

PRIMARY CAREGIVER VISIT LOG

Child's Name _____ Date of Birth _____ ZIP Code _____

Provider Agency _____

Start Date of IFSP _____ End Date of IFSP _____ Setting: Home Community Other

Team (TL) _____ Joint Visitor (JV) _____

Service/Support Coordinator (SC) _____

CAREGIVER INPUT / REVIEW OF LAST VISIT

Feedback

How did the plan we developed at our last visit work for your family? How did it help your child do the things he/she likes and needs to do?

COACHING OPPORTUNITIES

Observation & Practice

What do you see happening? Tell me what you think or feel about what is going on? Would you like to see what would happen if we try?

FAMILY COMMENTS

Reflection

How did what we did today work for you? What was helpful? In what way? What different things could you do to learn more about?

FAMILY PLANNING FOR NEXT VISIT

Joint Planning

What would you like to be working on until next visit? What would you like me working on?

Visit Date: _____ Duration: _____ Start Time: _____ End Time: _____

Date & Time of Next Visit _____

Parent's Signature _____ Date _____

Team Lead Signature _____ Date _____

Service/Support Coordinator Signature _____ Date _____

Joint Visitor Signature _____ Date _____

Adapted From: The Early Intervention Teaming Handbook: The Primary Service Provider Approach by M'Lisa L. Shelden PT, Ph.D., and Dathan D. Rush, Ed.D., CCC-SLP -2013 by Paul H. Brookes Publishing Co.

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