**Early Intervention Activity Note**

**Child’s Name: Sammie Sam DOB: 1/2/2015 ITOTS#: 345678**

**Date of Service: 7/7/2017 Location: home Length of Session in Minutes: 60**

**Participants: Sam, Mom, Occupational Therapist**

**Service:\_\_O.T.\_\_\_\_\_\_\_\_\_\_\_** **Individual Early Intervention Activity:**  **Group Early Intervention Activity**

**IFSP Outcomes/Short Term Goals Addressed Today: Sam will drink from an open cup with his lips closed around the rim of the cup at mealtime or snack time four times a day for one week.**

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| **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. | Sat in booster seat during feeding and played with stacking blocks, blew piece of plastic and paper off of mom’s hand and various toys, better breath control today than last week was noted, allowed mom to pour water from open cup into his mouth poor lip closure. Mom to continue completing various play while sitting in booster chair during feedings, continue blowing paper pieces, try using straw to blow paper. |

**Provider(s) Printed Name(s), Signature(s) & Credentials: Olivia Otis, O.T.**

**Date: 7/7/2017 Next Visit Scheduled (Date & Time): 7/14/2017 11:00a.m.**