



WV Birth to Three **Intervention Activity Note**

The primary role of WV Birth to Three practitioners is to partner with and coach family members and other caregivers to enhance the child's development. Infants and toddlers learn best when they are actively engaged in daily activities and routines where they can practice the skills they are learning. All families with the appropriate supports can become confident and competent facilitators of their child's learning.

The Intervention Activity Note is designed to be completed with the family to document the focus that the family would like to take for the visit, family/caregiver coaching activities, progress towards identified IFSP outcomes and next steps.

Note: The Practitioner, in preparation for the home visit, should review any follow up activities from the last Intervention Activity note.

Header

Child Last Name: Enter child's legal last name.

Child First Name: Enter child's legal first name.

MI: Enter child's middle initial. If child does not have a middle initial leave blank.

Date of Birth (DOB): Select the date from the calendar drop down or enter child's date of birth using month/day/year -MM/DD/YYYY or MM-DD-YYYY.

ID #: Enter the child's ID number from BTT Online.

Date: Select the date from the calendar drop down or enter the date using month/day/year -MM/DD/YYYY or MM-DD-YYYY.

NOTE: Some data from the header will automatically populate into the document content.

Next Visit Date: Select the date from the calendar drop down or enter the date using month/day/year.

Time: Enter the time of the next visit on the date above.

Delivery: Select from the drop down, the method that relates to how the services are to be provided.

Face to face: You are face to face in the same location as the family or caregiver.

Virtual Teleconference: You are providing services via a virtual platform such as Zoom, Microsoft Teams, Google Meet, etc.

Visit Location: Select from the drop down, the location where the family/caregiver is receiving the service.

Home: The child/parent are at their home.

Community Setting: The child/parent are in a community setting such as a playground, grocery store, community fair, etc. Or you are providing services to a child/parent at the childcare setting that the parent works at.

Childcare: The child/caregiver are at a childcare site. You are providing services to the childcare provider.

Service Provider Location: The child/parent are at a clinic, hospital setting, outpatient setting.

Parent and Other Caregivers Present: Enter the name(s) of the parent(s) or caregiver(s) present.

Activity Completed: Check type of activity that was completed.

- Evaluation/Assessment
- Individual Intervention Activity

What progress towards the IFSP outcome(s) has the family/caregiver noticed since the last visit? Are the strategies working for the child and the family/caregiver?

In this section, you will document information provided by the family/caregiver as to how the child and/or family is progressing towards the child and/or family outcomes identified on the IFSP. Note what is going well, where there are challenges, what have they tried, and what concerns they have. Also note what has the family/caregiver followed up on and what still may need to be accomplished.

What routines/activities does the family/caregiver want to focus on for today's visit?

Based on discussion on how things are going, describe what routines or activities the family/caregiver would like to focus on for the visit.



Describe the learning strategies that were modeled/coached for the family/caregiver to support the child's participation within the daily activity or routine.

The learning strategies should reflect the strategies and activities identified on the child and family outcome pages of the IFSP such as:

- Modeled how to place hand over hand to support Glen in holding his adapted spoon to take a bite. Offered mother opportunities to practice and provided feedback.
- Provided mother written materials on the benefits of reading to young children and answered questions about limiting screen time.
- After modeling how to position Cassie in her new adaptive seating, observed the family placing Cassie in the seat and provided suggestions on how to assure she is seated correctly to prevent leaning to the right side. Mother and I observed that Cassie was able to reach for toy and wave it in the air when seated more securely.
- Observed grandmother during bath time routine. Grandmother reviewed the visual schedule with Bruce, prompted Bruce to select which toys he wanted to play with in tub, and turned water on. When Bruce began to say, "no bath", grandmother redirected him to the visual schedule and reminded him that after he plays with his toys in the bath, grandmother will read him a bedtime story. Discussed what a wonderful job she did in redirecting him.
- Discussed with Kay and Bill the importance of keeping data to see what possible triggers and reinforcers may be happening before and after Linda gets upset so that we can plan appropriate interventions. We believe Linda may be trying to avoid certain activities but also have concerns about how her limited communication skills may be impacting her ability to let the family know what she wants. Created with the family a simple data chart that they will use for one week. We will review the chart together during my next home visit.

