SUFFOLK COUNTY EARLY INTERVENTION PROGRAM RECORD OF EARLY INTERVENTION SERVICE

SERVICE PROVIDER NAME:		AGENCY: Bridges to Bright Futures		
		AUTHORIZATION#: / AUTH. PERIOD:/ TO//		
AUTHORIZED SERVICE:				
Subjective description of child's general status du	Locat. Meth. Freq. ring session Outcomes of the	Dur. IFSP addressed Activities/Strategies/Metl	hods of Intervention R esponse of the c	child to the intervention
Involvement of the parent/childcare giver every 4 th sessi SERVICE NOTES: Therapist m Parent must sign at each visit.	ust sign each e			CPT CODE(S)
DATE OF SERVICE	VISIT CODE*	From: to:		
		Parent/Caregiver Signature:		
NOTES:				
D '1 C' / 1 / 1				
Provider Signature/credentials:	T	1		
DATE OF SERVICE	VISIT CODE*	From: to:		CPT CODE(S)
		Parent/Caregiver Signature:		
NOTES:				
Provider Signature/credentials:				
I have read the above service logs.		Data	*Visit Code S=Scheduled Interv	rention AP=Absence
of Provider OC=Other Contact				AC=Absence
	rogate [] Childcar		of Child	
Written authorization from parent/guardian i sign.	s required for the child	dcare provider to review and	H=School Holiday Intervention (Include data of misse	M=Make-up