



Early Intervention Program Progress Note

Client Name:	Client Date of Birth:
Provider's Name:	Provider's Company Name:
Service Location:	Telehealth Modality:
ICD-10 Diagnosis:	Date of Service:
EI Service:	Provider Verified Insurance:
Note Type:	

Billing Information:

Select a Service Code or Type a CPT Code	Units	Duration	
		Start Time:	End Time:
		Total Minutes:	

Session Information:

Any updates from family, subjective notes about client's demeanor:

Outcome(s)/session plan:

Observations/progress toward IFSP goal(s):

Recommendations/strategies:

Provider Signature:

Date:

Supervising Staff Signature:

Date:

Supervising Staff Printed Name: