



### TEAMING ACTIVITY NOTE

Purpose of Meeting: (please check appropriate box below) All meetings have a four (4) unit cap, except the Initial Eligibility/IFSP Meeting is capped at six (6) units.

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| <input type="checkbox"/> Initial Eligibility Determination/ Individualized Family Service Plan (IFSP) Meeting            | <input type="checkbox"/> IFSP Plan Review (Six Month)                      |
| <input type="checkbox"/> Annual Individualized Family Service Planning (IFSP) Meeting                                    | <input type="checkbox"/> Child Outcomes Summary Tool (COST) Meeting – Exit |
| <input type="checkbox"/> Individual Education Plan (IEP) meeting (must be completed prior to the child's third birthday) | <input type="checkbox"/> Face-to-Face Transition Planning Meeting          |
| <input type="checkbox"/> Requested IFSP Review or Problem-Solving Meeting  |  |

Document why the IFSP review or problem solving-meeting was requested: (Up to four (4) units every six months)

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Meeting Summary: (For example: parent's priorities and concerns, child's current developmental/health status, progress or lack of progress towards achieving IFSP outcomes, information shared for transition planning, or IEP development, recommendations for next steps.)

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 \_\_\_\_\_  
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Participant's Name	Title	Signature	Method of Participation	Start Time: Stop Time:
	Parent			

Method of Participation Code: [Face-to-Face] [Phone with team] [Report] [Representative]

White Copy: EI RECORD

Canary Copy: EI TEAM

Pink Copy: FAMILY