Indiana First Steps Provider Summary of Service

This is an example. Everyone has their own style of documentation and style of writing. Please focus on the content in this sample rather than style or length.



Child Information							
Name of child Jon Doe			Child ID #		Date of birth (mm/dd/yyyy)		
Date of IFSP (mm/dd/yyyy)			Diagnosis Code(s)				
		Provider I	Information				
Name of provider		Discipline			Name of agency		
Sally Smith		OT			Play University		
		Location I	Information				
Street address 1000 N. Main Street	City Anytown			Zip code 12345			
Location Type ✓ Home Community Set	ler:				Location code ✓ Off-site □On-site		
5	0		ormation				
Date of visit	Start time	End time		Time zone □ Central	_	Total # of units	
CPT code(s) (code/units)		Delivery Method				<u> </u>	
		✓ In Person □	∃Virtual – A	udio Only	□Virtual – Video		
Make-up session? □ Yes □No	Date of original session	Reason for make-up session □ Family Cancellation □ Family No Show □ Provider Cancellation					
Session participants			T				
	egiver 🗆 Child Care Provid	ier V Sibling 🗌	Interpreter	_ Other:			
Outcome(s) addressed Jon will increase attention to play with objects and others in order to play with his brothers at home.							
			ry of Visit				
What has happened since the last visit? (appointments, new skills, successes, new concerns, barriers) Jon's brothers are out of school for the summer, so the family schedule has shifted. Dad is not traveling this							
					0	ed about him running	
off. Mom reports that indoor play with toys is the most difficult. He will scatter his brothers' toys during play,							
and everyone gets frustrated. Jon is doing best eating by himself. When the boys eat together, he tends to throw							
his food. What activities happened during the visit? (Activities should relate back to IFSP outcome)							
	were outside when the				mom discussed o	options for	
-	king during outdoor a	-		-		-	
(outdoors to inside, inside to lunch) so that Jon will transition without a tantrum. Therapist observed outdoor play with brothers. Mom successfully facilitated turn taking on the swing. Therapist and mom supported Jon in							
the transitions to indoors and lunch using verbal and gestural cues as well as some proprioceptive activities							
(jumping, stomping) leading up to the transitions. Indoor play prior to lunch was brief because outdoor play was							
so successful. The older boys played with Legos while mom prepped lunch. Jon moved between the kitchen and							
the boys' play, but did not engage in Lego play today. Mom encouraged "silly stomping" to the table when lunch							
was ready. Jon was the last to sit down and was whining, but did not cry or run away.							
How did the family participate and what was modeled/taught/discussed? (Family Education and Involvement)							
The therapist provided feedback to mom on her successful use of positioning to gain Jon's attention. Mom							
practiced turn taking with the boys on the swing. The therapist provided information on sensory input and demonstrated ways to encourage stomping and jumping. Mom suggested "silly stomping" to the table for all of							
the boys. Therapist suggested mom provide some deep squeezes on Jon's shoulders once in the chair for lunch.							
Parent/Caregiver/Child Interactions (Provider Observation)							
Mom practiced turn taking on swing by providing an opportunity for each boy to swing and push, by giving							
verbal directions and gestural cues after getting on Jon's level, and by pausing and allowing Jon to process the							
request before he responded. She found ways to incorporate proprioceptive input into everyday transitions. Follow Up Needed- What needs to happen for next visit?							
Mom will continue to encourage "silly stomping" during transitions, particularly from outdoors to inside and when she calls the boys to the table. She will share this strategy with dad. The family will feel successful if this strategy results in increased compliance and a decrease in tantrums. Next session, mom will be indoors to start the session so we can focus on indoor play with toys with brothers.							

Next Scheduled Visit						
Day of week	Date (mm/dd/yyyy)	Time	Location			
My	signature verifies that I agree to	the accuracy of the time	e reported for this activity.			
Signature of parent/care	Date (mm/dd/yyyy)					
Signature of provider	Date (mm/dd/yyyy)					
Signature of provider s	Date (mm/dd/yyyy)					
Signature of provider s						

Final February 10, 2021