

Rhode Island Early Intervention Services Rendered Form

Child's Name:		DOB:		ID:	
Service Date:		Service Coordinator:		Insurance Coverage Change? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Service Location <input type="checkbox"/> Center Based <input type="checkbox"/> Childcare <input type="checkbox"/> Community <input type="checkbox"/> EI Group in Community <input type="checkbox"/> Home <input type="checkbox"/> Office or n/a		Service Location <input type="checkbox"/> Telehealth- Childcare (Phone Only) <input type="checkbox"/> Telehealth- Community (Phone Only) <input type="checkbox"/> Telehealth- Home (Phone Only) <input type="checkbox"/> Virtual- Childcare <input type="checkbox"/> Virtual- Community <input type="checkbox"/> Virtual- Home		Cancellation Type <input type="checkbox"/> Family Cancellation <input type="checkbox"/> Family Canc. < 24 hours <input type="checkbox"/> Missed Appt. / No reason <input type="checkbox"/> Provider Cancellation	
Timely Service Status <i>Only complete for a first service</i> <input type="checkbox"/> Timely Service Completed <input type="checkbox"/> Untimely Service - Family Issue <input type="checkbox"/> Untimely Service - Provider Issue					
Visit Participants <i>(please list all names):</i>					
Outcomes addressed today:					
Describe new skills or progress the child has made or any updates by the family:					
Visit Description: Describe interaction between provider and parent/caregiver and child. Include observations, modeling, coaching and discussion highlights.					
Things to work on before the next visit:					
Plan for next session:					
Provider/Signature:	Date:	Code:	Time In:	Minutes:	NEXT VISIT: