

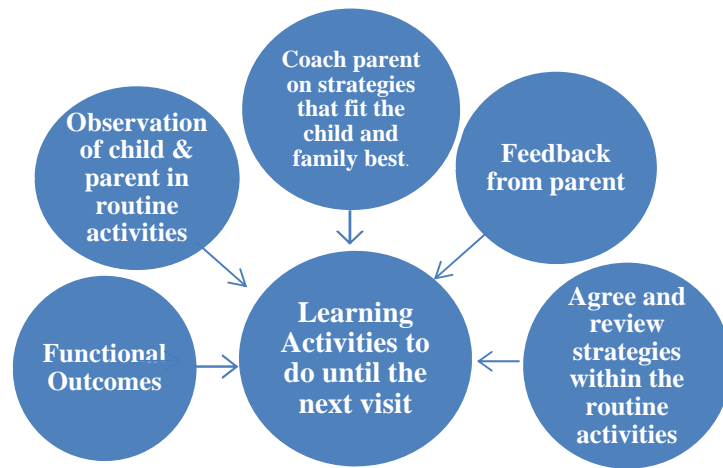
Child's Name: _____		DOB: ____/____/____		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		EI #: _____	
Interventionist's Name: _____		Credentials: _____		National Provider ID #: _____		Service Type: _____	
Session Date: ____/____/____ IFSP Service Location: _____		Session Date: ____/____/____ IFSP Service Location: _____		Time: From _____ <input type="checkbox"/> AM <input type="checkbox"/> PM To _____ <input type="checkbox"/> AM <input type="checkbox"/> PM		Time: From _____ <input type="checkbox"/> AM <input type="checkbox"/> PM To _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	
Date Note Written: ____/____/____ ICD-10 code: _____		Date Note Written: ____/____/____ ICD-10 code: _____		HCPCS Code (if applicable): _____ 1st CPT Code: _____		HCPCS Code (if applicable): _____ 1st CPT Code: _____	
2nd CPT Code: _____ 3rd CPT Code: _____ 4th CPT Code: _____		2nd CPT Code: _____ 3rd CPT Code: _____ 4th CPT Code: _____		<input type="checkbox"/> Session cancelled - reason listed in #1. Session must be made up by: ____/____/____		<input type="checkbox"/> Session cancelled- reason listed in #1. Session must be made up by: ____/____/____	
<input type="checkbox"/> This is a make-up for a missed session on ____/____/____. (must be within 2 weeks)		<input type="checkbox"/> This is a make-up for a missed session on ____/____/____. (must be within 2 weeks)		Session Participants: <input type="checkbox"/> child <input type="checkbox"/> parent/caregiver <input type="checkbox"/> Other: _____		Session Participants: <input type="checkbox"/> child <input type="checkbox"/> parent/caregiver <input type="checkbox"/> Other: _____	
If the parent/caregiver was unavailable, how did you communicate with them about the session?		If the parent/caregiver was unavailable, how did you communicate with them about the session?		1. Describe the progress that the child has made toward the IFSP outcomes since the last session. Include parent/caregiver feedback.		1. Describe the progress that the child has made toward the IFSP outcomes since the last session. Include parent/caregiver feedback.	
Additional information about the session (as appropriate):		Additional Information about the session (as appropriate):		2. IFSP Functional Outcome(s) and Objective(s) addressed during this session:		IFSP Functional Outcome(s) and Objective(s) addressed during this session:	
3. Routine Activities worked on during the session: <input type="checkbox"/> Activities of Daily Living (ADL)		3. Routine Activities worked on during the session: <input type="checkbox"/> Activities of Daily Living (ADL)		<input type="checkbox"/> Play/Social <input type="checkbox"/> Community/Errand <input type="checkbox"/> Other(s): _____		<input type="checkbox"/> Play/Social <input type="checkbox"/> Community/Errand <input type="checkbox"/> Other(s): _____	
Strategies used within the Routine Activities: <input type="checkbox"/> Modeling <input type="checkbox"/> Cues <input type="checkbox"/> Prompts		Strategies used within the Routine Activities: <input type="checkbox"/> Modeling <input type="checkbox"/> Cues <input type="checkbox"/> Prompts		<input type="checkbox"/> Positioning <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Other: _____		<input type="checkbox"/> Positioning <input type="checkbox"/> Assistive Tech <input type="checkbox"/> Other: _____	
4. How did you work with the parent/caregiver? <input type="checkbox"/> Observed parent/caregiver and child during routines		4. How did you work with the parent/caregiver? <input type="checkbox"/> Observed parent/caregiver and child during routines		<input type="checkbox"/> Parent/caregiver tried activity, feedback exchanged		<input type="checkbox"/> Parent/caregiver tried activity, feedback exchanged	
<input type="checkbox"/> Demonstrated activity to parent/caregiver		<input type="checkbox"/> Demonstrated activity to parent/caregiver		<input type="checkbox"/> Reviewed communication tool with parent/caregiver		<input type="checkbox"/> Reviewed communication tool with parent/caregiver	
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Other: _____		5. What strategies/activities did you and the parent/caregiver collaboratively agree to do to support their child's learning and development between visits?		5. What strategies/activities did you and the parent/caregiver collaboratively agree to do to support their child's learning and development between visits?	
Parent/Caregiver Signature: _____ Date: ____/____/____		Parent/Caregiver Signature: _____ Date: ____/____/____		Relationship to child: _____		Relationship to child: _____	
Interventionist Signature: _____ Date: ____/____/____		Interventionist Signature: _____ Date: ____/____/____		License/Certification #: _____		License/Certification #: _____	

