Updated 05/08/25

Early Intervention Program
Family Contact Log

Child's Name _____ **DOB** _____ **FSC Initials** _____

Date of Service _____ **Time: *In*** _____ *am/pm* ***Out*** _____ *am/pm* **Total Time:** _____

Service: ◉ DI ○ OT ○ PT ○ SLP ○ SW ○ FTC ○ Other (Specify: _____)

Service Type: ◉ Ongoing ○ E&A ○ Follow-Up

Location: ◉ Home ○ Community ○ Telehealth ○ Other (Specify: _____)

Method: ◉ Individual ○ Group ○ Collaborative Consultation

Cancellation ☐ PC-Parent Cancellation ☐ SC-Staff Cancellation ☐ NS-No Show ☐ Inclement Weather
(Please provide cancellation reason under *Visit Note*)

Visit Note:
Co-visit: ◉ No ○ Yes, co-visit with: _____

Developmental activities/next steps:

Next scheduled visit: _____

Signature of Service Provider (please provide credentials)

_____