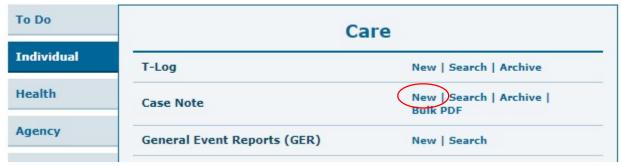
# Case Note Types for IFSP

## **Creating a new Case Note**

1. On the Individual Tab, under the Case Note section, select "New".



2. Select the individual you'd like to create a case note for. You'll then see this screen:

## New Case Note

	You don't have any default Case Note Template selected currently.
Select Date and Template	
* Service Date	MM/DD/YYYY 🗎
* Select Template	- Please Select -
Back	Next

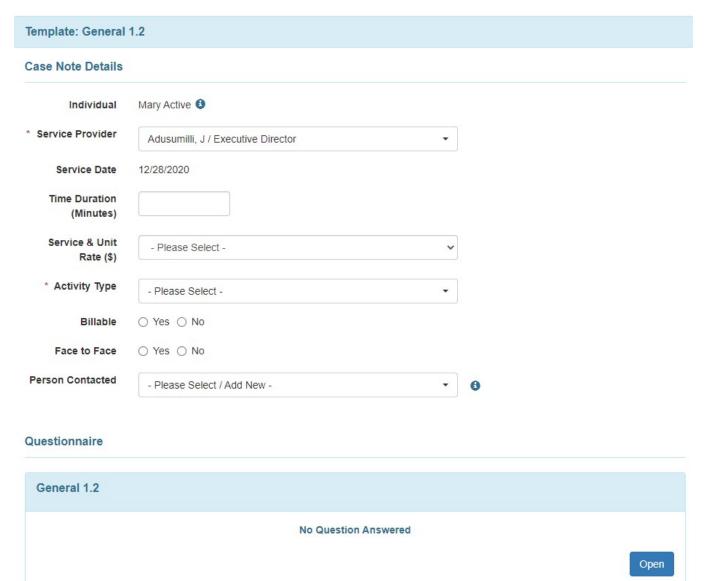
Enter the date the activity took place and select the type of case note you'd like to create. The drop-down will list the following case notes:

- General
- Home Visit
- Consultation
- Evaluation/Assessment
- IFSP/IFSP Review
- Transition
- Child Outcomes

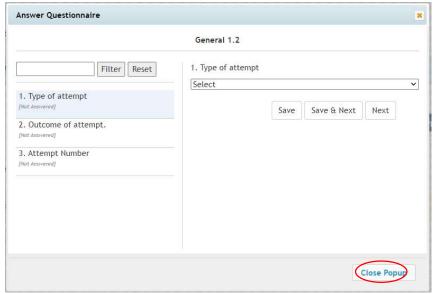
## **Case Note Types:**

#### **General:**

- 1. Complete the following:
  - a. Service Provider: This is typically going to be your name.
  - b. Time: List in minutes the length of the contact if you would like.
  - c. Activity Type: You may choose from Family Contact Notes, Scheduling, Service Delivery, No-Show, or Other.

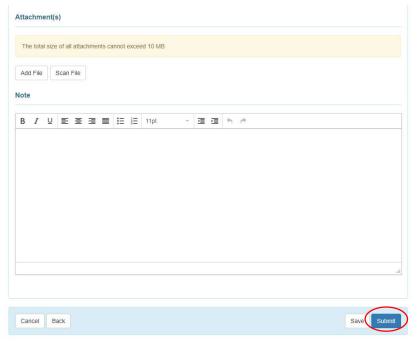


- 2. In the Questionnaire, you will be able to complete the following information:
  - a. Question 1: You may select the type of attempt to communicate from the drop down. Your choices are Email, Text, Phone Call, Letter.
  - b. Question 2: You may select the outcome of the attempt to communicate from the drop down. Your choices are No Response, Cancellation, Successful.
  - c. Question 3: You may enter the attempt number (just a numeral) in this box.



