



FC Tele-Intervention Session Outcome

Required documentation for Remote Early Intervention Services

Provider Completes this section and signs (electronic or typed signature is acceptable):

Child's name: _____

Date of Tele-Intervention Session: _____ Time: _____

IFSP service provided (check one): DT OT PT SP

e-Signature of therapist providing service: _____

Parent/Guardian/Other Caregiver who participated in the virtual session completes and signs (electronic or typed signature is acceptable):

Check all that apply to your virtual EI session on the date listed above	Tele-Intervention (Remote Early Intervention) Session Activities:
<input type="checkbox"/> <input type="checkbox"/>	Therapist checked in with me on any new concerns I have and/or any new skills/abilities of my child at the beginning of our session. Therapist reviewed my child's plan (the IFSP) and asked me what I want to work on in our session today.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	I was able to use things I have at home to participate in my virtual therapy session (my child's toys, household items, people at home, things we do, etc.). Therapist modeled or demonstrated what to do with my child in a way that I could understand and do (copy). Therapist watched (or observed) me trying out each activity (or strategy) with my child and provided useful, positive feedback so that I feel able to do this with my child and I can practice between therapy sessions. Therapist asked about my comfort level using the activities (or strategies) we practiced today. If I wasn't sure or was uncomfortable, he/she provided alternative things to do or try. Therapist talked with me about other times in our day where I could use the strategy to practice with my child in other activities we typically do (or routines).
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Therapist asked me if I need any other support to practice with my child between this session and our next session. Therapist checked with me to get my perspective on what "worked/didn't work" in today's virtual session. At the end of our time together, the therapist reviewed our plan (our IFSP) and allowed me to decide what we will work on in our next session.

e-Signature of parent/guardian/other caregiver who participated in the session: _____

NOTE TO THERAPY PROVIDER: This *FC Tele-Intervention Session Outcome* (Form) is uploaded/attached in the child's electronic record in case notes of CDS. The form must be signed by the parent for each virtual visit. The file name must begin with the word "Remote" and include the date of service (recommended file name format: Remote + discipline + first initial + last name + date) Example: RemoteDT_JDoe4_3_2020 or RemoteOT_JDoe4_3_2020).