



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: _____

Delivery: _____ Visit Location: _____ Date: _____

Parent Name and/or Caregiver/s present: _____

❖ **Follow Up from Last Meeting/Visit:**

❖ **Ongoing Assessment of Services:** (How is communication going with team members? Are services helping you to help your child/family achieve the IFSP outcome(s)? Are services being provided as called for on the IFSP? If no to any of these, what next steps need to be taken?)

❖ **Coordination of IFSP Services:** (Are there any upcoming IFSP reviews, appointments, child transitions, or family changes that need to be discussed?)

❖ **Linkages, Referrals and Supports:** (Are there any identified needs for linkages or referrals to other community resources for your child and/or family? Identify why the linkage is needed and who will do what to make it happen. How are previous referrals going, are there any issues?)

❖ **Things to Do Before Next Visit:**

- | | |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| <input type="checkbox"/> Provide update to other IFSP team members | <input type="checkbox"/> Coordinate the Assistive Technology or Audiological Request |
| <input type="checkbox"/> Update Change of Information Form as applicable | <input type="checkbox"/> Link to Parent Partner or parent supports |
| <input type="checkbox"/> Research information/resources of interest to family | |
| <input type="checkbox"/> Communicate with the child's physician or others | |
| <input type="checkbox"/> Other | |

Next Visit Has Been Scheduled: Date: _____ Time: _____

Start Time: _____ **End Time:** _____ **Total Time:** _____

☐ **My signature confirms that this information was completed in the presence of the child's parent(s) and/or caregivers on the date note.**

Service Coordinator Signature: _____ Date: _____

Service Coordinator Phone/Email: _____