

EARLY INTERVENTION PROGRESS NOTE/NEXT-STEPS FORM

Child Name: _____

Date: _____

Time in: _____ to _____

Location: _____

What we did today and progress on any goals discussed:

What we will do from now until the next visit:

Plan for next visit:

Provider Signature: _____ Phone Number: _____

Date and Time of Next Visit: _____ Parent Signature (if required): _____

Visit Confirmed: _____ CPT Code: _____

Speech Therapy Occupational Therapy Physical Therapy Family Support/ Special Instruction
 Vision Training Family Support/Family Training OT eval PT eval Speech eval Intake/Re-eval
 Other: _____