

SUFFOLK COUNTY EARLY INTERVENTION PROGRAM – SESSION NOTE

Child's Name: _____ DOB: _____
Provider's Name: _____ Provider NPI #: _____ License #: _____
Agency Name: *ADVANCED CHILD THERAPIES LLC* Agency NPI #: *1669861126*
Auth. Period: to _____ EI Auth #: _____ ICD10 Code: _____
Authorized Service (Discipline): _____ Type: Individual Location: _____

Date: ___/___/___ Time: From ___ to ___ CPT Code(s): _____ Date note written: ___/___/___
IFSP Outcomes Addressed: [] Session cancelled/ reason [] Makeup session

Activities and strategies used, child's response:

Note progress – [] No progress [] Limited progress [] Progressing

Check all that apply:
[] Parent/caregiver tried activity, therapist assisted [] Discussed session activity with parent/caregiver
[] Showed parent/caregiver activity [] Collaborated with parent to meet family needs (newsletter, notebook, telephone)
[] Parent/caregiver present but did not participate [] Center-based program

Suggestions for embedding strategies into child's daily routines:

[] Services were provided according to the frequency and duration stated in the IFSP.
Parent/Caregiver Signature: _____ Date: _____ Relationship to child: _____
Provider Signature: _____ Credential: _____

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