



INTERVENTION ACTIVITY NOTE

Location: _____ Date: _____

Face-to-Face Visit: Start Time: _____ Stop Time: _____ Total Time: _____

Total Travel Time: _____

Activity Completed:

- Evaluation and/or Assessment Activity Individual Intervention Activity

1. IFSP Outcomes Addressed:

2. Summary of Intervention Activities:

A. Things we talked about today:

B. What we did today and what the results were:

C. Things to work on until next visit:

My practitioner was here today and completed the activities identified above.

Parent/Caregiver Signature: _____ Date: _____

Provider Signature: _____ Date: _____

Provider Telephone Number: _____