What will the practitioner do before the next visit to support the child and family?

This section is available to document any follow up activities that have been identified. At the very least, you should be communicating with other IFSP team members regarding how the child and family are doing, and any needs for support or information from the IFSP team. Research tells us that children/families make more progress when everyone is working together as a team.

Check one or more box(s) as appropriate.

- Provide update to other IFSP team members
- Develop materials for family to use
- Explore Assistive Technology
- Communicate with the child's physician or others
- Research information/resources of interest to family
- Other

Start Time: Enter the actual start time. Do not round up or round down.

End Time: Enter the actual end time. Do not round up or round down.

Total Time: Enter the total time spent providing a billable service to the parent or caregiver. The billable service includes completing and reviewing the Intervention Activity Note with the family. Enter the total time prior to signing the note. This recorded time is documentation to support billing.

NOTE: There may be situations when a family must end the Family Assessment due to circumstances that are out of their control. Examples might be the loss of internet connection or family emergency. When this occurs, the end time is documented as the time the family is no longer available. You will still check the Attestation Box.

Attestation:

Check the box to attest that: *My signature confirms that the information contained herein has been completed in the presence of the child's parent(s) and/ or other caregivers.*



Practitioner Signature and Date: Practitioners will sign electronically using a valid digital or electronic signature. A *digital signature* is an electronic fingerprint which encrypts and identifies the individual who is using the form. They are considered digital as they are encrypted with a certificate based digital ID and the date a document is signed.

An *electronic signature* is an image of your signature. An example of this would be signatures that are created with a stylus or signature capture application. The date in this case, will need to be added to the form.

For more information on electronic signatures visit:
http://www.wvdhhr.org/birth23/sdform/acceptable_signatures_BTT_docs.pdf

Practitioner Phone/Email: Enter your phone number and email address.

Supervisor Signature, if required: If you are a practitioner who is required to have a supervisor sign off on your Intervention Activity Notes, please follow these instructions. It is your responsibility to check with your licensing board for supervisor signature requirements.

Supervisee: When you sign your Intervention Activity Note, do a SAVE AS with a new name. Encrypt and email the activity note to your supervisor.

Supervisor: Upon receipt of the document, the supervisor will open and Select the TOOLS option.

Select STAMP. Create/Set up the STAMP with required information. (If you already have an electronic signature established, this will not be necessary.)

From the dropdown menu select DYNAMIC. Choosing this DYNAMIC option will pull information from your computer to complete the stamp with your name, time, and date. A secondary dropdown will appear listing stamp options. Choose either REVIEWED or APPROVED.

You can then drag and drop the stamp where it needs to be placed as well as adjust the size to fit by clicking on it and using the “handles”.

To save your stamped information onto the document, you will need to do a SAVE or a SAVE AS and give the document a new name. i.e., APPROVED Intervention Activity Note for AB 201500000. A copy of the document then can be returned via encrypted email to the practitioner showing your approval or review.

NOTE: The authorized BCBA, Occupational, or Physical Therapist must upload the Intervention Activity Note to BTT Online.

Ask the family how they prefer to receive a copy of the Intervention Activity Note, secure email or via postal mail.

Send the parent a copy of the Intervention Activity Note in the family’s preferred format. Document on the Phone/Correspondence Log.

NOTE: When in the home, the family may take a photo of the Intervention Activity Note for quick access to the information. You are still required to send a copy to the family in their preferred method.

NOTE: If you are providing services within a childcare site, you will send a copy of the note to both the childcare provider you are supporting and the family.

Follow Up Activities

1. Within five days of the visit, upload the original electronically signed document to BTT Online.