**NYC EARLY INTERVENTION PROGRAM
INSTRUCTIONS FOR COMPLETION
SESSION NOTES**

GENERAL DIRECTIONS	
The interventionist must complete this form for each session completed and document whenever a session is cancelled and the reason for the cancellation on the form. The family should receive a copy of the session note as close as possible to the completed session. A copy must also be submitted to the interventionist's provider agency for billing purposes. All Session Note fields are mandatory. A provider may add additional fields to the form if necessary. Refer to the Session Note Policy	
DEMOGRAPHIC/AUTHORIZATION INFORMATION	
Child's Name:	Information must be the same as in NYEIS (do not use nickname).
DOB:	Enter child's date of birth.
Sex:	Enter the sex of the child (M, F)
EI #:	The EI # appears at the top of the "Child Homepage" in NYEIS
Interventionist Name:	Print the name of the interventionist who is completing this form.
Credentials:	Interventionist's discipline/credentials, e.g. speech therapist (Speech/Language Pathologist, MS, CCC/SP, special educator (MS Ed.), etc.
National Provider ID (NPI):	Write the National Provider ID (NPI). [See NY State regulations from June 2010.]
Service Type:	IFSP authorized service delivered by the interventionist, e.g. Speech, Physical Therapy
Session Date	Date session was held.
IFSP Service Location:	This is the location the IFSP indicates the service is to be provided (i.e., facility, etc.).
Date note written:	Date that the interventionist completes the note. It is expected that notes are written contemporaneously or as close as possible to the session.
Time:	Exact duration of session. From begin time to end time . AM/PM must be indicated in order to support billing.
ICD-10 code *	The relevant ICD-10 code as indicated on the child's evaluation (effective 10/1/2015).
HCPCS Code (if applicable)	Enter the Level II HCPCS code for the service or product provided by a non-health care interventionist (for example, Special Educator).
CPT Code(s)	Enter the CPT code(s) as indicated by the interventionist's professional association. <ul style="list-style-type: none"> • Depending on the CPT code, a session may require that more than one. For example, if the same service was provided for a 30 minute session and the CPT code is for 15 minutes of service, the CPT code would be listed twice. (See Early Intervention Memorandum 2003-1).
Session Cancelled:	When a session is cancelled: <ol style="list-style-type: none"> 1. Indicate that the session was cancelled and document the reason under question #1. 2. The missed session must be made up before: Write the date that is 2 weeks from the missed session. The make-up session should occur prior to this date. 3. This is a make-up session for: If this session is a make-up session, check this box and indicate the date of the missed session. Note: Refer to the Make-Up Policy
Session Participants	Check the box that indicates the session participants. Specify others not listed (e.g., siblings).
If the parent/caregiver was unavailable, how did you communicate with them about the session?	Indicate the method(s) used to communicate strategies to the parent/caregiver when they are not available. Consistent communication and collaboration with families and with the EI team are essential in early intervention services. <ul style="list-style-type: none"> • Communication with the family and other EI professionals is important for teaming and collaboration. Document briefly the strategies that were used to work with the child when the parent/caregiver was not available or chose not to participate in the session. Interventionists may refer to their documentation in questions #3 and #5 when this is the information they communicated. • Parents decide how they want to communicate with their EI team whether they are receiving services at home, at a center-based program, at a facility, and at a day care center. Different types of methods include a communication book, videos, phone calls, the voluntary <i>NYC EIP Family Activity Sheet</i>, etc. If parents want to use emails, please see the NYS DOH BEI Policy and Parent Consent to use emails.

