

# WV Birth to Three

## Service Coordination Activity Note

Service Coordination is an active, on-going process of assisting families in assessing their child and family needs to coordinate services and provide linkages to appropriate community services and supports.

The Service Coordination activity note is designed to document the face to face activities and functions of a service coordinator.

Note: Service Coordinator, in preparation for the home visit, should review any follow up activities from the last Service Coordination activity note.

#### Header of Each Page

Please remember to complete the header information.

*Name of Child*: Enter correct spelling of the child's last name, first name and middle initial.

**Date of Birth:** Enter month/day/year (xx/xx/xxxx) of the child's birth. Please double check dates.

RAU: Enter the RAU where the child resides.

Face to Face Location: Enter location of services.

Date: Enter date of service.

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

### Follow Up from Last Meeting/Visit:

In this section, enter a description of any follow up from previous visit including those by parent or service coordinator. This may include completion of applications, results of a medical visit for the child, submission of an Assistive Technology Request, or that an invitation to Transition Conference has been mailed to the IFSP team and others, etc.

### **Ongoing Assessment of Services:**

In this section, document how communication is going with team members, the family's thoughts on how services are helping them and their child to achieve IFSP outcomes, and/or if services are being provided as called for on the IFSP. If "no" to any of these, document the next steps that need to be taken.

### Coordination of IFSP Services:

In this section, document any upcoming IFSP reviews, appointments, child transitions, or family changes that need to be discussed.

### Linkages, Referrals and Supports:

In this section document any identified needs for linkages or referrals to other community resources for the child and/or family. Identify why the linkage is needed and identify who will do what to make it happen. Document how previous referrals are going and if there are any issues.

### Things to do before next visit:

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 important information (i.e. changes in family schedule, telephone number, or other updates). Review with family the possible next steps and check the appropriate box(s).

- Provide update to other IFSP team members
- Coordinate the Assistive Technology or Audiological Request
- Update Change of Information Form as applicable
- Link to Parent Partner or parent supports
- Research information/resources of interest to family
- Communicate with the child's physician or others
- Other



#### Has the Next Visit Been Scheduled?

Date and Time: Enter the date and time.

*My* Service Coordinator was here today and completed the activities identified above.

Note: Allow the family to review the completed activity note.

*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 face to face with the parent or caregiver. Enter total time prior to parent signing the note. This recorded time is documentation to support billing.

**Parent Caregiver Signature and Date:** After you and the family have reviewed the activity note, have the parent sign as confirmation.

Service Coordinator Name: (Print), Service Coordinator Signature, Date and Service Coordinator Telephone Number: Print your name, sign your name with your professional credential, provide the date of service, and enter your telephone number.