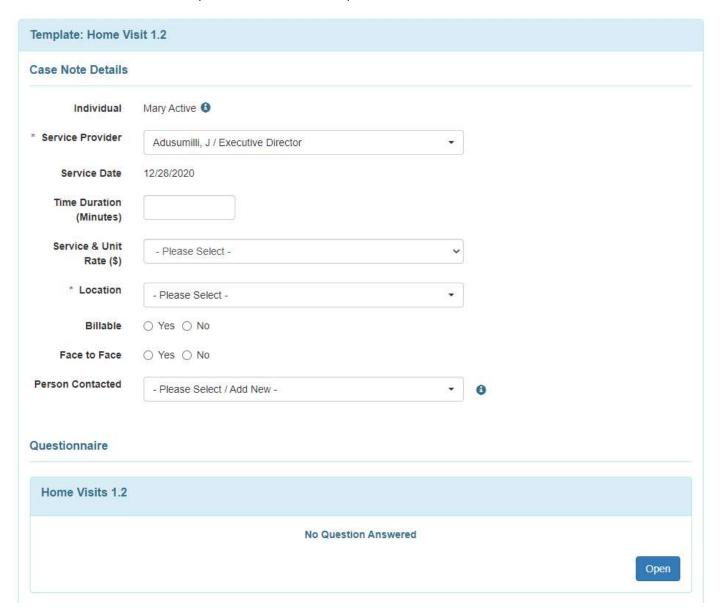
Be sure to select "Save and Next" after each question you answer, and "Close Popup" once you've completed the questionnaire.

3. You are able to add an additional attachment or add notes on the main case note screen, if you would like.

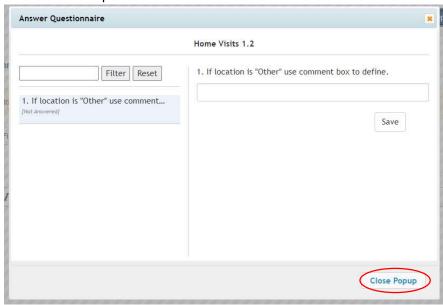


#### **Home Visit:**

- 1. Complete the following:
  - a. Service Provider: This is typically going to be your name.
  - b. Time: List in minutes the length of the home visit if you would like.
  - c. Location: You may choose from Home, Child Care, Community or Other. Note: If you select "Other" you will need to answer question #1 in the Questionnaire.

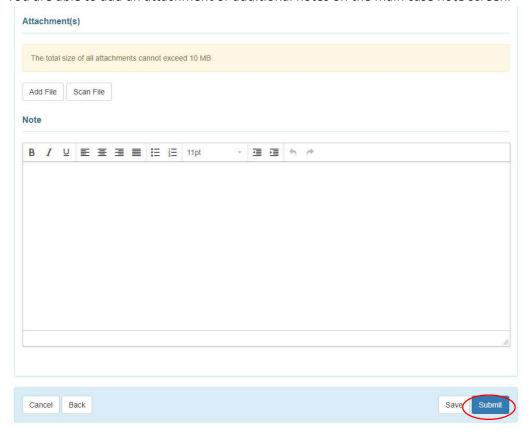


2. In the Questionnaire, you will need to list the location of the home visit if you selected Other in the Location drop-down.



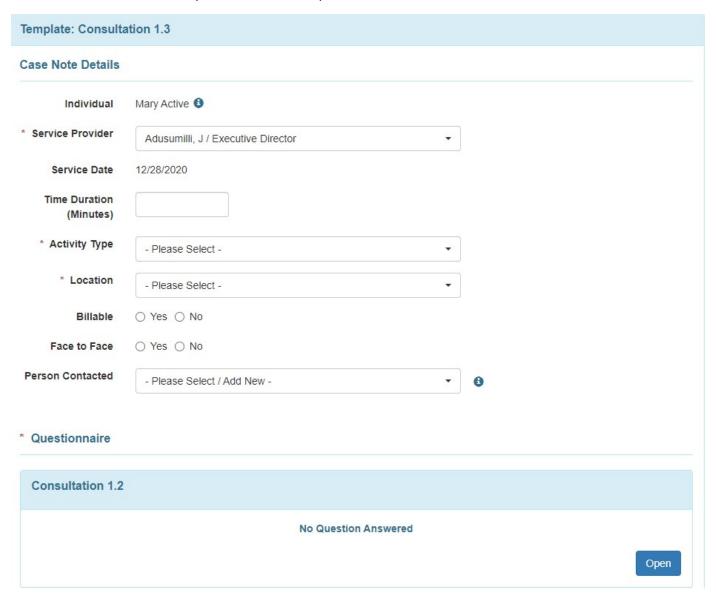
Be sure to select "Save and Next" after each question you answer, and "Close Popup" once you've completed the questionnaire.

3. You are able to add an attachment or additional notes on the main case note screen.

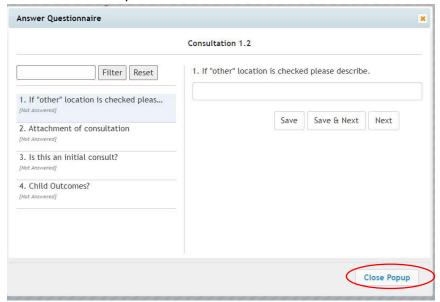


#### **Consultation:**

- 1. Complete the following:
  - a. Service Provider: This is typically going to be your name.
  - b. Time: List in minutes the length of the consultation.
  - c. Activity Type: You may choose from OT, PT, ECSE, SLP, Nursing or Social Work consultation.
  - d. Location: You may choose from Home, Child Care, Community or Other. Note: If you choose Other, you will need to complete Question #1 in the Questionnaire

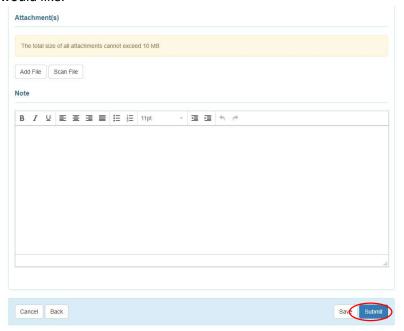


- 2. In the Questionnaire, you will be able to complete the following information:
  - a. Question 1: If you selected Other as the location, complete this question. If not, you can skip it.
  - b. Question 2: You must attach your consultation to this question. (Required)
  - c. Question 3: You must select "yes" or "no" to this question. (Required)
  - d. Question 4: You may indicate the outcome to which the consultation is connected.



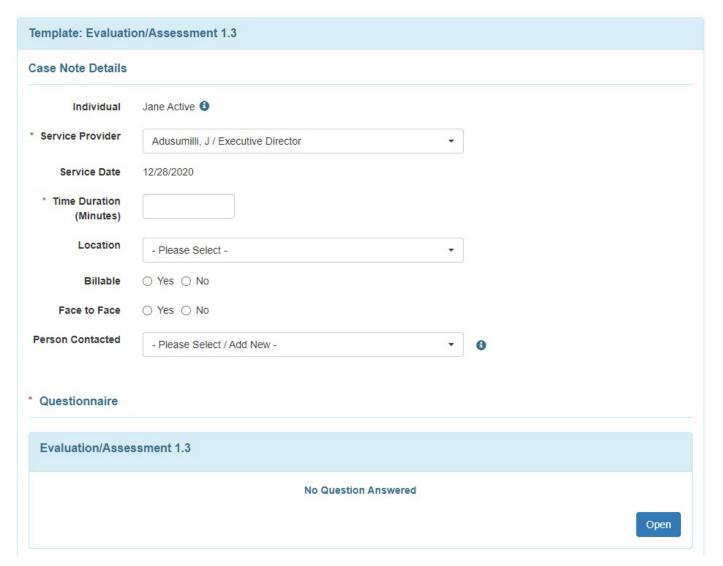
Be sure to select "Save and Next" after each question you answer, and "Close Popup" once you've completed the questionnaire.

