



WV BIRTH TO THREE  
Office of Maternal, Child and Family Health  
Bureau for Public Health  
West Virginia Department of Health

Child Last Name: \_\_\_\_\_  
Child First Name: \_\_\_\_\_ MI  
DOB: \_\_\_\_\_ ID#: \_\_\_\_\_  
FOLDER: \_\_\_\_\_ Date: \_\_\_\_\_

Delivery: \_\_\_\_\_ Visit Location: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent Name and other Caregiver/s present: \_\_\_\_\_  
Activity Completed: ☐ Evaluation and/or Assessment Activity ☐ 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?

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

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

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

**Start Time:**

**End Time:**

**Total Time:**

**Next Visit Date:**

**Time:**

**My signature confirms that this information was completed with the child's parent(s) and/or caregivers on the date noted.**

Practitioner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Practitioner Phone/Email: \_\_\_\_\_

Supervisor \_\_\_\_\_ Date: \_\_\_\_\_