



NYC Early Intervention Program Group Session Note – Version 1

Child's Name: _____		DOB: _____		Sex: Male Female EI #: _____	
Interventionist's Name: _____		Credentials: _____		National Provider ID #: _____	
Service Type: Group EI Service Parent-Child Group Family Support Group		Address of Service Location: _____			
Session Date: _____ IFSP Service Location: _____ Time: From _____ AM PM To _____ AM PM Intensity: Group Duration (Check one) 60 min 90 min 120 min Number of children present during session: _____			Session Date: _____ IFSP Service Location: _____ Time: From _____ AM PM To _____ AM PM Intensity: Group Duration (Check one) 60 min 90 min 120 min Number of children present during session: _____		
Date Note Written: _____ ICD-10 code: _____ HCPCS Code (if applicable): _____ 1st CPT Code: _____ 2nd CPT Code: _____ 3rd CPT Code: _____ 4th CPT Code: _____			Date Note Written: _____ ICD-10 code: _____ HCPCS Code (if applicable): _____ 1st CPT Code: _____ 2nd CPT Code: _____ 3rd CPT Code: _____ 4th CPT Code: _____		
Session cancelled - reason listed in #1. Session must be made up by: _____ This is a make-up for a missed session on _____. (must be within 2 weeks) Session Participants: child parent/caregiver Other: _____ 1-to-1 Aide (print name): _____			Session cancelled - reason listed in #1. Session must be made up by: _____ This is a make-up for a missed session on _____. (must be within 2 weeks) Session Participants: child parent/caregiver Other: _____ 1-to-1 Aide (print name): _____		
1. FSP Outcome(s) and developmental step(s) addressed during this session:			1. IFSP Outcome(s) and developmental step(s) addressed during this session:		
2. Describe what happened during today's session and the progress made toward the IFSP outcome(s). Include the routine activity covered in this session and the strategies used. When available include the parent/caregiver feedback based on your regular communication about the child's progress between sessions.			2. Describe what happened during today's session and the progress made toward the IFSP outcome(s). Include the routine activity covered in this session and the strategies used. When available include the parent/caregiver feedback based on your regular communication about the child's progress between sessions.		
3. Parent-Child/Family Support Groups: How did you work with the parent/caregiver? Observed parent/caregiver & child Parent/caregiver tried activity & feedback exchanged Demonstrated activity to parent/caregiver Reviewed communication tool Other: _____			3. Parent-Child/Family Support Groups: How did you work with the parent/caregiver? Observed parent/caregiver & child <input type="checkbox"/> Parent/caregiver tried activity & feedback exchanged Demonstrated activity to parent/caregiver Reviewed communication tool Other: _____		
4. If authorized, describe how the aide worked with the child to support progress toward the IFSP outcome(s). Include how the aide promoted the child's positive behaviors.			4. If authorized, describe how the aide worked with the child to support progress toward the IFSP outcome(s). Include how the aide promoted the child's positive behaviors.		
Parent/Caregiver Signature: _____ Date: ____/____/____ Relationship to child: _____			Parent/Caregiver Signature: _____ Date: ____/____/____ Relationship to child: _____		
Interventionist Signature: _____ Date: ____/____/____ License/Certification #: _____			Interventionist Signature: _____ Date: ____/____/____ License/Certification #: _____		
Supervising Clinician (if applicable): _____ Date: ____/____/____ License/Certification #: _____			Supervising Clinician (if applicable): _____ Date: ____/____/____ License/Certification #: _____		

**NYC EARLY INTERVENTION PROGRAM
GROUP SESSION NOTES
INSTRUCTIONS FOR COMPLETION**

The interventionist must complete this form for each session completed; in addition, they must document whenever a session is cancelled and the reason for the cancellation on this form. Upon request, families should receive a copy of the session note as close as possible to the completed session. A copy of the session note and service log must also be submitted to the interventionist’s provider agency for billing purposes **All Group Session Note fields are mandatory**. A provider may add additional fields to the form if necessary. **Refer to the Session Note and Service Log Policy**