3. You are able to add an additional attachment or add notes on the main case note screen, if you would like.

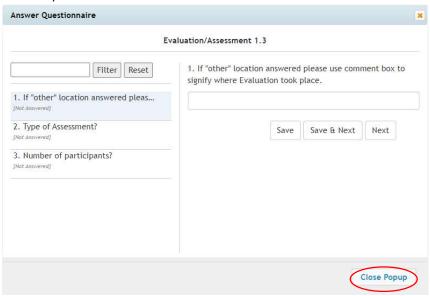


## **Evaluation/Assessment:**

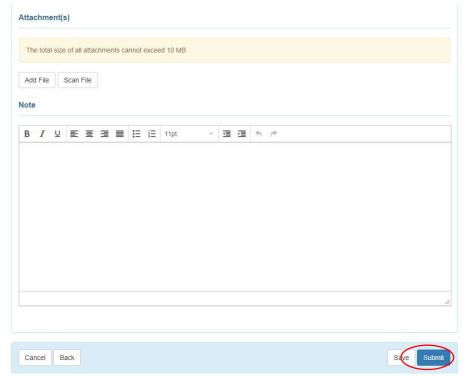
- 1. Complete the following:
  - a. Service Provider: This is typically going to be your name.
  - b. Time: List in minutes the length of the evaluation/assessment.
  - c. Location: You may choose from Home, Child Care, Community or Other. Note: If you select "Other" you will need to answer question #1 in the Questionnaire.



- 2. In the Questionnaire, you will be able to complete the following information:
  - a. Question 1: You will need to list the location of the evaluation/assessment if you selected Other in the Location drop-down.
  - Question 2: You must select the type of assessment. Your choices are Initial or Annual. (Required)
  - c. Question 3: You may select the number of participants present at the evaluation (just a numeral).

