

<b>Optional Local ID # (if required)</b>										<b>Date:</b>	<b>Time in:</b>	<b>Time out:</b>	<b>Units:</b>
<b>Name of Child</b>	<b>Provider/Agency</b>					<b>Type of Service</b>			<b>Type of Session</b>		<b>Location of Session</b>		
						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:				

**Progress since last session**

**Including parent report:**

**Outcome(s)/Goals(s) from IFSP/IEP to be addressed:**

<b>Daily Routines Used:</b> <input type="checkbox"/> Play with toys <input type="checkbox"/> Bath/Hygiene Related <input type="checkbox"/> Medical/Comfort <input type="checkbox"/> Dressing Related <input type="checkbox"/> Mealtime <input type="checkbox"/> Book Activities <input type="checkbox"/> Songs and Rhymes <input type="checkbox"/> Writing/Drawing <input type="checkbox"/> Community/Family errands <input type="checkbox"/> Morning Family Routine <input type="checkbox"/> Family Evening Routine Other:	<b>What we did today to address outcome:</b>	<b>Strategies Used:</b> <input type="checkbox"/> Turn taking <input type="checkbox"/> Offer Choices <input type="checkbox"/> Modify Environment <input type="checkbox"/> Describing or Labeling What You Are doing <input type="checkbox"/> Adjusting pace by Wait or Pause for response <input type="checkbox"/> Model or Demonstrate for child <input type="checkbox"/> Encourage Child to Imitate <input type="checkbox"/> Positioning <input type="checkbox"/> AT including Visual Supports Other:	<b>Plans for next session:</b>
	<b>Suggestions for families to do within their activities/routines:</b>		<b>Progress information to be collected between sessions:</b>

**Early Interventionist Name/Title/Signature/Phone Number:**

**Parent/Caregiver Name/Signature:**

**Service Coordinator Name:**

**Date Next Session:**