

Rhode Island Early Intervention Program Services Rendered Form ID:

Last Name	First Name	MI	DOB: / /		
Service Date: / /	Service Coordinator:		Insurance Coverage Change <input type="checkbox"/> Yes <input type="checkbox"/> No		
Cancellation: <input type="checkbox"/> No Show <input type="checkbox"/> Cancel/Family Issue <input type="checkbox"/> Provider Cancel	Visit Participants:		Service Location: <input type="checkbox"/> H (Home) <input type="checkbox"/> C (Community) <input type="checkbox"/> Virtual	<input type="checkbox"/> CB (Center Based) <input type="checkbox"/> EIGC (EI Group in the Community) <input type="checkbox"/> N/A (Not Applicable)	
Outcomes Addressed:					
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:	Service Code:	Minutes:	NEXT VISIT: / / TIME:	
1.	/ /				
2.	/ /				
3.	/ /				

-PRIOR WRITTEN NOTICE-

An IFSP meeting occurs when there are decisions to be made about starting, stopping, changing or refusing services for your child or family. Early Intervention is required to provide you with prior written notice within a reasonable time before an IFSP meeting. This is your notice that the following IFSP meeting has been scheduled:

- IFSP meeting. (Initial, Annual, Review, Update or Transition meeting) **Date of IFSP meeting** / / **Time**
- I have received a copy of my procedural safeguards. These rights have been explained to me and I understand them.

Parent/Guardian Signature. _____ **Date** / /