Do not alter Essex County Forms they have been designed to meet State and Federal requirements.

HEALTH DEPARTMENT
Children's Services Unit

Essex County Services for Children with Disabilities

DAILY SESSION NOTES

PRESCHOOL

Child's Name_____ _____
Last First

Type Of Service_____ Month:_____ Year:_____

Frequency:_____ IEP Dates:_____ Thru_____

School District:_____ Total sessions this month_____

Signature of Parent or Guardian:_____

Signature verifies review of goals and progress

Short Term Goals	Progress

DATE	MAKE UP FOR	TIME IN	TIME OUT	TOTAL TIME	LOCATION	CAREGIVER SIGNATURE

_____ _____
Teacher/Therapist Signature/Credentials Date

_____
License Number