

**TREASURE COAST EARLY STEPS (TCES)
COMMUNITY PSP TEAM
VISIT NOTE**

Child's Name: _____ Date of Birth: _____ Date of Visit: _____

Provider Name: _____ Provider Code (EIIF, ST, PT, OT) _____

Time In: _____ Time Out: _____ Travel time: _____ Location: _____

Individuals Present: _____

IFSP Outcome(s) Addressed: _____

Since last visit what has been happening and how have the activities been incorporated into the daily routines by parent(s)/
caregiver? (Child/family/health) _____

During this visit what strategies/coaching for use during daily routines was provided and demonstrated by PSP and
parent/caregiver?

Suggestions for parent/caregiver follow-up during daily routines and activities:

Date of Next Visit: _____

Provider Signature: _____

Date: _____

Parent/Caregiver signature: _____

Date: _____

Collateral Information to Prepare for IFSP Meeting

Child's Name: _____ **DOB:** _____
Diagnosis: _____ **CA:** _____ **AA:** _____
SC: _____ **Date of Request:** _____ **IFSP Due Date:** _____
Provider & Agency: _____
Current Services Authorized on IFSP: _____

Progress Summary (What is the child's current level of functioning and progress toward current outcomes?) Include standard scores.

Do you have recommendations for new outcomes or strategies for the IFSP Team to consider?

What are the supports and services necessary to help meet the new outcomes?

Other relevant information?

Provider Signature



**Participant Documentation of Initial and Follow-up Eval/Assess/IFSP -
IFSP Meeting - Transition Conference**

This form must be completed by team members participating in a required IFSP meeting/Transition Conference.

(Team members conducting IPDEI/IPDEF may use this form to record start and end time.)

☐ **Initial Evaluation/Assessment/IFSP Meeting (IPDEI)**

☐ **Follow-up Evaluation/Assessment/IFSP Meeting (IPDEF)**

☐ **IFSP Meeting**

☐ **Transition Conference**

☐ COIFF (Face to Face) ☐ COIFP (Phone)

Child's Name: _____ DOB: _____

Date of Meeting/Conference: _____ Start Time: _____

Location: _____

Team Members Present _____
& Travel Time: _____ (Family) _____ (Service Coordinator)

_____ (Provider) _____

Activities:

- ☐ Initial or Follow-up Evaluation/Assessment/IFSP activities.
- ☐ Review and revisit family concerns, priorities, resources, routines and activities.
- ☐ Trans-disciplinary approach to the development of integrated outcomes and intervention strategies within the family's everyday routines, activities and places.
- ☐ Identification of PSP and appropriate team members to meet the specific family outcomes.
- ☐ Documentation of above on IFSP
- ☐ Transition activities
- ☐ Other (specify): _____

End Time: _____

Provider Name: _____
(Print)

Provider Signature: _____

Copy to: Billing with monthly invoice



Provider Consultation case note

(To be completed by those participating in consultation session)

Parent was notified and invited to participate on _____ by (method) _____

If the consultation meeting will potentially result in change of outcomes or services, the Primary Service Provider will contact Service Coordinator prior to meeting. Service Coordinator contacted on _____ by (method) _____

Child's Name: _____ DOB: _____

Service Coordinator: _____ Date of Consultation: _____

Start Time: _____ End Time: _____ Location: _____

- Successes to implementing strategies and achieving goals for Outcome # _____

- Challenges to implementing strategies and achieving goals for Outcome # _____

The **team** (family, caregivers, primary service provider and supporting providers) will continue or modify the following strategies to achieve goals for Outcome # _____

IFSP Team meeting is needed to discuss recommended changes in services, frequency, and/or duration of services:

☐ YES ☐ NO

Participating Team Members/Signatures: (PSP indicated with *)

Parent/ Guardian: _____	ITDS _____
OT _____	PT _____
SLP _____	EI _____
Service Coordinator: _____	Other _____
Face-to-Face Phone	Face-to-Face Phone
Face-to-Face Phone	Face-to-Face Phone
Face-to-Face Phone	Face-to-Face Phone
Face-to-Face Phone	Face-to-Face Phone

Provider Consultation case note

Child's Name: _____

DOB: _____

Service Coordinator: _____

Date of Consultation: _____

- **Successes to implementing strategies and achieving goals for Outcome # _____**

- **Challenges to implementing strategies and achieving goals for Outcome # _____**

The **team** (*family, caregivers, primary service provider and supporting providers*) **will continue or modify the following strategies to achieve goals for Outcome # _____**

- **Successes to implementing strategies and achieving goals for Outcome # _____**

- **Challenges to implementing strategies and achieving goals for Outcome # _____**

The **team** (*family, caregivers, primary service provider and supporting providers*) **will continue or modify the following strategies to achieve goals for Outcome # _____**

PROVIDER CONSULTATION CASE NOTE INSTRUCTIONS

The purpose of this form is to serve as uniform documentation of consultation services. Each team member who is billing must have a form completed for each Consultation in which they participate. During consultation sessions, the members participating should appoint a recorder to LEGIBLY complete the form from *Child's Name* to *IFSP Team Meeting Yes No*. Copies should then be made for each participant and the family. The original goes to the Service Coordinator to place in the child's file. Each enrolled Early Steps provider can bill for Consultation using the form as invoice documentation. Although they may participate in the consultation, professionals and providers who are not enrolled would not be able to bill. If any team provider did not participate in the Consultation session, a copy should be provided to them so they can be informed.