* Visit <https://support.eibilling.com/Main/Default.aspx> for detailed guidance on ICD-9 to ICD-10 conversion

Questions #1 to #5 support the interventionist in their work with the parent/caregiver and the child. Below is a diagram to visually show what kind of information is to be covered. (Refer to the Appendix for definitions of terms.)



<p>1. Describe the progress/responses that the child has made toward the IFSP outcomes since the last session. Include parent/caregiver feedback.</p> <p>Additional information about the session (as appropriate)</p>	<p>The information in this section guides what will be worked on during the current session. In this section, the interventionist must document:</p> <ol style="list-style-type: none"> 1. The progress the child has made since the last visit (e.g., generalization to other routines, ease of doing, obstacles encountered) after observing the child and parent/caregiver in the routine and discussing it with the parent/caregiver. 2. Document feedback from the parent/caregiver as to what strategies worked and did not work. <p>Document any other information about activities that took place during the session. This may include the following: Updated information about the child/family if there are changes in medical or developmental status or in community services; indication of whether parent/caregiver is interested in attempting new functional outcomes or strategies.</p> <ul style="list-style-type: none"> • Any other information about the session the interventionist wants to record.
<p>2. IFSP Functional Outcome(s) and Objective(s) addressed during this session:</p>	<p>Document the IFSP functional outcome(s) and objective(s) that was worked on in this session with the child and parent/caregiver.</p> <ul style="list-style-type: none"> • Interventionists should address the IFSP functional outcomes and objectives based on their <i>own</i> scope of practice proficiency, knowledge and experience. • Whenever interventionists believe that they cannot address an IFSP functional outcome or objective, they should document this in Question #1 in the NYC EIP Progress Note with an explanation. <p>Note: Ongoing discussion with the parent/caregivers about what their concerns, priorities and resources currently are will help guide the functional outcome or objective that will be worked on during the sessions and promote collaboration with families.</p>
<p>3. Routine Activities worked on during the session:</p>	<p>The session note must include documentation that services are being delivered within the context of the family’s natural routines and are functional for the child.</p> <ol style="list-style-type: none"> 1. The routines must be specific to the family’s cultural and social environment and are of a concern and priority for them. 2. The routine activities should include but are not limited to those listed in the functional outcomes in the IFSP. 3. It is expected that a range of family routines be documented when appropriate. Routines should not be limited to “play routines”. <p>Check off all those routine activities that were used during the session, or write in the daily routine if it is not listed. Routine activities may include:</p> <ul style="list-style-type: none"> • Activities of Daily Living (ADL) Routines which cover hygiene routines, food routines, and dressing routines; • Play/Socialization routines, • Community/Family routines;

