



IFSP Meeting Request / Confirmation Form

Section I: IFSP Meeting Request: Completed by Service Coordinator	
Date:	Regional Office Fax # _____ Attn(Scheduler): _____
Child's Initials	EI #: _____ Family's phone # _____
Service Coordinator	SC Phone #: _____ SC Fax #: _____
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 <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)	
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: _____	
<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: _____ 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	
Section II: Meeting Confirmation: Completed by Regional Office	
<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: _____ Date: _____	
Signature _____	
Section III: Rescheduled: Completed by Service Coordinator	
Previous IFSP meeting was cancelled due to: <input type="checkbox"/> Parent <input type="checkbox"/> Eval. Rep <input type="checkbox"/> SC <input type="checkbox"/> EIOD	
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	
Section IV: FAX Confirmation of Provider Availability by Phone: Completed by Service Coordinator	
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.	