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

License No.:

Provider NPI No:

DOB:

Child’s Name:

Provider’s Name:

Agency Name: MKSA LLC Agency NPI No.: 1700208709

CPT code(s)

[ ] Makeup Session

[ ] Session Cancelled / Reason:

Date Note Written:

to-

Time: From-

Date:

Location:

Type:

Authorized Service (Discipline):

ICD9 Code:

EI Auth No.:

to:

Auth. Period:

Suggestions for embedding strategies into child’s daily routines:

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

Activities and strategies used child’s response:

IFSP Outcomes Addressed:

[ ] Session Cancelled / Reason:

Date Note Written:

to-

Time: From-

Date:

[ ] Makeup Session

[ ]services were provided according the frequency and duration stated on the IFSP.

Patent/Caregiver Signature: Date: Relationship to Child:

Provider Signature: Credential:

CPT code(s)

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