DEMOGRAPHIC/AUTHORIZATION INFORMATION

<p>Model:</p> <p>“Group EI services” mean the provision of physical therapy, occupational therapy, speech-language pathology applied behavioral analysis, or special instruction services by appropriate qualified personnel to eligible children in a group consisting of two to ten children.</p> <p><i>NYS DOH BEI Regulations Sections 69-4.1; 4.10; 4.30</i></p> <p><i>NYS DOH Bureau of Early Intervention Frequently Asked Questions and Answers – Group Early Intervention Services</i></p>	<p>Group Service Models:</p> <ul style="list-style-type: none"> • Group intervention services: The provision of EI services by qualified personnel to a group of eligible children at an approved EI provider’s site or in a community-based site. Such provider site’s site or community-based site must be identified in the provider’s initial or amended application and documented in the provider’s current Department approval. <ul style="list-style-type: none"> ○ In New York City, group early intervention services must be held at a site with a permit issued by the New York City Bureau of Child Care. • Parent-child group: A group composed of parents or caregivers, children, and a minimum of one appropriate qualified provider of EI services at an EI provider’s site or a community-based site (e.g., childcare center, family day care centers). A parent-child group must: <ul style="list-style-type: none"> ○ Have in attendance a minimum of two families participating in the parent-child group to constitute a group (e.g., two EI Program eligible parent-child dyads participating). ○ Be composed of, at a minimum, one appropriate professional qualified to provide EI services, in addition to the parent or other designated caregiver attending with each child and the eligible children. ○ Be delivered in accordance with the Individualized Family Service Plan (IFSP). • Family/caregiver support group: The provision of EI services to a group of parents, caregivers and/or siblings of eligible children for the purpose of: <ul style="list-style-type: none"> ○ Enhancing their capacity to care for and/or enhance the development of the eligible child and/or ○ Providing support, education, and guidance to such individuals relative to the child’s unique developmental needs. ○ The number of participants must be at least two parents, caregivers and/or siblings participating in the family/caregiver group. • Groups must consist of children with similar IFSP outcomes and include appropriate therapeutic approaches. • Children participating in a group EI service may not also receive individual services (including push-in/pull-out services) while the group is in session. • A session note and a service log must be written for each child as an individual, not for the group as a whole.
--	--

Child’s Name:	Information must be the same as in EI-Hub (no nicknames).
DOB:	Enter child’s date of birth.
Sex:	Enter child’s sex assigned at birth (MALE or FEMALE).
EI #:	The EI number as it appears in the EI Hub.
Interventionist Name:	Print the name of the interventionist who is completing this form.
Credentials:	Enter the interventionist’s discipline/credentials, e.g. speech therapist (Speech/Language Pathologist, MS, CCC/SLP, special educator (MS Ed.)).
National Provider ID (NPI):	Write the interventionist’s National Provider ID (NPI) number.
Service Type:	Select the IFSP authorized service delivered by the interventionist. The IFSP authorized service type is “group: for group EI service or parent-child group; service type is “family support” for family support group.
Session Date	Date session was held (or date scheduled and cancelled, if applicable).
IFSP Service Location:	Indicate if the location was a center-based program or another EI-approved site. If another EI-approved site is selected, specify the type of site. Location must be the same as the location on the child’s IFSP.
Address of Service Location:	The address of the location where the IFSP indicates that the service is to be provided. IFSP locations for group EI services may include a center-based program or other EI-approved sites.

