



WV BIRTH TO THREE  
Office of Maternal, Child and Family Health  
Bureau for Public Health  
West Virginia Department of Health

Child Last Name: \_\_\_\_\_  
Child First Name: \_\_\_\_\_ MI  
DOB: \_\_\_\_\_ ID#: \_\_\_\_\_  
FOLDER: \_\_\_\_\_ Date: \_\_\_\_\_

Date: \_\_\_\_\_ Delivery: \_\_\_\_\_ Visit Location: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Total Time: \_\_\_\_\_

Parents/Caregivers present: \_\_\_\_\_

### Summary of Family Assessment/Intake Visit:

#### Steps Taken:

- ☐ Procedural Safeguards reviewed
- ☐ Provided overview of evaluation/assessment and IFSP process (Family Guide)
- ☐ Consent for Multi-disciplinary Evaluation/Assessment signed by parent
- ☐ Consent to Obtain Medical Information signed by parent
- ☐ Other consents signed for release or to obtain information signed by parent as appropriate
- ☐ Supported family in selecting evaluation/assessment team
- ☐ Other: \_\_\_\_\_

#### Evaluation/Assessment Team Selection:

DISCIPLINE	FIRST CHOICE	SECOND CHOICE	THIRD CHOICE

#### Potential Eligibility/IFSP Meeting – Time/Dates/Location:

First Date Choice: \_\_\_\_\_

Second Date Choice: \_\_\_\_\_

**Linkages and Referrals:** (Are there any identified needs for linkages or referrals to other community resources for your child and/or family? Is this child/family in need of transition supports?)

#### Things to Do Before Next Visit:

- ☐ Confirm Evaluation/Assessment Team
- ☐ Update Change of Information Form as applicable
- ☐ Coordinate Eligibility/IFSP Meeting
- ☐ Follow up for obtaining medical information with family consent
- ☐ Research information/resources of interest to family \_\_\_\_\_
- ☐ Communicate with the child's physician or others \_\_\_\_\_
- ☐ Other \_\_\_\_\_
- ☐ Submit Audiological or Vision Evaluation Request
- ☐ Link to Parent Partner or parent supports
- ☐ Coordinate with CPS

**My signature confirms that this information was completed with the child's parent(s) and/or caregivers on the date noted.**

Interim Service Coordinator Signature: \_\_\_\_\_

Interim Service Coordinator Phone/Email: \_\_\_\_\_