BabyNet
South Carolina's Early Intervention System

SPOE ***INTAKE*** Service Notes

Date	Site H=Home S=SPOE O=Other	Intake SC initials activities completed below.	***(To be used for documentation of 0f BabyNet Intake Activities***) Description of Activities
			Met with/interviewed (Name and Relationship to Child).
			Completed BN Program and IDEA overview.
			Reviewed Family Guide/BN013 and Notice of Child and Family Rights/BN014. Copy provided to family.
			Reviewed BabyNet eligibility and IFSP process.
			Discussed Transition to Part B at age 3 and requirement to send directory information to Part B by age 2 years.
			Obtained signature on Consent for Screening, Evaluation and Assessment/BN005.
			Completed Birth and Early Health History/BN003.
			Completed Family Hearing and Vision Questionnaire/BN007.
			Administered developmental screening tool and/or Curriculum Based Assessment (CBA).
			Completed IFSP Sections 1, 2, 5A, 5B, 6A, 7.
			Obtained signature on Consent to Release and/or Obtain Information/BN006
			Obtained information and signature on Insurance Resources/BN004
			Reviewed community resources and programs, including Family Connection, SSI, TEFRA, CRS, WIC, Early Intervention choices/matrix, etc.
			Transition Referral Form/BN017 sent to Part B by 2 years 6 months.
			Results and Planned Follow-Up Activities. *(Document on additional BN025 if needed.)*
			SC Signature and Title:

Date						
ICD9 #						
T1017 Units						
T1016 Units						
Employee Signature:						

Name

DOB

BT#