new Prog. note as of 3-1-2013. Still in process of ordering.

Community Action Corporation of South Texas
ECI-Project Niños
An Affiliate of Texas Early Childhood Intervention
5709 Springfield Ave., Laredo, TX 78041, Phone: (956) 728-1769, Fax: (956) 722-1723

PROGRESS NOTE

☐ Evaluation ☐Assessment/Reassessment (RA) ☐ Therapy/Service, Specify: _____ | ☐Individual ☐Group

Name:	DOB:	Date of Service:
Start time: Length of service:	Travel time:	Location (circle one): Home Day Care Community
Type of Insurance: ☐verified	ICD-9 diagnosis code:	

Updates: Doctor's appointments, changes in family routines, other important events that happened during the week:

Summary: List activities and routines child/family worked on today; include information, instructions and recommendations:

Progress: Child's progress since last visit, include any relevant new information:

List IFSP outcomes (goals) addressed today: _____

Plans for next visit:

NEXT APPOINTMENT DATE/TIME SCHEDULED FOR: _____

Service Provider's Signature (include credentials):	Service Provider's Name (print only):	
Contact Signature:	**FOR OFFICE USE ONLY**	
	TKIDS	Billing