

Rhode Island Early Intervention Services Rendered Form

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| 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 | | <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 (please list all names): | | | |
| 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: | | | |
| Outcomes addressed today: | | | |
| Routines/activities addressed during today's visit: <input type="checkbox"/> morning <input type="checkbox"/> diaper/toileting <input type="checkbox"/> dressing <input type="checkbox"/> meals <input type="checkbox"/> play <input type="checkbox"/> outside <input type="checkbox"/> community <input type="checkbox"/> bath <input type="checkbox"/> nap/bedtime <input type="checkbox"/> hanging out <input type="checkbox"/> other: | | | |
| Provider supported parent/caregiver by: <input type="checkbox"/> reflecting/discussing/planning <input type="checkbox"/> observing parent/caregiver/child <input type="checkbox"/> demonstrating activity to parent/caregiver <input type="checkbox"/> providing strategies/information/resources <input type="checkbox"/> other (include detail in description below) | | | |
| Describe briefly: | | | |
| Parent/caregiver participated by: <input type="checkbox"/> reflecting/discussing/planning <input type="checkbox"/> observing <input type="checkbox"/> practicing <input type="checkbox"/> demonstrating activity to provider <input type="checkbox"/> reviewing strategies and information <input type="checkbox"/> other (include detail in description below) | | | |
| Describe briefly: (optional) | | | |
| Plan for between visits: | | | |
| Plan for the next visit: | | | |
| Provider/Signature: | Date: | Code: | Time In: Minutes: |
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| NEXT VISIT: | | | |