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| SESSION NOTE CHECKLIST |
| **Check if completed** | **Required information in Each Section** |
|   | Child's name, Date of birth, Sex M/F, EI number |
|   | Interventionist's name, credentials, national provider ID number, Service type |
|   | Session date, IFSP service location, Date note written |
|   | Time (**EXACT** duration of the session. From beginning time to end time. AM/PM **MUST** be indicated) |
|   | ICD-10 codes, HCPCS code (if applicable) |
|   | CPT Codes (enter the CPT code(s) as indicated by the interventionist's professional association) |
|   | **Session cancelled**: **-->** Indicate that the session was cancelled and document the date session was cancelled.**-->** Documenting the reason for cancellation is **REQUIRED** under question #1, (i.e. family driven, event outside of provider’s control). **-->** Write the date that is **2 weeks** from the missed session; the makeup session should occur prior to this date. **-->** "If this session is a makeup session", check the box and indicate the date of the missed session. |
|   | Session Participants (child, parent/caregiver, other) If the parent/caregiver was unavailable, how did you communicate with them about the session? |
|   | Describe the progress that the child has made toward the IFSP outcomes since the last session. Include parent/caregiver feedback. |
|   | IFSP Functional Outcome(s) and objective(s) addressed during the session |
|   | Routine actives worked during the session, Strategies used within the Routine Actives |
|   | How did you work with the parent/caregiver? |
|   | 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, relationship to child, Date |
|   | Interventionist Signature, License/Certification, Date |

\*\****An Interruption in Service Provision form is required when three or more consecutive missed sessions have occurred. Reason for the gap in service is also required. Interruption in Service Provision form is required to be submitted for every billing cycle as applicable.***