



## Early Intervention Session Note

Optional Local ID # (if required)											Date	Time in	Time out	Units*
Name of Child		Provider/Agency									Type of Service	Type of Session	Location of Session	
Outcome(s)/Goals(s) from IFSP/IEP currently addressed:														
Child and family outcome updates including updates on targets from family plan for between sessions:														
What we did today to address the outcome(s) and reach session targets: What routines were practiced to embed strategies to support child learning? Include how intervention was embedded within activities and routines, family participation and how strategies were used.														
<b>Coaching strategies used in routines:</b> Observation Direct teaching Demonstration with narration Guided practice Caregiver practice Specific feedback Problem solving Reflection Other:														
<b>Describe progress of target(s) identified in session plan and practiced in session:</b> Target 1 _____. Completed target as described Some/partial target use Not yet Did not practice Target 2 _____. Completed target as described Some/partial target use Not yet Did not practice														

**Family plan for between sessions:**

What? (Targets):

How? (Strategies):

When & Where? (Routines & locations):

Who? (Which caregiver or caregivers):

What will success look like for the family?

**Early Interventionist Name/Title/ Phone**

**Signature:**

**Parent/Caregiver Name/Signature:**

**Service Coordinator Name:**

**Date and Time of Next Session:**

\*Codes for missed session: CA-Child Absent PA-EI Professional Absent NS-No Show AON-Act of Nature

BEISFS/OCDEL 2/1/2023