

**NYC EARLY INTERVENTION PROGRAM  
FAMILIES AS PARTNERS (FAP) CALENDAR**

Name of Interventionist/Agency	Authorized Service

CHILD'S NAME: \_\_\_\_\_  
(Last) (First)

EI #: \_\_\_\_\_ DATES: FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>FAMILY PLAN</b> Month of _____ Completed by Interventionist(s). Number the activities.	<b>Questions about Family Plan:</b> What worked well in the plan? What didn't work? Comments, concerns and adjustments. <b>(Completed by Parent/Caregiver)</b>	<b>Parent/Caregiver:</b> List the number of the activity you tried. Put "+" if the activity worked well and "-" if it didn't work well. <b>(Completed by Parent/Caregiver)</b>						
		Sun: week of	Mon	Tues	Wed	Thurs	Fri	Sat

**Parent(s)/Caregiver(s) who completed calendar: \_\_\_\_\_**  
**IMPORTANT!! SAVE!! KEEP THIS PAGE AND GIVE IT TO YOUR SERVICE COORDINATOR!!**