Bright Beginnings Partnership Plan

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| **Who participated?** |
| **Child Parent/Caregiver:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Provider:** ­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Other:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Updates since last visit** |
| *What’s new/changed, needs, concerns, what works, what doesn’t, parent observations**Did child meet goal from previous HVP? Yes\_\_\_\_\_ No\_\_\_\_\_* |
|  **What is the focus for this visit?** |
|  *Priorities/IFSP Outcomes (skill, routine, and measures):*  |
| *Parent/Child Practiced:* | *Provider Support:* |
| **Plan to Practice Between Visits** |
| *Skill & IFSP Outcome:**Routine(s):* *Measure:**Strategies to use:* |
| *Support/Resources needed from provider? \_\_\_Yes. \_\_\_\_No* *Explain:* | *Location, time and how will we communicate between visits?* |
| *Parent/Caregiver Signatures & Comments:* |
|  *Provider Comments:* |

Service Coordinator follow-up needed? \_\_\_\_No \_\_\_Yes, new priority identified: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child has met outcomes and a transition discussion is needed \_\_\_\_Yes \_\_\_\_No

For Provider Use Only:

Start Time: End Time: Total Units: Odometer Beginning: Ending CPT Treatment Code: ICD – 10 Diagnosis Code: Medical Necessity: