Alabama's Early Intervention System

DATE ____/_____/_____

Dear Dr. _____,

Your patient, _____,

Date of Birth _____/_____/_____,

Social Security Number _____-_____-_____,

and his/her family are being served by Alabama's Early Intervention System(AEIS). Each family develops an Individualized Family Service Plan, or IFSP, with other members of the eligible child's team. We welcome your input in the team's planning process. In addition to AEIS service coordination, the following services have been identified by family need and by other members of the multidisciplinary evaluation team:

☐ Assistive Technology	☐ Family training/counseling	☐ Audiology
☐ Health Services	☐ Medical Services for Evaluation	☐ Nursing
☐ Nutrition Services	☐ Occupational Therapy	☐ Physical Therapy
☐ Psychological Services	☐ Social Work Services	☐ Vision
☐ Special Instruction	☐ Speech/Language Therapy	☐ Other(see below)

In today's Individualized Family Service Plan meeting, the team also decided

_____

_____

_____

Please contact me if you have any questions or if I can be of service.

_____
AEIS Service Coordinator

PHONE (_____)_____

EI Service Coordinator: This form and current Permission to Release must be on file