

Primary Caregiver Visit Log

Child's Name: _____

Date Of Birth: _____

Provider Agency: _____

Date of IFSP: _____

Zip Code: _____

Team Leader (TL): _____

Joint Visitor (JV): _____

Outcome(s): _____

Caregiver Input / Review of last visit	Coaching Opportunities
<i>Feedback</i>	<i>Observation & Practice</i>
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?	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	Family Planning for next visit
<i>Reflection</i>	<i>Joint Planning</i>
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...?	What would you like to be working on until next visit? What would you like me working on?

Start time of today's visit: _____

End time of today's visit: _____

Date and time of next visit: _____ (Signature) _____

Parent Signature

Date

(Please Circle Discipline): OT-97530 PT – 97110 ST – 92507 DSI – S9445 SC- T1016

Service unit = 1 hour, bill at 15 min units

- Modifiers: ME-Meeting; AS- Assessment SU- Dual Role; NH – Natural –Home; NC- Natural Community; CL-Other Setting; TL – Team Lead; TC – Team Conferencing; EV- Evaluation
DSI's identify; HN – Bachelor's Degree HO – Master Degree
- The team lead (TL) may bill a maximum of one additional unit per month for non-direct contact ND Modifier.