

ANNOTATED GUIDANCE FOR WRITING EARLY INTERVENTION SESSION NOTES

Documentation of early intervention service delivery must be completed by an early intervention professional when IFSP services are delivered to a child as well as when planned service delivery does not occur. A copy of the session note must be given to the parent, guardian, or caregiver at the end of the session. Notes should be written legibly so that they can serve as a resource to the family or caregiver or other team members and service providers.

Each session note will include the following:

Optional Local ID# (if required) for local use only

Date: the service was delivered

Time In: The time of day the service was begun (ex. 9:05 AM)

Time Out: The time of day the service ended (ex. 3:15 PM)

Units: The number of units of service provided (1 unit = 15 minutes). The number of units is calculated by taking the number of minutes and dividing by 15, then rounding down to the nearest whole number, ex. $63 \div 15 = 4.2$ which would equate to 4 units of service.

Name of the Child receiving the service

Provider/Agency that delivered the service

Type of Service:

OT – Occupational Therapy

PT – Physical Therapy

ST – Speech Therapy

SI – Special Instruction

Other – Please specify (ex. nursing, social work, audiology, vision, etc.)

Type of Session:

Initial – Please also specify a reason if the service did not begin within 14 days

Ongoing – Check if this is an ongoing service that was delivered

Other – Please specify

Location of Session: Indicate the location where the service was provided, ex. home; early childhood classroom, community setting, ex. the park, library, store, etc.

Outcome(s)/Goal(s) from the IFSP/IEP to be addressed:

Clearly identify which outcome(s) or goal(s) is being worked on as well as the routine or activity. Include the outcome or goal # number as well as enough text to unmistakably identify the outcome or goal. This information identifies why the service is being delivered and the relationship of the service to the IFSP/IEP.

Child and Family Outcome Update:

Update information about the child and family related to any changes in medical, educational, social, developmental or other services. Document how the activities, strategies and recommendations from previous sessions are actually working. Note any data collection that may have been gathered or collected by the family or caregiver to help instruct and support service delivery.

Questions to prompt discussion with the family or caregiver:	Examples of documentation
<p>Assess child and family well being</p> <ul style="list-style-type: none"> • “How has Laura been? Did her cold go away?” “Is grandma out of the hospital?” “Has dad gotten any break from overtime duty?” <p>Review activities from the last visit. Get reactions to activities and identify family’s satisfaction</p> <ul style="list-style-type: none"> • “During our last visit, we tried using the choice board to reduce temper tantrums during getting dressed. How did it go?” “You were going to try putting the snack choice board on the refrigerator. How did that work?” “We played on the swings and in the sandbox last week. Did he ask for more?” • “How did using the toy grocery cart work for increasing her walking? Did she chase you? Did you have fun?” “Did bath time take longer when you added big brother as a conversation partner?” “How much extra time was involved with Danny helping put the clothes away?” <p>Revisit child outcomes on IFSP and solicit family feedback on child’s current status to keep the “big picture” in focus.</p> <ul style="list-style-type: none"> • “We’re working on Cara’s vocalizations to help her develop words. What sounds have you heard this week? Is this still a priority?” 	<ul style="list-style-type: none"> • Laura was seen at the dr. this week for an ear infection • Dad is on overtime and was unable to take Joey to the park. • Mom used the choice board during breakfast and he picked Cheerios without a tantrum. • Emmet asked for more when he was on the swing and when he wanted juice for the first time yesterday. • The grocery cart did not work because all Latoya wanted to do was play with the stuff in the cart. • Danny helped put his clothes away but lost interest after 2 minutes. • Mom has heard 3 new sounds and this continues to be a priority.

What we did today to address the outcome: Include how intervention was embedded within activities and routines, family participation and how strategies were used

Include how the family member or caregiver was involved in the visit. Session notes need to contain documentation that services are being delivered within the context of the family’s or early childhood setting’s routines and in a manner that is functional for the child. The note needs to give a clear, unique and detailed description of the visit. Include what was discussed with the family or caregiver regarding suggested activities and strategies and how to use the particular activity during daily routines. Include specially designed instruction, supplementary aids and program personnel supports, home or program modifications and training and materials used by the family or therapist. Session notes that consist of mere observations do not meet regulatory requirements, therefore, those sessions would not be considered reimbursable sessions.

Things to include	Examples of documentation
<ul style="list-style-type: none"> • How services provided were within the context of everyday activities, routines, and settings • Ways you actively engaged the family that promoted child development, learning and growth • Description of how the strategies were used 	<ul style="list-style-type: none"> • Showed mom how to prop Sally in the grocery cart. Mom suggested using her coat as support. • Dad hid the toy under the blanket and encouraged Jack to look for it. Jack was able to find the toy. • Modeled waiting for a response from Cody when asked if he wanted to play with the blocks. Mom and Grandma practiced.

