



IFSP Meeting Request / Confirmation Form

Section I: IFSP Meeting Request: Completed by Service Coordinator	
Date:	Regional Office Fax #
Child's Initials	Attn(Scheduler):
Service Coordinator	Family's phone #
	SC Phone #:
<p>Type of IFSP: <input type="checkbox"/> Interim <input type="checkbox"/> Initial <input type="checkbox"/> Initial with Transition Conference <input type="checkbox"/> Review <input type="checkbox"/> Review with Transition Conference <input type="checkbox"/> Amendment</p> <p><input type="checkbox"/> Assistive Technology <input type="checkbox"/> Transition Conference <input type="checkbox"/> Paper Review of IFSP: No formal meeting requested by parent due to no requested changes to the existing plan (SC must submit a copy of this form with the paper review to the EIOD)</p>	
Date of IFSP:	Location of IFSP Meeting (please check one):
Time of IFSP:	<input type="checkbox"/> Parent Home <input type="checkbox"/> Agency <input type="checkbox"/> Regional Office <input type="checkbox"/> Other location:
Address:	
Phone #(s) of IFSP meeting location :	
Special Circumstances:	
<p><input type="checkbox"/> Parent <input type="checkbox"/> Eval. Site/Interventionist <input type="checkbox"/> Foster Care Agency <input type="checkbox"/> CPSE Administrator <input type="checkbox"/> Other: _____</p> <p>Service Coordinator must send written confirmation of the IFSP meeting no later than 2 days before the meeting to:</p> <p>Written confirmations must always be sent to the Regional Office within 48 hours of verbal confirmation</p>	
Section II: Meeting Confirmation: Completed by Regional Office	
<p><input type="checkbox"/> The above IFSP request is confirmed: <input type="checkbox"/> The above IFSP request CANNOT be confirmed for the following reasons:</p> <p><input type="checkbox"/> Time/Date not available <input type="checkbox"/> Other: _____</p> <p>Signature _____ Date: _____</p>	
Section III: Reschedule: Completed by Service Coordinator	
<p>Previous IFSP meeting was cancelled due to: <input type="checkbox"/> Parent <input type="checkbox"/> Eval. Rep <input type="checkbox"/> SC <input type="checkbox"/> EIOD</p> <p>Service Coordinator must send written confirmation of the IFSP meeting no later than 2 days before the meeting to:</p> <p>Date confirmation sent _____ <input type="checkbox"/> Parent <input type="checkbox"/> Eval. Site <input type="checkbox"/> Foster Care Agency <input type="checkbox"/> CPSE Administrator</p> <p>Written confirmations must always be sent to the Regional Office within 48 hours of verbal confirmation</p>	
Section IV: FAX Confirmation of Provider Availability by Phone: Completed by Service Coordinator	
<p>Any person participating by phone is expected to call into the meeting. Providers participating by phone must be available for pertinent portions of the meeting.</p> <p>Provider will forward a signed attestation page to the EIOD during or within 24 hours of the IFSP meeting.</p> <p>Who will be available by phone?</p> <p><input type="checkbox"/> Eval Site Representative <input type="checkbox"/> Interventionist <input type="checkbox"/> CPSE Representative <input type="checkbox"/> Other _____</p> <p>Phone #(s) of person available by phone: _____</p> <p>The Service Coordinator MUST notify the RO of the change 24 hrs before the meeting by completing and Faxing Section IV of this form.</p>	