Agency developed forms must include all items below, agencies may add fields, i.e., CPT or ICD9 codes.

Provider Contact and Agency Information

First Steps Service Provider

Face to Face

Child's Name:	Full name as I	isted on the IFSP	Date: mont	h/day/year of service	
Child ID#: 9 digit	from IFSP	Service Start Time: Exac	:t* Service E	nd Time: Exact *use am	/pm or militar
Location of Service: Note if not child's home - always use complete address, where service was provided					
	Street address		City	Zīp	
IFSP Outcome to be addressed: Include # and paraphrase IFSP outcome, list all outcomes you addressed					
Results of Visit: 1. What skills were targeted? 2. What activities were used? 3. How much assistance was provided? 4. Was progress made? If yes, describe. If no, what are barriers to progress? Use objective information, # of trials, # feet walked, sounds produced, new words/signs, what is child able to do as a result of this visit or from work between visits, etc.					
Activities and progress should vary week to week. Activities should be reflective of time spent with child/family. Use this area to document when the progress report has been discussed with the family. Follow-up Needed: List anything that any team member (parent, SC, provider) needs to do. May include specific activities for parent/caregiver to do between sessions. If none, note NA.					

Family Education/involvement: Who was present for the session (mom, dad, relative, child care teacher, etc). Were they present the entire session? How did they participate? How knowledgeable were they about child's progress? When activities are suggested do they follow up? What training was provided to them at this session? If family not present, how will this information be relayed to them?

Next Scheduled Session:	specify day, date, time and location of next session					
	Day	Date		Time	Location	
Please note if there has been any o	ancelled sessi	ons (and not resci	neduled) in b	etween this vis	sit and your last visit.	
Yes, the provider needed to cancel the session scheduled for					*include why - needed for '	
			Date	progres	s note	
Yes, I (the parent) needed to cancel the last session scheduled for				. **also in	clude appt. no shows	
			Date			

indicated and that 1.	that the activities identified minutes/hour of direct dignature is required for b	d above occurred at the time and location service were provided to my child/family.
Parent Signature Provider signature is	Date required for billing	Telephone
Provider Signature	Date	Telephone
Note: The parent is to be pro	rided with a copy of the completed :	form.

- 1. Time should be exact and must match time in and out.
- 2. Do not round up, units are in 15 minute increments. less than 15 minutes, must round down
- 3. If parent did not sign, must obtain a late signature within 5 days of the service date and note date that signature was obtained.