

**INDIVIDUALIZED FAMILY SERVICE PLAN  
SERVICE COORDINATION ACTIVITIES (Page 7)**

Child's Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_  
 EI #: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**SC Primary Roles:**

- Coordinate and monitor the delivery of all services.
- Assist families in obtaining EI and non-EI services.
- Facilitate reviews of IFSP every 6 months.
- Inform caregivers of their rights and procedural safeguards under the Early Intervention Program.
- Obtain and update insurance information and explain to parents how information will be used by EI.
- Discuss transition from EI when the child is 24 or more months old.

**I have been given the option of choosing an ongoing service coordinator (OSC) and I have selected:**  
 Name of OSC \_\_\_\_\_ SC ID # \_\_\_\_\_

Tel. No. \_\_\_\_\_ Ext. \_\_\_\_\_ Email \_\_\_\_\_

Provider Agency \_\_\_\_\_ Provider # \_\_\_\_\_

Parent's signature \_\_\_\_\_  
*Ongoing SC should:*

- Assist family in identifying and applying for Public Programs (e.g., Child Health Plus, Medicaid, Medicaid Waiver, WIC, Lead Program, housing). **List the programs:**
- Assist family in identifying and applying for other non-EI services needed by child/family (e.g., child care, counseling, recreation services). **List the services:**
- Coordinate **co-visits**; reschedule if necessary.
- Locate **bilingual services**. If unavailable, contact EI/OD to discuss alternatives.
- Assist family with **transition**; complete pages 7A and 7B if child is 2 years or older.

Primary Health Care Provider: \_\_\_\_\_ Name of Medical Center/Facility \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_

- I give permission for my service coordinator to send a copy of the IFSP and evaluation reports to my child's primary health care provider
- I do not give permission.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

If Parent/Guardian/Surrogate chooses to send the IFSP to others working with their child, such as Early Head Start, or Child Care Providers, complete "Parental Consent to Obtain/Release Information" form.

**Additional Concerns:** Describe below any concerns (from any members of the IFSP team) that may need follow-up.

**Any further evaluations needed?**  Yes  No **Specify what type and why:**