



NYC EARLY INTERVENTION PROGRAM  
DAILY SESSION NOTE

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ EI: \_\_\_\_\_

Interventionist's Name: \_\_\_\_\_ Discipline: \_\_\_\_\_ Location of Service: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: From \_\_\_\_\_ To \_\_\_\_\_ Service Type: \_\_\_\_\_ Date note written: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Outcome Addressed:**

- [ ] **Therapist Cancelled**
- [ ] **Child/Family Cancelled**
- [ ] **Make-Up for: \_\_\_\_/\_\_\_\_/\_\_\_\_**

**Progress by child/family related to outcomes:**

- Worked with parent/caregiver and child together
- Worked with parent/caregiver alone
- Worked with child alone

**Activity During Session:**

**Activity with parent/caregiver** (check all that apply)

- Discussed session activity with parent/caregiver
- Therapist used alternate tool to work with parent/caregiver (e.g., phone call, notebook)
- Showed parent/caregiver activity
- Parent/caregiver tried activity, therapy assisted
- Parent/caregiver unavailable
- Reviewed Calendar with parent

**List Family Plan/Calendar activity for next week:** →

**Communication With Other Providers:**  
(Mandatory once a month)

**Provider's Signature:** \_\_\_\_\_ **Parent/Caregiver Signature:** \_\_\_\_\_

**Credential:** \_\_\_\_\_ **Relationship to child:** \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: From \_\_\_\_\_ To \_\_\_\_\_ Service Type: \_\_\_\_\_ Date note written: \_\_\_\_/\_\_\_\_/\_\_\_\_

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