

I. Important updates since our last visit [medical/health update, significant events, etc.]:	This section should record only important information that you want to reference in the future. Exampes include: • schedule changes with childcare or work schedule • started a new medication • upcoming appointment with a doctor or specialist • housing change or move			
2. Reflect on strategies/information provided at last visit and describe progress towards IFSP outcomes:	The discussion should support the parent to reflect on how things have been going with the strategies they have been implementing in between visits. Prior to visit, provider should review SRF/Session Note from the last visit in order to support parent reflection. The discussion should include: • parent's thoughts about the progress the child has made • parent feedback about what worked and what did not work • revisiting the plan for today's visit and modifying as necessary Briefly summarize this discussion on the SRF. Remember to always ask at least four questions before making a suggestion or providing a new strategy. Examples include: • What are some things you have tried? • What would you like to see happen? • What ideas do you have? • What do you do when happens? • What do you think would happen if you (almost a suggestion)?			
3. Outcome(s) addressed today:	The result of the discussion of progress towards IFSP outcomes will guide what outcome will be addressed during today's visit. Document the IFSP outcomes that were worked on with the child and parent/caregiver. This outcome can be an abbreviated version from the IFSP outcome, but it must be functional and specific.			
4. Routines/activities addressed during today's visit:	Children learn through repeated interactions with their environment over time. Parents are more likely to implement interventions when they are embedded in their daily routines. The SRF/Session Note must include documentation that strategies are being provided within the context of the family's natural routines. Providers should consider a wide range of family routines when identifying opportunities for interventions. Check off the routine(s) addressed during the visit, or write in the routine if it is not listed.			

Revised 6/10/24



Provider supported parent/caregiver by:	Use the check boxes to indicate how the provider supported the parent/caregiver during the visit. Check all that apply. If needed, please check "other" and provide description. Briefly summarize the support provided in the "describe briefly" box.
	Examples for each check box are listed below: • Reflecting/discussing/planning by provider and parent/caregiver:

- Generalized a strategy such as imitating words to other routines with the parent/caregiver;
- Discussed ways to make sure the child's feet are touching the ground while seated;
- Observing parent/caregiver and child:
 - Provided feedback as parent/caregiver practiced positioning a child;
- Demonstrating activity to parent/caregiver:
 - Modeled using touch cues to encourage child to look at parent's/caregiver's mouth:
- Providing strategies/information/resources:
 - Gave the parent/caregiver a picture illustrating the way to position the child after demonstrating the method;
 - · Reviewed communication tool with parent/caregiver;
 - Provided information on how to access WIC
- Other:
 - Videotaped learning activity and reviewed with parent/caregiver.

Note: Team Treatment must meet the requirements in the <u>Rhode Island Medical Assistance Claim Reimbursement Guidebook for Early Intervention Services.</u>

There must be a clear purpose for team treatment and role for each provider. Each person must have an active role and provide a distinctly different service. It is permissible that one member of the team may be in the role of the learner, observing and practicing a strategy for the purpose of carry over into individual visits with that family. Each participant must have an active role. Documentation meeting the above requirements must be provided in the "describe briefly" box.

6. Parent/caregiver participated by:

Use the check boxes to indicate how the parent/caregiver participated. If needed, check "other" and provide description.

- Reflecting/discussing/planning
- Observing
- Practicing
- Demonstrating activity to provider
- Reviewing strategies and information
- Other

Most times, the information in the previous section, combined with the checkboxes in this section, are sufficient to capture parent/caregiver participation. If further description of the parent/caregiver's participation is needed, use the "describe (optional)" box to record this information.



7. Plan for between visits:	The joint plan is developed between the provider and parent/caregiver and should focus on activities that are already a part of the family's everyday life. Joint planning begins with the question: "Based on today's visit, what would you like to do with your child between now and our next visit?" It is acceptable for the joint plan to focus on 1-2 strategies. The joint plan should be very specific and include detailed steps that are embedded in a routine. Follow-up on the joint plan occurs at the beginning of the next visit. The joint plan provides a bridge for the parent between visits as well as a launching point for the next visit.
8. Plan for the next visit:	This is the second component of the joint planning process. This plan focuses on what activity the parent would like to focus on for the next visit. Joint planning for the next visit starts with asking the parent/caregiver: "Based on today's visit, what would be important for us to do next time?" Having this conversation helps to keep focus on the outcomes, sets expectations for the next visit and keeps a focus on forward progress. If a parent/caregiver suggests working on a skill (i.e. signing "more"), the provider's role might be to explore with the parent about the routines in which the skill would take place (using the sign for "more" during snack time). The reflection process at the beginning of the next visit provides an opportunity to modify the plan for the visit if needed.



SAMPLE

Rhode Island Early Intervention Program Services Rendered Form

Last Name F	irst Name MI	DOB	ID				
Service Date Service Coordinator Insurance Coverage Change Yes No							
	Service Location		Cancellation Type	Timely Service Status			
☐ Center Based ☐ Telehealth- Childcare (Phone Only) ☐ Childcare ☐ Telehealth- Community (Phone Only) ☐ Community ☐ Telehealth- Home (Phone Only) ☐ In the properties of the pro			Family Cancelation Family Canc. < 24 hrs Missed Appt. / No reason Provider Cancelation	Only complete for a first service Timely Service Completed Untimely Service - Family Issue Untimely Service - Provider Issue			
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: _morning _diaper/toileting _dressing _meals _play _outside _community _bath _nap/bedtime _hanging out _ other							
			ssing/planning observing pering pering pering pering pering other other pering of pering other othe				
Describe briefly:	y to paremical egiver 🔲 pr	oviding strategie	is/illiormation/resources ot	161			
Parent/caregiver participated by: ☐ reflecting/discussing/planning ☐ observing ☐ practicing ☐ demonstrating activity to provider ☐ reviewing strategies and information ☐ other							
Plan for between visits:							
Plan for the next visit:							
Provider/Signature:	Date:	Service Code:	Minutes:	Next Visit:			
PRIOR WRITTEN NOTICE An IFSP meeting occurs when there are decisions to be made about starting, stopping, changing, or refusing Early Intervention services. El 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:							
☐ Initial ☐ Periodic Review ☐ Annual Review ☐ Update ☐ Transition ☐ Date of IFSP meeting ☐ Time							
Procedural Safeguards have been provided, reviewed, and explained.							

6.5.24