Instructions:

Child's Name: Full name of child

DOB: Date of birth of child

Service Coordinator: Name

Date of Consultation: MM/DD/YYYY

Start Time: Beginning time of consultation session

End Time: End time of consultation session

Location: This is the location where the meeting occurred. If face-to-face, enter the location as i.e. Home, Local Early Steps, Playpen Therapy; if occurred by phone, enter the location as Phone.

Successes and-Challenges to implementing strategies and achieving goals: Narrative of the discussion, by individual outcome.

The team (family, caregivers, primary service provider and supporting providers) will continue or modify the following strategies to achieve goals: Narrative of the recommendation(s) resulting from the consultation, by individual outcome.

PSP: Name and credentials of the current Primary Service Provider

Consulting Team Members: List all members participating in the consultation and check Face-to-Face or Phone and obtain signatures of those present.

Family Participation: The name(s) of the family member(s) and check Phone, Face-to-Face or Declined Invitation

ALL THE ABOVE FIELDS SHOULD BE IDENTICAL FOR ALL PARTICIPANTS' FORMS

When each provider receives their copy of the completed form, they will complete the remaining fields before billing.

Provider/Participant Name (Print): LEGIBLE name of provider/participant **Signature:** Provider/Participant signature

Each participant should find their designation and sign, if face-to-face. Provider signature lines should include the code signifying if participation was Face-to-Face or Phone

Consultation time must be authorized on the Individualized Family Support Plan (IFSP). Billing is based on the location of the Consultation session.

Provider and Client Policy & Procedures

Purpose

This policy outlines the responsibilities, expectations, and procedures that guide services provided by (entity/provider). Its purpose is to ensure that developmental therapy is delivered in a consistent, family-centered, and supportive manner. The primary role of the provider is to **coach and support the caregiver**, empowering them to help their child thrive within daily routines.

Scope

This policy applies to all infants and toddlers (birth to age 3) enrolled in Early Intervention services, as well as their caregivers, families, and authorized service providers.

Guiding Principles

- The provider's primary role is to **coach and support the caregiver**, not solely to work directly with the child.
- Services are **family-centered** and respect each family's culture, routines, and priorities.
- Therapy occurs in **natural environments** whenever appropriate.
- Interventions support the child's **functional participation** in daily activities.
- Families are equal partners in the assessment, planning, and intervention process.

Confidentiality and Privacy

- All information is protected under **FERPA** and **HIPAA**, where applicable.
- Information may only be shared with authorized Early Intervention personnel or with written consent from the caregiver.
- Documentation and data collection must comply with state and federal requirements.

Evaluation and Assessment

- Multidisciplinary evaluations determine eligibility and guide functional outcomes.
- Assessments occur in natural settings and incorporate caregiver observations and priorities.
- Evaluation results directly inform the **Individualized Family Service Plan (IFSP)**.

IFSP Development

- The IFSP team includes caregivers, the service coordinator, and relevant professionals.
- Providers contribute recommendations based on assessed developmental needs.
- IFSP goals must be functional, measurable, and embedded within the child's daily routines.

Service Delivery

- Services must align with the IFSP and occur in natural environments unless an exception is documented. Services may also be provided virtually.
- Intervention focuses on coaching, modeling, and empowering caregivers.
- Session notes will be completed after each visit, provided to the caregiver, and a copy is submitted to the Early Steps office.

- Providers and caregivers will maintain consistent communication based on the frequency of scheduled visits.
- Caregivers must inform the provider of any insurance changes as soon as they occur.

Attendance and Cancellations

- Families are expected to make every effort to attend scheduled visits and provide at least **(time) notice** when canceling.
- Rescheduled visits must occur within (time) and depend on provider availability.
- Provider will notify families of their own cancellations or absences as early as possible.
- **(number) consecutive no-shows** will result in immediate cancellation of services.
- **(number) consecutive cancellations** will prompt an IFSP team review to address possible barriers or reconsider service frequency.
- If the family is ill, they should notify the provider promptly.
- If services must pause due to circumstances communicated by the caregiver before said pause, a written plan will be created. Failure to follow the plan may result in service discharge.

Safety Standards

- The home or community environment must be safe and appropriate for service delivery.
- Providers may end a session early if unsafe conditions are present.
- Caregivers must supervise all individuals present, including those not participating in the session.

Family and Caregiver Participation

- Caregivers are expected to actively participate in every session.
- Providers will coach caregivers to embed developmental strategies into everyday routines.
- Families should communicate any changes, questions, or concerns promptly.
- If the child is cared for by a babysitter, daycare, or school, the primary caregiver is still expected to participate in the session.
- If sessions occur at a preschool, daycare, or babysitter location, caregivers must schedule **at least one home visit per month** with the provider.

Service Discharge

Services may end due to:

- The child's third birthday
- Family request
- Achievement of IFSP goals
- Relocation
- IFSP team decision based on progress, eligibility, or attendance concerns
- Noncompliance with this policy

Complaints and Dispute Resolution

- Families should first attempt to resolve concerns directly with the provider.
- If the child is in a daycare or preschool setting, staff should first communicate concerns directly with the provider.

- If concerns persist or cannot be resolved, the family and service coordinator will be consulted to reach a resolution.
- Families retain the right to file complaints through the Early Steps office or the state's Part C dispute resolution process.
- Providers must inform families of their procedural safeguards.

Acknowledgment

Families will receive, review, and acknowledge this policy upon beginning Early Intervention services.

Signature

By signing below, the caregiver acknowledges that they have received, read, and understood **(Provider) and Client Policy & Procedures** and agrees to follow the expectations and guidelines outlined.

Child's Name: _____

Caregiver Name: _____

Caregiver Signature: _____

Date: _____

Developmental Therapist Name: _____

Developmental Therapist Signature: _____

Date: _____