Provider Service Rendered
Alabama Department of Rehabilitation Services – Early Intervention

Child First Name:_____ **Child Last Name:** _____**DOB:** _____
CaseID: _____ **Service Date**: _____ **Make Up Visit:** ☐Yes ☐No
Service Location: Childcare; Clinic; Community; Home; Virtual Childcare; Virtual Community; Virtual Home
Cancellation: Not Cancelled; Family Cancellation In Past 24 Hours; Missed Appointment; Provider Cancelled
Cancellation Reason: _____
Timely Service Status: ☐Untimely – Family Issue -OR- ☐Untimely Provider Issue
Untimely Service Justification: _____

Important Updates Since Last Visit:

Progress Toward IFSP Outcomes:

Provider Supported By:

- ☐ Reflecting/Discussing/Planning
- ☐ Observing Parent/Caregiver/Child
- ☐ Other: Description: _____
- ☐ Demonstrating Activity to Parent/Caregiver
- ☐ Providing Strategies/Information/Resources

Parent/Caregiver Participated By:

- ☐ Reflecting/Discussing/Planning
- ☐ Observing
- ☐ Other: Description: _____
- ☐ Practicing
- ☐ Demonstrating Activity to Provider
- ☐ Reviewing Strategies and Information

Plan for Between Visits:

Plan for Next Visit:

Next Service Date: _____ **Family Travel:** Yes; No **Family Miles Traveled:**_____
Service Detail Lines Provided: _____
Name & Discipline for each SDL Provided: _____
Minutes Spent for each Name/Discipline:_____
Service Detail Lines Provided Virtually:_____
Provider Signature:_____**Date**: _____
Provider Signature: _____**Date**: _____
Caregiver/Guardian Signature: _____**Date**:_____