

# PROVIDER SUMMARY OF SUPPORTS AND SERVICES



**Agency Name:** \_\_\_\_\_ **Agency Contact Info:** \_\_\_\_\_

## CHILD INFORMATION

Name of Child: \_\_\_\_\_ Child ID#: \_\_\_\_\_ Session Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

## SESSION INFORMATION

Type of Service: \_\_\_\_\_ Name of Provider: \_\_\_\_\_ Discipline: \_\_\_\_\_

Location Type:  Home  Child Care  Community  Other: \_\_\_\_\_ Delivery Method:  In-Person  Remote

Session Participants:  Child  Parent  Child Care Provider  Sibling  Intrepreter  Other: \_\_\_\_\_

No Variation from IFSP Today's Visit: Cancelled by  Parent  Provider

Variation from IFSP: \_\_\_\_\_

## IFSP OUTCOMES PROGRESS AND NOTES

What has happened since the last visit? (appointments, new skills, successes, new concerns, barriers, family outcomes)

\_\_\_\_\_

### Revisit previous plan

What activity did you focus on and how did it go?

\_\_\_\_\_

What strategies did you use and how did it go?

\_\_\_\_\_

**What activity are you focusing on today?** \_\_\_\_\_

What strategies and reflections were used to support your learning in the activity?

\_\_\_\_\_

What was learned today to support you or your child's IFSP outcome?

\_\_\_\_\_

Service coordination activities:

\_\_\_\_\_

**Between Visit Plan:** What activity will you focus on until next visit? \_\_\_\_\_

## NEXT SCHEDULED VISIT

Day of week: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Next Visit Activity Plan: \_\_\_\_\_

## MY SIGNATURE VERIFIES THAT I AGREE TO THE ACCURACY OF THE TIME AND PROVIDER REPORTED FOR THIS ACTIVITY

Signature of Parent/Caregiver: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Provider: \_\_\_\_\_ Date: \_\_\_\_\_

## AGENCY USE

Signature of Provider Supervisor (if needed): \_\_\_\_\_ Date: \_\_\_\_\_