Must be completed at the END of each session. Parents must be informed of child's progress.