### 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 location: ___________________________

**Time of IFSP:**
_________________________________________

**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: ___________________________________________________________________________

Signature ___________________________ Date: ___________________________________________________________________________

#### Section III: Reschedule: Completed by Service Coordinator

- [ ] The previous IFSP meeting was cancelled due to: ___________________________________________________________________________

Date confirmation sent ____________ Date: ___________________________________________________________________________

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.