

BIRTH TO THREE SERVICE NOTES

Child's Name _____ Date _____

Type of Service: OT PT Speech Co-Treat

Who was present? Parent Caregiver Other: _____

Beginning Session Time: _____ Ending Session Time: _____

Number of Units: _____

Beginning Odometer Reading _____ Ending Odometer Reading _____

Location of Services: Home Daycare Other: _____

Activities:

Notes:

Parent/Caregiver Discussion and Practice Plan:

Parent/Caregiver Signature: _____