	<ul style="list-style-type: none"> Section 69-4.10 provides that parent-child groups may be held at an Early Intervention provider site or community-based site such as a childcare center, family care center, or other community sites. Group early intervention services may occur at an approved EI provider’s site or in a community-based site. In New York City, group early intervention services must be held at a site with a permit issued by the New York City Bureau of Child Care. Parent-child groups or family support groups may also be provided in community-based locations such as libraries, places of worship, or at community centers. The site must be identified in the provider’s initial or amended application and be documented in the provider’s current Department approval.
Date Note Written:	Date that the interventionist completes the note. It is expected that notes are written contemporaneously or as close as possible to the session.
Session Time:	Exact start time and end time of the session. AM/PM must be indicated.
Intensity: Group Duration:	Indicate whether the group was 60, 90, or 120 minutes as authorized by the IFSP.
Number of Children Present During the Session:	Indicate the number of children who participated in the group session on this date. A group early intervention service visit may include two to ten children. (10 NYCRR 69-4.30).
ICD-10 Code:	The relevant ICD-10 code as indicated on the child’s evaluation.
HCPCS Code (if applicable):	Enter the Level II HCPCS code for the service or product provided by a non-health care interventionist (e.g., Special Educator).
CPT Code(s):	Enter the CPT code(s) as indicated by the interventionist’s professional association. <ul style="list-style-type: none"> Depending on the CPT code, a session may require more than one code. For example, if the same service was provided for a 30-minute session and the CPT code is for 15 minutes of service, the CPT code would be listed twice. (See Early Intervention Memorandum 2003-1).
Session Cancelled:	When a session is cancelled, check this box and document the reason under Question #1.
Session must be made up by:	If the session cancelled box is checked, write the date that is 2 weeks later than the missed session. The make-up session should occur on or before this date.
This is a make-up for a missed session on:	If this session is a make-up session, check this box and indicate the date of the missed session. Note: Refer to the Make-Up Policy.
Session Participants	Check all the boxes that apply to the participants in the session. <ul style="list-style-type: none"> Document others not listed (e.g., siblings, assistant). If the 1-to-1 aide for the child is one of the session participants, print the aide’s name.
1. IFSP Outcome(s) and developmental step(s) addressed during this session:	Document the IFSP outcome(s) and developmental step(s) that was worked on in this session with the child and parent/caregiver. <ul style="list-style-type: none"> In EI-Hub, Functional Outcomes are referred to as IFSP Outcomes. In EI-Hub, Objectives are referred to as Developmental Steps. Interventionists should address each IFSP outcome and developmental step based on their own scope of practice proficiency, knowledge and experience. <p>Note: Ongoing discussions with the parents about their concerns, priorities and resources will help guide the IFSP outcomes or developmental steps that will be worked on during the sessions and promote collaboration with families.</p>
2. Describe what happened during today’s session and the progress made toward the IFSP outcome(s). Include the routine activity covered in this session and the strategies used. When available include the parent/caregiver feedback based on your regular communication about the child’s progress between sessions.	Document what happened during this session and the progress the child has made during this session (e.g., generalization to other routines, ease of doing the learning activity, obstacles encountered). <ul style="list-style-type: none"> If this is the first session, document the observations and assessment of the child’s developmental status and functioning. Describe strengths and areas that need support. <p>Include the routine activity that was covered during this session, especially related to the IFSP outcome and developmental step. Group activities may include:</p> <ul style="list-style-type: none"> Activities of Daily Living (ADL) such as hygiene, dressing, food/eating routines Play/Socialization routines, and Community routines (document what these are). <p>When describing what happened during the session, provide examples such as the strategies that were used. Describe the child’s response including behavior, engagement with the strategy, and any adaptation or modification in strategy, environment, sensory stimulation, etc. that was needed.</p>

When available, include the parent/caregiver feedback based on your regular communication with the family regarding child’s progress between sessions. Consistent communication between the parents and the EI team about services and the effective strategies used is required.

When working and communicating with the parent/caregiver and child, interventionist should consider the evidence-based family-centered information in the diagram below. See the [NYS DOH BEI Competency Areas for Evidence-based Evaluations and Services in the NY Early Intervention Program](#).



3. **Parent-Child Groups and Family Support Groups:** How did you work with the parent/caregiver?

Document this only for Parent-Child Groups and Family-Support-Groups.

- **NOTE:** Group sessions *without* parents/caregivers/family present do not have to respond and may write N/A for this question.
- How did you work with the parent/caregiver? Check all that apply:
 - Observed parent/caregiver and child;
 - Parent/caregiver tried activity and feedback exchanged;
 - Demonstrated activity to parent/caregiver;
 - Reviewed the communication tool with parent/caregiver;
 - Provided information and discussed strategies.
- If “other” was checked, please list the technique you used with the parent/caregiver. Examples of other techniques include:
 - Discussed activity with parent/caregiver;
 - Gave the parent/caregiver a picture illustrating the way to position the child after demonstrating the method;
 - Demonstrated parent/caregiver-child activity while describing and explaining what was happening;
 - Modeled and explained a strategy and provided feedback as parent/caregiver tried the activity with the child;
 - Observed parent/caregiver and child performing activities, with both the parent/caregiver and the interventionist providing feedback during the session;
 - Identified the methods and sequence of an activity for the parent/caregiver; and
 - Generalized the strategy to other routines with the parent/caregiver.

