

Child's Name: _____ **DOB:** _____ **EI #:** _____
 (Last) (First)

List co-visit participants. Include name and role (discipline of interventionist).

Date of co-visit: ____/____/____ Date Session Note written: ____/____/____
 Time of co-visit: From _____ To _____ Location of co-visit (check one): Home Center

IFSP Outcome(s) Addressed:

Progress of child/family related to IFSP outcomes:

DISCUSSION AT CO-VISIT: List current concerns of parent/caregiver and/or interventionists. If applicable, confirm which interventionists are assigned to upcoming Family Training (FT) sessions. Indicate date, time and place of next co-visit session.

ACTIVITY AT CO-VISIT:
Indicate only one:

- Worked with parent/caregiver and child together
- Worked with parent/caregiver alone
- Worked with child alone

Check all that apply:

- Discussed session activity with parent/caregiver
- Parent/caregiver tried activity, interventionist(s) assisted
- Showed parent/caregiver activity
- Reviewed Calendar with parent
- Interventionist(s) used alternate tool to work with parent
- Other (describe)

FAMILY PLAN FOR NEXT TIME PERIOD, AS PER IFSP
 (record also on FAP calendar):

FOLLOW-UP BY TEAM OF INTERVENTIONISTS – List plans and strategies to (1) support next month's Family Plan and (2) integrate services:

Parent/Caregiver Signature: _____ **Relationship to child:** _____
Interventionist Signature: _____ **Credential:** _____