



**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:  Interim  Initial  Initial with Transition Conference  Review  Review with Transition Conference  Amendment  
 Assistive Technology  Transition Conference  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: \_\_\_\_\_  Parent Home  Agency  Regional Office  Other location: \_\_\_\_\_  
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**

The above IFSP request is confirmed:  The above IFSP request CANNOT be confirmed for the following reasons:  
 Time/Date not available  Other: \_\_\_\_\_  
Signature \_\_\_\_\_ Date: \_\_\_\_\_

**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 \_\_\_\_\_  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.**