

# EARLY INTERVENTION PROGRESS NOTE/NEXT-STEPS FORM

Child Name: \_\_\_\_\_

Date: \_\_\_\_\_

Time in: \_\_\_\_\_ to \_\_\_\_\_

Location: \_\_\_\_\_

**What we did today and progress on any goals discussed:**

**What we will do from now until the next visit:**

**Plan for next visit:**

Provider Signature: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date and time of Next visit: \_\_\_\_\_ Parent/Caregiver Signature (REQUIRED): \_\_\_\_\_

Visit Confirmed: \_\_\_\_\_ CPT Code: \_\_\_\_\_

Speech Therapy     Occupational Therapy     Physical Therapy     Family Support/ Special Instruction  
 Vision Training     Family Support/Family Training     OT eval     PT eval     Speech eval     Intake/Re-eval  
 Other: \_\_\_\_\_