

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 Interpreter 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: _____