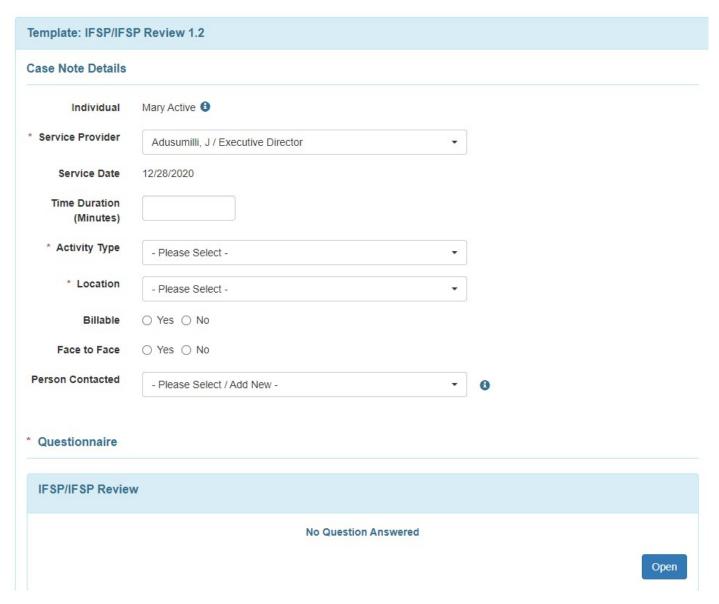


3. You are able to add an attachment or additional notes on the main case note screen.

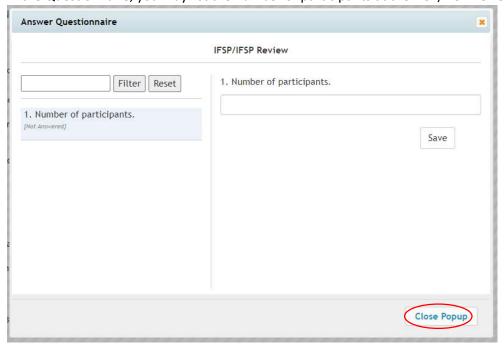


#### **IFSP/IFSP Review:**

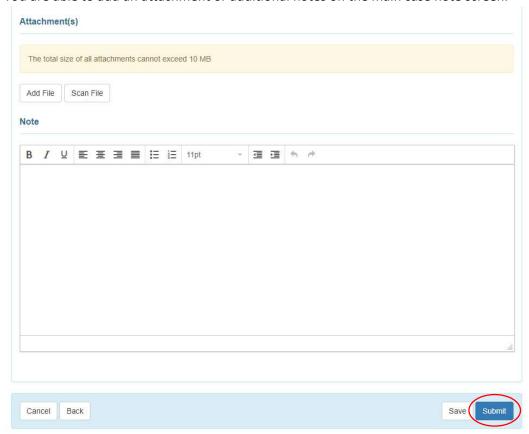
- 1. Complete the following:
  - a. Service Provider: This is typically going to be your name.
  - b. Time: List in minutes the length of the IFSP/IFSP Review Meeting if you would like.
  - c. Activity Type: Select the type of IFSP Meeting completed. You may choose from Transition, Review, Annual or Initial.
  - d. Location: Select the location of the IFSP/IFSP Review Meeting. You may choose from Family Home, Community, Childcare or Other.



2. In the Questionnaire, you may list the number of participants at the IFSP/IFSP Review Meeting.

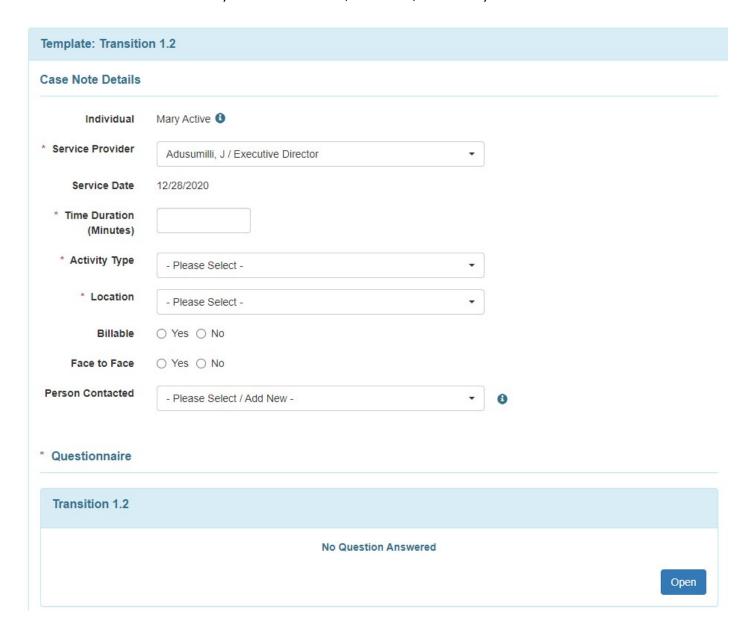


3. You are able to add an attachment or additional notes on the main case note screen.

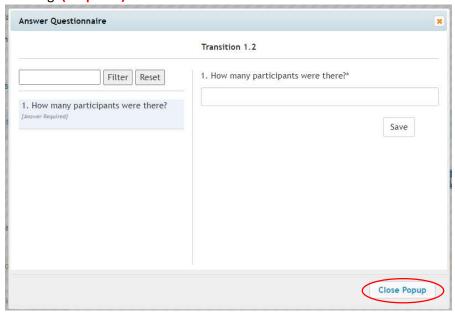


#### **Transition:**

- 1. Complete the following:
  - a. Service Provider: This is typically going to be your name.
  - b. Time: List in minutes the length of the Transition Meeting.
  - c. Activity Type: You may choose from 2.7 Transition or 2.9 Transition.
  - d. Location: You may choose from Home, Child Care, Community or Other.

