



**IFSP Meeting Request / Confirmation Form**

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