**Early Intervention Activity Note**

**Child’s Name: Bill Billings DOB: 3/2/2016 ITOTS#: 123456**

**Date of Service: 7/5/2017 Location: home Length of Session in Minutes: 60**

**Participants: Danny, Mom, Occupational Therapist**

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

**IFSP Outcomes/Short Term Goals Addressed Today: Bill will eat finger foods taking bites and chewing and drink without spilling during snack time and meal time 3 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. | Using sippy cup more independently moderate spilling, improved swallowing with hand over hand assistance for pacing and verbal cues to swallow, fed himself puff snacks taking bites chewing. Good chewing noted and not stuffing noted. Mom will continue hand over hand assistance to pace and verbal cues for swallowing. |

**Provider(s) Printed Name(s), Signature(s) & Credentials: Olive Oliver, O.T.**

**Date: 7/5/2017 Next Visit Scheduled (Date & Time): 7/12/2017 10:00a.m.**