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: