

Child's Name _____

Date of Birth _____

WV Birth to Three

IFSP Team Meeting Planning Worksheet

IFSP Team Membership Date _____

Selection is made by the family and Interim/Ongoing Service Coordinator, to identify team members who will be helpful in addressing child and family outcomes, issues and tasks. (Circle those to be invited. *This prompts a meeting notice to be sent to each of these individuals providing the meeting date, location, time and purpose of the meeting and who is expected to attend.*)

Family and Community:

Parents
Interpreters
Child Care or Respite Provider
Advocates
Spiritual Leader
Parent Organizations
Early Childhood Program
Other friends and family
Community, Civic, Disability
 or Parent Group
Early Head Start/Head Start
Local School System Representative
Legal Representation
Mental Health Professional
Other

Health Care Providers:

Primary Care Physician
Private Home Health Care
Specialists/Specialty Centers
Public Health Nurse
Primary Nurse
Community Health Services
Other Physicians
Other

WV BTT Practitioners:

Audiologist
Counselor
Developmental Specialist
Interpreter
Nurse
Nutritionist
Occupational Therapist
Occupational Therapy Assistant
Physical Therapist
Physical Therapy Assistant
Physician
Physician Assistant
Psychologist
Service Coordinator
Social Worker
Special Educator
Speech/Language Pathologist
Vision Specialist

Social Services:

Social Worker
Child Protective Service
 Worker
Foster Care Worker
Other

IFSP Team Meeting Planning Date _____

The family and the Interim/Ongoing Service Coordinator create an agenda for the IFSP Team Meeting.

1 - Convenient times for the family and other team members:

2 - Desired Location of the meeting:

3 - Who will lead the meeting:

4 - What needs to be discussed at the meeting:

5 - Approximate length of meeting:

6 - Preparation needed (be sure to include preparing the family):