

Indiana First Steps Provider Summary of Service



Child Information				
Name of child		Child ID #	Date of birth (mm/dd/yyyy)	
Date of IFSP (mm/dd/yyyy)		Diagnosis Code(s)		
Name of provider		Discipline	Name of agency	
Street address		City	Zip code	
Location Type <input type="checkbox"/> Home <input type="checkbox"/> Child Care <input type="checkbox"/> Community Setting <input type="checkbox"/> Office/Clinic <input type="checkbox"/> Other: _____				Location code <input type="checkbox"/> Off-site <input type="checkbox"/> On-site
Date of visit	Start time	End time	Time zone <input type="checkbox"/> Central <input type="checkbox"/> Eastern	Total # of units
CPT code(s) (code/units)		Delivery Method <input type="checkbox"/> In Person <input type="checkbox"/> Virtual – Audio Only <input type="checkbox"/> Virtual – Video		
Make-up session? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of original session	Reason for make-up session <input type="checkbox"/> Family Cancellation <input type="checkbox"/> Family No Show <input type="checkbox"/> Provider Cancellation		
Session participants <input type="checkbox"/> Child <input type="checkbox"/> Parent/Caregiver <input type="checkbox"/> Child Care Provider <input type="checkbox"/> Sibling <input type="checkbox"/> Interpreter <input type="checkbox"/> Other: _____				
Outcome(s) addressed				
<p>Write out the outcome(s) you are working on as listed in the IFSP.</p>				
<p>What has happened since the last visit? (appointments, new skills, successes, new concerns, barriers)</p> <p>This is setting the stage for the visit and could include:</p> <ul style="list-style-type: none"> • What has happened to the child and family since the last visit? (The family may share general updates, including appointments and life events; the childcare staff may share observations or information they have heard from the family). • What new child skills or accomplishments does the caregiver want to share? • How did the strategies we discussed last time work for the caregiver? <ul style="list-style-type: none"> ○ What has been going well? ○ What did the caregiver struggle with? 				
<p>What activities happened during the visit? (Activities should relate back to IFSP outcome)</p> <p>What happened during the visit? This could include:</p> <ul style="list-style-type: none"> • What targets, behaviors, or actions did we want the child to engage in today? • Which were observed? • What intervention strategies were used to support the child and teaching staff? • What routines were used during the visit to practice these strategies? • What problem-solving did you do during this visit? 				
<p>How did the family participate and what was modeled/taught/discussed? (Family Education and Involvement)</p> <ul style="list-style-type: none"> • How did the provider coach the caregiver on these strategies? • What developmental information was shared with the caregiver? 				

- What ideas/insights did the caregiver share about using the strategies?
- Other questions discussed?

Parent/Caregiver/Child Interactions (Provider Observation)

**How did the caregiver practice strategies during the session?
What caregiver strengths were observed?**

Follow Up Needed- What needs to happen for next visit?

Describe how you developed a plan with the family:

- What strategies will the family focus on between now and the next session?
- During which routines will they work on these strategies?
- What is the caregiver's definition of success?
- For childcare: How will you communicate this information to the family (text, email, phone call)?

Next Scheduled Visit

Day of week	Date (mm/dd/yyyy)	Time	Location
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My signature verifies that I agree to the accuracy of the time reported for this activity.

Signature of parent/caregiver	Date (mm/dd/yyyy)
Signature of provider	Date (mm/dd/yyyy)
Signature of provider supervisor	Date (mm/dd/yyyy)