<p>4. If a 1-to-1 aide is authorized, describe how the aide worked with the child to support progress toward the IFSP outcome(s). Include how the aide promoted the child's positive behaviors, attention, responsiveness, socialization and/or generalization.</p>	<ul style="list-style-type: none"> • If a 1-to-1 aide is authorized, remember to include the aide as one of the <i>session's participants</i> above and write in their name. • Document how the aide worked with the child during this session to support the child's progress. • Provide example(s) of what the 1-to-1 aide did during this group session that promoted the child's positive behaviors, attention, endurance, responsiveness, socialization with peers, and/or generalization of skills across different group activities. • <u>NOTE</u>: If the child is not authorized a 1-to-1 aide, write N/A.
<p>Caregiver signature: Date: Relationship to child:</p>	<p>The parent or caregiver (the adult person responsible for the child during the session) must sign and dates the session note. The relationship to the child must be documented. For example, the mother or father and the caregiver may be the baby sitter, grandmother, guardian, or the qualified EI personnel (see below).</p> <p>Group Services without Parent/Caregivers present:</p> <ul style="list-style-type: none"> • The qualified EI personnel (e.g., special educator) who is responsible for the child during the delivery of service and who is leading the group meets the definition of "caregiver" in group services <u>without parents present</u>. • Documentation for billing and claiming of an authorized group early intervention service visit, where the child attends without a parent or caregiver present, includes a session note completed and signed by the qualified personnel who led the group and a separate service log. • The service log must be signed by a person responsible for the child during the delivery of the service, for example, the qualified personnel who led the group (e.g., special instructor, speech-language pathologist, etc.). • Together, the session note and the service log, signed by the qualified personnel who led the group, would fulfill the requirements of documentation for billing and claiming of the group early intervention service visit. <p>Parent-Child and Family Support Groups: Early Intervention regulations state that there must be a session note and a service log signed to support billing and claiming for services.</p> <ul style="list-style-type: none"> • When a group service in which the parent or caregiver is present is provided as authorized in a child's Individualized Family Service Plan, the parent or caregiver must sign the session note and service log. <p>Session notes:</p> <ul style="list-style-type: none"> • If the interventionist is an employee, the agency employer must maintain the original session notes. • If the interventionist is an independent provider, they must maintain the original session note for each session and submit copies to their EI provider agency. • Agencies must provide session notes and service logs when requested for billing and audit purposes. • 10 NYCRR section 69-4.26(c) requires that providers maintain original signed and dated session notes and service logs.
<p>Interventionist signature, credentials, date and license/certification number, and title.</p>	<p>The interventionist signs the session note and adds their credentials. If certified, write "certified". Include the date signed. The date must be consistent with the date that the session note was created.</p>
<p>Supervising Clinician signature, credentials, date and license/certification number and title.</p>	<p>For sessions provided by CFYs, OTAs, PTAs, and anyone working under a plan of supervision, the signature and license/certification of their supervisor must be included. Date of the signature must be within 45 days of the session.</p>

Resources:

A *Family Activity Sheet* is available to help support the parent/caregiver in the learning activities until the next session (it follows the session note in this chapter of the *NYC Policy and Procedure Manual* and is also available on the www.nyc.gov website).

The *Family Activity Sheet* is a voluntary tool that can be used to document the strategies that the family plans to use during targeted daily routines. The type of tool that the parent/caregiver decides to use is individual to the family. They may decide to use the Family Activity Sheet, a communication notebook, a calendar or a combination of these tools. They may also use different tools at different times.

For more information regarding family-centered best practices, the parent/child dyad, and functional outcomes, please review the New York State Department of Health Bureau of Early Intervention [Companion Document for the Competency Areas for Evidence-Based Evaluations and Services in New York Early Intervention Program](#).

To learn more about family-centered practices, **Group Developmental Intervention Services Standards**, and the NYS DOH BEI Frequently Asked Questions and Answers – Group Early Intervention Services, go to the New York State Early Intervention Program [Memoranda, Guidance and Clinical Practice Guidelines](#) webpage for this information and other resources.

To learn more about the policies and procedures of the New York City Early Intervention Program, please see the New York City Early Intervention [Information for Providers](#) webpage; the NYC [Early Intervention: Provider Policies, Procedures, and Forms](#) webpage; and the NYC [Early Intervention: Professional Development and Trainings](#) webpage.

For more information regarding Telehealth services (e.g., service logs) in the New York State Early Intervention Program, please see the Telehealth Guidance Document, consent for telehealth services, and the Telehealth FAQs on the [NYS DOH BEI Guidance and Memoranda](#) webpage.