**IFSP Meeting Request / Confirmation Form**

### Section I: IFSP Meeting Request: Completed by Service Coordinator

<table>
<thead>
<tr>
<th>Date:</th>
<th>Regional Office Fax #:</th>
<th>Attn(Scheduler):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child's Initials</td>
<td>EI #:</td>
<td>Family's phone #</td>
</tr>
<tr>
<td>Service Coordinator</td>
<td>SC Phone #:</td>
<td>SC Fax #:</td>
</tr>
</tbody>
</table>

**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):**
- [ ] Parent Home
- [ ] Agency
- [ ] Regional Office
- [ ] Other: ________________________________

**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.