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

Child Name DOB: Provider’s Name:

Provider NPI#: License

Agency Name: **O’Brien Speech Language and Learning, PLLC** Agency NPI #: **1437302999**

Auth. Period

Authorized Service: Type: Individual Location: Authorized Service: Type: Individual Location:

\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_ Time: From \_\_\_\_to \_\_\_\_ CPT Code(s): **92507 92507 92507**\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ Date note written: \_\_\_/\_\_\_/\_\_\_

IFSP Outcomes Addressed: [ ] Session cancelled/reason [ ] Makeup session

Activities and strategies used, child’s response:

Play-doh, books and toys.

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:

Month of: Page e: \_\_\_/\_\_\_/\_\_\_ Time: From \_\_\_\_to \_\_\_\_ CPT Code(s): \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ Date note written: \_\_\_/\_\_\_/\_\_\_

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Provider Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Credential: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_ Time: From to \_\_\_\_ CPT Code(s): **92507**\_ \_\_\_\_\_ \_\_\_\_\_ Date note written: \_\_\_/\_\_\_/\_\_\_

IFSP Outcomes Addressed: Yes ] Session cancelled/ reason [ ] Makeup session

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

Check all that apply:

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Provider Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Credential:

Month of: Page \_\_\_\_ of \_\_\_\_