

**SUFFOLK COUNTY EARLY INTERVENTION PROGRAM – SESSION NOTE**

Child's Name:		DOB:
Provider's Name:	Provider NPI #:	License #:
Agency Name: O'Brien Speech, Language and Learning, PLLC.		Agency NPI #: 1437302999
Auth. Period: to	El Auth #:	ICD9 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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Month of: \_\_\_\_\_ Page \_\_\_ of \_\_\_