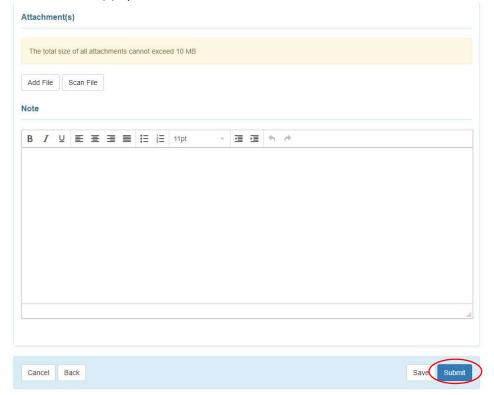


2. In the Questionnaire, you **must** list the total number of participants at the 2.7 or 2.9 Transition meeting. (Required)



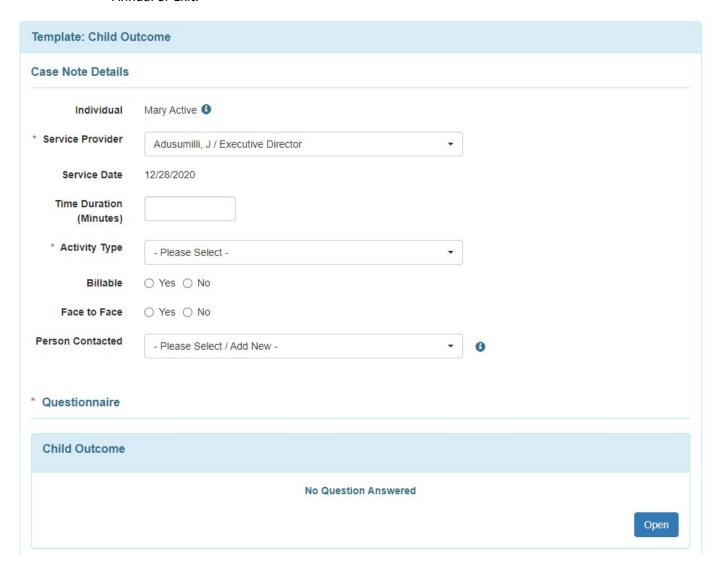
Be sure to select "Save and Next" after each question you answer, and "Close Popup" once you've completed the questionnaire.

3. On the main case note screen, you **must** attach the LEA or Opt-Out Notification form by using the Attachment(s) option. You are also able to add additional notes on this screen. (Required)

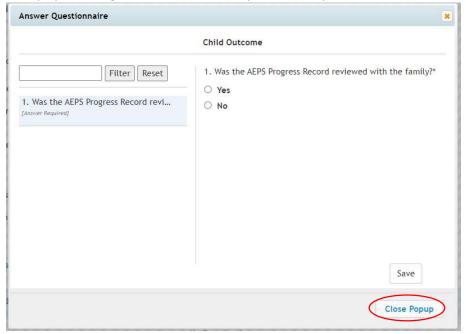


#### **Child Outcomes:**

- 1. Complete the following:
  - a. Service Provider: This is typically going to be your name.
  - b. Time: List in minutes the length of the child outcomes assessment if you would like.
  - c. Activity Type: Select the type of AEPS completed. You may choose from Entrance, Annual or Exit.



2. In the Questionnaire, you **must** indicate if the AEPS Progress Record was reviewed with the family by selecting Yes or No. This will replace the required statement in the IFSP. (Required)



Be sure to select "Save and Next" after each question you answer, and "Close Popup" once you've completed the questionnaire.

3. You must attach the AEPS assessment or Progress Record to the Case Note. You may also add additional notes on the main page if you wish.