Strategies used:

Early intervention services need to be provided in a manner that will positively impact the family or caregiver’s ability to successfully support the child’s participation in daily activities. General coaching strategies such as conversation, information sharing, observation, joint interaction, planning and review or summary are

important throughout the visit. The early interventionist should choose specific strategies that best match the learning style of the family or caregiver as well as the child. Put a check in the box next to each of the specific strategies that were used.

- Direct teaching
- Demonstration
- Guided practice w/feedback
- Caregiver practice w/feedback
- Problem solving
- Reflection
- Other:

*Please include how the strategy was used in the narrative.

Strategy	What this strategy looks like in practice
<p>Direct Teaching</p> <p>The early interventionist shares information about a specific strategy or routine with the intent for the caregiver to learn how to use them or understand the value. The child may or may not be included in the interaction until you have explained how to use the strategy and how it helps to support development. A handout or video clip may be used for support.</p>	<ul style="list-style-type: none"> • <i>“If you help him keep his trunk stable, he is better able to reach for toys. If he isn’t steady, he can’t reach as easily. Place your hands right here...just like this to provide the most stability.”</i> • <i>“Mirroring is a strategy we can use to increase his imitation skills. To use this strategy we just do what he does and copy his actions. So, if he drops a block in the bucket, you drop a block. This will keep him engaged in the interaction and show him the power of imitation.”</i>
<p>Demonstration</p> <p>The early interventionist takes the lead in demonstrating a strategy with the child while the caregiver observes. He or she sets up the demonstration by telling the caregiver what she is going to do and why. The early interventionist narrates during and after the demonstration with the purpose of showing the caregiver how to use the strategy. Demonstration may be repeated and may evolve into guided or caregiver practice with feedback.</p>	<ul style="list-style-type: none"> • The early interventionist shows the baby the bottle, sets it on the table, and then points while saying to mom <i>“I’m going to point to the bottle and then wait 3 seconds to see if he requests it with a gesture or vocalization.”</i> • The early interventionist works directly with the child using least-to-most prompting to encourage finger feeding while she explains the technique to dad.
<p>Guided Practice with Feedback</p> <p>The early interventionist and caregiver work as partners with the child and exchange roles in practicing intervention strategies. The early interventionist guides the interaction with specific suggestions about caregiver behavior in the context of a routine and demonstration of strategy use. The caregiver has a turn (or multiple turns) to practice using the strategy with the child as the early interventionist makes suggestions during the interaction and offers feedback following the routine.</p>	<ul style="list-style-type: none"> • During snack, the early interventionist says, <i>“Here are two goldfish for her to eat. Let’s see what happens if you wait a little longer before offering her more.”</i> Child eats and looks at mom and mom reaches out with another goldfish. The early interventionist models the word ‘more’ and coaches mom to say ‘more’ before giving her another goldfish. Mom asks how long to wait and how many times to repeat the label. • Cara is tantruming. Dad positions himself in front of her with two toys. He holds them while the early interventionist supports Cara with hand over hand to make a choice from dad as he labels and offers them to her.

<p>Caregiver Practice with Feedback</p> <p>The caregiver takes the lead in interaction with the child as the early interventionist observes and supports the interaction as needed. Support is offered by providing feedback specific to the caregiver or child’s behavior, offering encouragement, or asking a reflective question without interrupting the routine. The early interventionist is less actively involved or ‘hands-on’ than in either guided practice or joint interaction.</p>	<ul style="list-style-type: none"> • Mom is working on pausing to give Amy time to take a turn rather than asking “<i>What’s that?</i>” As mom and Amy look at a book together, mom waits after reading the title. Amy vocalizes and mom turns the page. Amy points, vocalizes, and looks up at mom to ‘tell’ her about the picture. The early interventionist says: “<i>Wow! I heard her say doggie and ball – all that extra time gave her a chance to comment! She led the story and you followed her lead.</i>”
<p>Problem Solving</p> <p>The caregiver and early interventionist consider and discuss strategies to improve routines and outcomes. Both parties contribute, define, or clarify solutions to a problem, situation or concern and develop an action plan for when and how the strategy will be used in a routine.</p>	<ul style="list-style-type: none"> • “<i>He seems to throw the ball away from you. How do you think we could help him roll the ball toward you?</i>” Mom responds: “<i>Maybe if I hold the laundry basket, he can throw the ball into the basket.</i>” The early interventionist says. “<i>Let’s try it. You could even say ‘ready, set, go’ to get his attention.</i>” • Dad says “<i>He eats one bite from the spoon and quits.</i>” The early interventionist asks, “<i>Does he eat more of some food than others?</i>” Dad responds with “<i>I don’t think so. But he definitely likes some foods more than others, like bananas. You can’t even get them in his mouth.</i>” The early interventionist asks “<i>How much does he eat if he can feed himself with his fingers?</i>”
<p>Reflection</p> <p>The early interventionist and caregiver discuss an activity or routine that is completed, watch a video of the caregiver interacting with the child, or following an observation of the child or situation, reflect on successes and areas for improvement, what factors impacted the outcome, and how strategies could be used in other settings or expanded to include other outcomes.</p>	<ul style="list-style-type: none"> • “<i>Let’s watch this video together to see how he responded when you used environmental arrangement to encourage him to make requests during breakfast. Tell me what you think made this work so well.</i>” • “<i>What do you think helped him not only stay on the swing, but ask for more?</i>” or “<i>What do you want to try differently next time?</i>” • Mom says “<i>I can see that he is more stable sitting on a small chair at the snack table at school. I am wondering how it would work to have a smaller table and chair at Grandma’s so he could play?</i>”

Progress information/data collection:

Information needs to directly reflect the measurement strategy identified under “How will we as a team measure progress and collect data for this outcome or goal?” Include what was measured and how it was measured. Include information regarding the child's rate of attainment or the child's current skill level, as it relates to the outcome or goal. Document revisions or modifications to strategies as needed or plans for addressing any lack of progress. A review and analysis of this section over time will provide the basis for documentation of progress to support the requirement of ongoing progress monitoring of the outcomes or goals. Data should be presented in a manner that is understandable to parents and caregivers and describes progress in specific, functional terms.

How did the team measure progress and collect data for this outcome/goal?	Examples of documentation
<p>As appropriate, document:</p> <ul style="list-style-type: none"> • What was measured? • How it was measured? • When it was collected? • Who collected the data? • Within what routine or activity? 	<ul style="list-style-type: none"> • Mary (<i>Who collected – interventionist</i>) used 5 (<i>frequency count – how</i>) different gestures (<i>what</i>) today (<i>during session - when</i>) while mom was changing her diaper (<i>routine/activity</i>). • Mary used 5 different gestures today while mom was changing her diaper. • Joe responded to the small portions at snack by requesting “more” 5 times. • Latoya walked across the living room using the push cart (5 ft.) • Mom reported that Cody made a choice by reaching after she waited for a response about half of the time.

Plans for next session and opportunities for practice:

This section is to be used to capture the early interventionist and the family or caregiver’s plans for the next session and follow up. Include activities the parent or caregiver can do between visits to enhance the child’s progress and learning and participation in everyday activities.

- | |
|--|
| <ul style="list-style-type: none"> • Next week we’ll continue with Aiden increasing his opportunities to make his wants known. This week he requested more at snack time. Dad suggested having him practice when they go to McDonalds on Saturday. • Zoey was able to step down from the stairs today. Next week we’ll meet at the park and have her practice on the stepping stones by the slide. • Continue with ball play but practice outside with dad and the dog. Take time to gain his attention by calling his name and looking to him like we did today. |
|--|

Early Interventionist Name/Title/Signature/Phone Number:

Each note should include the name and signature of the early intervention professional that provided the service. If service is provided by someone who requires supervision under their scope of practice, then there must be a supervisory signature on the session note (indicating that appropriate supervision was performed according to applicable standards).

Parent/Caregiver Name/Signature:

Each note must include a parent or caregiver signature.

Service Coordinator Name:

Each note should include the name of the child’s early intervention service coordinator.

Date Next Session:

Include the date and time of the next scheduled session.

Codes for missed session:

When a planned service delivery does not occur (i.e. child or early intervention professional is absent; cancellation without notice or an act of nature) the early intervention professional should document this occurrence, including the reason, in the child’s record.

Indicate if the reason for the missed session was:

- | | |
|-------------------|-----------------------------|
| CA – Child absent | PA – EI professional absent |
| NS – No show | S – Act of nature |

ADDITIONAL GUIDANCE

- **Write objectively:** Remember that the session note is not about you or your feelings. Make sure that your session notes do not reflect any negative feelings or reactions that you have toward the child, other people or events. Try to avoid terms and descriptions that seem judgmental.
- **Write clearly and legibly:** Be objectively descriptive. It helps you be precise about what you are describing. Try to avoid vague or general terms. Use proper grammar, and be sure that each sentence has proper sentence structure and sequencing of words so others can understand what you are documenting.
- **Write what you observe:** Documenting the following can be useful information: the child's appearance, mannerisms, response to situations or events or to the interaction with you or others, intensity of mood, etc.
- **Write so others can understand:** Your primary purpose is to explain things so others, including family members, can understand what you are documenting. Avoid the use of jargon.
- **Write using people first language:** When describing a child and referencing their disability, identify the child first, then the disability. The disability represents only one of many characteristics of the person.
- **Alterations to the record:** Any alterations to the session note must be signed and dated.

Some of the suggestions included above are adapted from the following text:
Summers, Nancy (2001). *Fundamentals of Case Management Practice*. Brooks/Cole Thomson Learning, United States