



SERVICE COORDINATION ACTIVITY NOTE

Location: _____ Date: _____

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

Total Travel Time: _____

Activity Completed:

- Advocacy
- Linkage and Referral
- Service Evaluation

1. IFSP Outcomes Addressed:

2. Summary of Service Coordination Activities:

A. Things we talked about today:

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

3. Follow-up Needed:

My service coordinator was here today and completed the activities identified above.

Parent/Caregiver Signature: _____ Date: _____

Provider Signature: _____ Date: _____

Provider Telephone Number: _____