| | SESSION NOTE CHECKLIST |
|---|---|
| **Check if completed** | **Required information in Each Section** |
| | Child's name, Date of birth, Sex M/F, EI number. Check to ensure it matches child's auth/IFSP |
| | Interventionist's name, credentials, national provider ID number, Service type[2] |
| | Session date[1], IFSP service location, Date note written[1] |
| | Time (**EXACT** duration of the session. From beginning time to end time. AM/PM **MUST** be indicated) |
| | ICD-10 codes[3], HCPCS code (if applicable) |
| | CPT Codes[4] (enter the CPT code(s) as indicated by the interventionist's professional association) |
| | **Session cancelled**: <br> **-->** Indicate that the session was cancelled and document the date session was canceled. <br> **-->** Documenting the reason for cancellation is **REQUIRED** under question #1, (i.e. parent/ therapist canceled due to ___). <br> **-->** Write the date that is **2 weeks** from the missed session; the makeup session should occur prior to this date. <br> **-->** "If this session is a makeup session", check the box and indicate the date of the missed session. |
| | Session Participants (child, parent/caregiver, other) If the parent/caregiver was unavailable, how did you communicate with them about the session? |
| | Describe the progress that the child has made toward the IFSP outcomes since the last session. Include parent/caregiver feedback. |
| | IFSP Functional Outcome(s) and objective(s) addressed during the session |
| | Routine actives worked during the session, Strategies used within the Routine Actives |
| | How did you work with the parent/caregiver? |
| | What strategies / activities did you and the parent/caregiver collaboratively agree to do to support their child's learning and development between visits? |
| | Parent/Caregiver Signature, relationship to child, Date[1] |
| | Interventionist Signature, License/Certification, Date[1] |

## NOTES:

[1]All dates must match

[2]ABA cases need to write 'SI/ABA' as the service type

[3]Always check the case assignment email for your latest ICD & CPT code to use

[4]CPT codes = 15 mins of service. Depending on the code you are using, it may need to be x2, x3, or x4