



An Affiliate of Texas Early Childhood Intervention
www.dars.state.tx.us/ecis



Little Lives ECI
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Sweetwater, TX 79556
325-236-6821
Fax: 325-236-6112

Betty Hardwick ECI
765 Orange St
Abilene, TX 79601
325-627-0908
Fax: 325-670-4831

Central Texas MHMR ECI
PO Box 250
Brownwood, TX 76801
325-643-1721
Fax: 325-646-7627

ECI Staff Only
Case #/ID _____
Medicaid# _____

PROGRESS NOTES

CHILD NAME:

DOB:

CONFIDENTIAL		Record Services Provided in the Space Below					CONFIDENTIAL	
Provider	Date of Service MM DD YY	Start Time	End Time	Length of Time	Place of Service	Type of Contact	Appointment Code	
					<input type="checkbox"/> Home <input type="checkbox"/> Child Care <input type="checkbox"/> Community	<input type="checkbox"/> Face-to-face <input type="checkbox"/> Phone	<input type="checkbox"/> Scheduled <input type="checkbox"/> No Show <input type="checkbox"/> Parent Cancelled <input type="checkbox"/> Staff Scheduled <input type="checkbox"/> Unscheduled contact <input type="checkbox"/> Unscheduled attempt	

PERSON(S) PRESENT:

Services Provided: AI VI OM

What progress has the child made since our last visit?

What goals have been addressed in this visit?

What's happened with this visit?

Activities undertaken with child and family: include description and routine and parent involvement

Comments and Requests

Include referrals, requests for information to send or bring to next home visit

Plans for next visit:

Include anticipated routine/strategies

Provider's Signature _____ Date _____

Interpreter's Signature _____ Date _____

Case #/ID _____
TKIDS _____

Next Appointment:	
<input type="checkbox"/> Mon	<input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri
	<input type="checkbox"/> AM
Date: _____	Time: <input type="checkbox"/> PM