

## Attendance at the Annual IFSP Review

Child	ild's Name: Parent	Parents Name:	
SC Na	Name: Date A	nnual IFSP Due:	
	cording to EI regulations, you may have the foll <u>mily Service Plan (IFSP)</u> team meeting(s):	owing people at the <u>Annual Individualized</u>	
<ul><li>2.</li><li>3.</li><li>4.</li></ul>	<ol> <li>The parent or parents of the child</li> <li>Other family members, as requested by the</li> <li>An advocate or person outside of the family participate.</li> <li>The service coordinator designated by the implementing the IFSP.</li> <li>A person or persons directly involved in coassessments (can be completed by confere authorized representative at the meeting, a at the meeting).</li> </ol>	public agency to be responsible for enducting the evaluations and nce call, having a knowledgeable	
	<ul><li>Also</li><li>6. As appropriate, a person or persons provide and your family.</li></ul>		
<u>(</u>	AEIS defines "As Appropriate" -A person who current services and or recommended service. Annual IFSP meeting in order to plan for the c	s, and who needs to be present at the	
	s the decision of the family and the IFSP team the Annual IFSP meeting:	hat the following individuals will attend	
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Daran	cont Signaturo	Dato	