<p>Strategies used within the Routine Activities:</p>	<ul style="list-style-type: none"> • Song/Rhyme Routines; and • Book Routines. <p>Note: Interventionists should work collaboratively with family to seek opportunities to adapt learning experiences and therapeutic strategies to reflect the individual characteristics of the child and family, and to identify and implement, as appropriate, strategies that enhance and promote the child’s participation in natural learning opportunities across both child and family routines and community settings [(NYS DOH Provider Agreement XII C4).</p> <p>Indicate which strategies were used to help the families/caregivers successfully support their children’s participation in daily activities.</p> <p>The following are examples of strategies:</p> <ul style="list-style-type: none"> • Positive reinforcement at all levels; • Parent models, child imitates; • Verbal cues only; • Gesture with verbal cues; • Physical prompts; • Hand-over-hand; • Increased opportunities to practice; • Modification of the social or the physical environment; • Positioning; • Adaptation of materials; • Use of Assistive Technology; and • Discrete trial instruction.
<p>4. How did you work with the parent/caregiver?</p>	<p>Each family learns in different ways. Some families may not choose to participate in a session while others may choose to participate. Check off <u>all</u> techniques used during the session. If a technique was used that is not listed, please check “other” and describe the technique(s).</p> <p>Some techniques that can be utilized with the parent/caregiver include, but are not limited to:</p> <ul style="list-style-type: none"> • Observed parent/caregiver and child performing activities; • Discussed activity with parent/caregiver; • Assisted parent/caregiver; • Gave the parent/caregiver a picture illustrating the way to position the child after demonstrating the method; • Demonstrated parent/caregiver-child activity while describing and explaining what was happening; • Modeled and explained a strategy and provided feedback as parent/caregiver tried the activity with the child; • Videotaped learning activity and reviewed with parent/caregiver; • Observed parent/caregiver and child performing activities, with both the parent/caregiver and the interventionist providing feedback during the session; • Reviewed communication tool with parent/caregiver; • Identified the methods and sequence of an activity for the parent/caregiver; and • Generalized the strategy to other routines with the parent/caregiver.
<p>5. What strategies/activities did you and the parent/caregiver collaboratively agree to do to support their child’s learning and development between visits?</p>	<p>Outline the strategies/activities that the parent/caregiver has agreed to do until the next visit. Indicate here if the parent/caregiver did not agree to work on a strategy/activity with the reason (if given).</p> <p>During each visit, the interventionist and the parent/caregiver can determine and collaborate together on which learning activities:</p> <ul style="list-style-type: none"> • Will be integrated into the child and family’s natural routines, based on family’s comfort level. • Will be used to build upon the child and family’s strengths and competencies. • Can be used by the family without the presence of the interventionist. <p>Include the following information, if applicable:</p> <ul style="list-style-type: none"> • If the child is authorized for an AT device, describe how the family will use the device as part of the child’s daily routine. • Support the generalization of the child’s new skills and abilities. Describe the framework of the strategies and whether they may be used in other natural routines when the child and family feel they have been successful. • Include recommendations made by other interventionists working with the

	parent/caregiver and child whenever possible.
Parent/caregiver signature and relationship to the child:	At the end of the session, the parent/caregiver who participated in the session signs the session note and indicates his/her relationship to the child. The date written on the note is the date that the parent signs the completed note. A parent must never be asked to sign an incomplete, blank, or undated note. *This does not apply for facility-based or group developmental services.
Interventionist signature, credentials, date and license/certification number:	The interventionist signs the session note and adds his/her credentials. If certified, write “certified” and do not indicate number. The date that the session note was created, and signed by the parent, is then entered. For sessions with student interns, CFYs, OTAs, and PTAs, this field may also include the signature and license/certification number of a supervisor, as applicable. A date should also be indicated.
<p>Procedural Notes: A <i>Family Activity Sheet</i> is available to help support the parent/caregiver in the learning activities until the next session (it follows the session note in this chapter of the <i>NYC Policy and Procedure Manual</i>, and is also available on the www.nyc.gov website).</p> <p>The <i>Family Activity Sheet</i> is a <u>voluntary</u> tool that can be used to document the strategies that the family plans to use during targeted daily routines. The type of tool that the parent/caregiver decides to use is individual to the family. They may decide to use either the Family Activity Sheet, or a communication notebook, or a calendar or even a combination of these tools. They may also use different tools at different times, or decide not to use any tool.</p>	