

Section I: IFSP Meeting Request: Completed by Service Coordinator. Parents Must be Offered an In-Person Meeting Option

Date:	Regional Office Fax #	Attn(Scheduler):
Child's Initials:	EI #:	Family's phone #
Service Coordinator:	SC Phone #:	SC Fax #:
SC Email (required):	Scheduling contact email (required):	
Evaluation Site Representative Email:	Evaluation Site Representative Phone #:	
Type of IFSP: _____ or Paper Review of IFSP: Parent does not request changes to plan/meeting with EIOD. (SC must submit this form with Draft IFSP in EI-Hub)		
Date of IFSP: _____		Time of IFSP: _____
Location of IFSP Meeting: _____		Address: _____
Phone #(s) of IFSP meeting location: _____		
Special Circumstances:		

Service Coordinator must send written confirmation of the IFSP meeting no later than 2 days before the meeting to:
 Parent Eval. Site/Interventionist Foster Care Agency CPSE Administrator 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 and Sent with Outlook Calendar Invite to SC

The above IFSP request is confirmed (Calendar notice sent to SC) IFSP request NOT confirmed
 Signature _____ Date: _____
The Regional Office confirmation contains a future meeting date. Please hold SC and parent availability for next IFSP Meeting.

Section III: Reschedule: Completed by Service Coordinator

Previous IFSP meeting was cancelled due to: Parent Eval. Rep SC EIOD
Service Coordinator must send written confirmation of the IFSP meeting no later than 2 days before the meeting to:
 Date confirmation sent: _____ to Parent Eval. Site Foster Care Agency 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?
 Eval Site Representative Interventionist CPSE Representative 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.



INSTRUCTIONS FOR COMPLETION IFSP MEETING REQUEST/ CONFIRMATION FORM

The Service Coordinator (SC) will work with the family to determine a convenient meeting time, date and location for their participation in the IFSP. The Regional Office (RO) will contact the SC, via telephone, to determine the family's preference for the meeting. The SC will complete the IFSP Meeting Request/Confirmation Form, as appropriate, as required by the IFSP Scheduling Policy.

Section I: Completed by SC to submit IFSP meeting request

1. **Date** - Write date that the form is sent to the RO.
2. **Regional Office Fax#** - Select regional office fax number from drop-down list.
3. **Attn (Scheduler)** – no additional information needed
4. **Child's Initials** - First name initial, then last name initial
5. **EI #** - Child's EI ID #
6. **Family's phone #** - A phone number where the family can be reached at all times
7. **Service Coordinator**- Name of SC assigned to the child and family, plus phone and fax numbers for the SC
8. **SC email** – The Service Coordinator's work email address
9. **Scheduling contact email** – **Provide an email address of the service coordination agency scheduling point of contact. This can also be the service coordination supervisor.**
10. **Evaluation Site Representative Email & Phone #** - **Provide the email address and phone number of the evaluation site representative/ evaluator who will be participating in the meeting.**
11. **Type of IFSP**- Check type of meeting scheduled
12. **Date and Time of IFSP** – Write the date and time of the IFSP meeting **AFTER** it is verbally confirmed with RO Scheduling Unit, parent/guardian, evaluation site representative and others (if applicable and with parent consent).
13. **Location of IFSP Meeting, and Address** – Check the location and write the address **AFTER** it is verbally confirmed with the RO Scheduling Unit, parent/guardian, evaluation site representative and others (if applicable and with parent consent).
14. **Phone Number of IFSP meeting location** - The phone number to be called by members participating by phone.
15. **Special Circumstances**: Describe any special circumstances for which you are requesting more time for the meeting, such as when the situation is complex enough to warrant additional time. It should not be presumed that certain diagnoses, e.g., ASD/autism, will need additional time. As appropriate, the RO will try to schedule additional time. Also, include if an alternate time is being requested.
16. **Service Coordinator must send written confirmation 2 days before the meeting to** – Check the boxes for those invited to attend and sent written confirmation of the scheduled meeting.

Section II: Completed by RO Scheduling Unit when confirming a requested or rescheduled IFSP meeting:

1. **The above IFSP request is confirmed** – Check as confirmation of verbal confirmation when SC faxes form to RO within 48 hours of verbal confirmation.
2. **The above IFSP request CANNOT be confirmed** – Check when IFSP cannot be confirmed. If this form is not received within 48 hours of verbal confirmation, the meeting slot will be removed from the schedule.
3. **Signature and Date** – RO staff will sign, date, and fax back to the SC the final confirmation of the meeting request. Meetings are considered confirmed only after the RO sends the Outlook Calendar invite to the SC with the signed confirmation form attached, at least two days before the IFSP date. A copy of this form will be filed in the child's chart.

Section III: Complete only if the request is to reschedule an already confirmed meeting.

1. **Previous IFSP meeting was cancelled due to** – When rescheduling, check the box indicating who cancelled the previous IFSP meeting.
2. **Service Coordinator must send written confirmation 2 days before the meeting to** - Check those who you invited to attend and to whom you sent written confirmation of the scheduled meeting. Write date confirmation was sent. Send copies of written confirmations to the RO within 48 hours of verbal confirmation.

Section IV: Complete only if the Evaluation representative, Interventionist or CPSE representative will be available by phone for the meeting.

1. **Who will be available by phone** – Check the appropriate box to indicate who will be available via conference call.
2. **Phone Number(s) of person available by phone** – Provide the phone numbers of all individuals who will participate by phone.

The SC must complete and fax this form to the RO at least 24 hours prior to the IFSP meeting when they find out that any of the participants will participate by phone. A copy of the fax confirmation of this form should be brought to the IFSP meeting.

The evaluation site representative or interventionist is expected to call in at the scheduled time of the meeting and to be available for the pertinent portions of the meeting as required by the EIOD (at a minimum: the discussion of the evaluation, outcome determination, and recommendations for services).

- The evaluation site representative or interventionist is expected to fax to the EIOD their signed attestation (p. 8 of the IFSP) within 24 hours of the IFSP meeting.

Unless the signed attestation form is received from the evaluation site representative or the interventionist, this participant is considered absent from the meeting.