## **Rhode Island Early Intervention Program Services Rendered Form**

Last Name	First Name	MI	DOB:	ID:
Service Date:	Service Coordinator: Insurance Coverage Change Yes No			
Cancellation:  No Show  Cancel/Family Issue Provider  Cancel	Visit Participants (please list all	Home Center B Commun	ased iity in the Community)	Telehealth Childcare - Phone Only Telehealth Community - Phone Only Telehealth Home - Phone Only Virtual- Childcare Virtual – Community Virtual - Home
Important updates since our last visit [medical/health update, significant events, etc]:				
Reflect on strategies/information provided at last visit and describe progress towards IFSP outcomes:				
Outcome(s) addressed today:				
Routines/activities addressed during today's visit: morning diaper/toileting dressing meals play outside community bath nap/bedtime hanging out other				
Provider supported parent/caregiver by: reflecting/discussing/planning observing parent/caregiver/child demonstrating activity				
to parent/caregiver providing strategies/information/resources other				
Describe briefly:				
Parent/caregiver participated by: reflecting/discussing/planning observing practicing demonstrating activity to provider reviewing strategies and information other				
Describe briefly:				
Plan for between visits:				
Plan for the next visit:				
Provider/Signature:	Date:	Service Code:	Minutes:	NEXT VISIT:
1.				
2.				TIME:
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 Date

5.15.23