

**Child's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Medicaid #:** \_\_\_\_\_

**Service Coordinator:** \_\_\_\_\_ **ESID#:** \_\_\_\_\_ **Diagnostic Code:** \_\_\_\_\_

**DOS:** \_\_\_\_\_ **Start Time:** \_\_\_\_\_ **End Time:** \_\_\_\_\_

**Location:** \_\_\_\_\_ **Procedure Code:** \_\_\_\_\_ **Specify:** Individual Group

**IFSP Outcome(s) and Goal(s):**

**Family Updates:** *(Goals achieved, areas to continue to work on, new concerns, present status, health status):*

**Session Summary:** *(Detail of activities provided during the session - who, what, when, where, and how; progress achieved during session) (Therapy providers must include change in the child's status due to treatment.)*

**Plan & Follow-Up:** *(Follow-up activities suggested for the family to work on between sessions)*

**Provider Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Provider Printed Name:** \_\_\_\_\_

**Provider Title:** \_\_\_\_\_