**Early Intervention Activity Note**

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<tr>
<th>Child’s Name:</th>
<th>DOB:</th>
<th>ITOTS#:</th>
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<tr>
<th>Date of Service:</th>
<th>Location:</th>
<th>Length of Session in Minutes:</th>
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**Participants:**

Service: ____________________  □ Individual Early Intervention Activity: □ Group Early Intervention Activity

**IFSP Outcomes/Short Term Goals Addressed Today:**

**Narrative Summary of the Early Intervention Session**

- Information from family/caregiver about what has happened since last session including progress on joint plan developed at previous session.

- Details of how the provider supported the family/caregiver in a routine or activity related to goals and outcomes; strategies practiced and child’s response.

- Specific examples of how the family/caregiver participated in the session including strategies practiced with the child and the child’s response.

- Ongoing Assessment: documentation of child’s skills observed and/or reported by family/caregiver including:
  - Child’s progress in relation to the IFSP outcomes/ short-term goals.
  - New functional skills (if any) in any of the three global outcome areas.

- Documentation of joint planning for implementation of strategies and supports between visits during the family/caregiver daily routines and activities.

**Provider(s) Printed Name(s), Signature(s) & Credentials:**

Date:  

Next Visit Scheduled (Date & Time):