Attendance at the Annual IFSP Review

Only use if all team members will not participate.

Child's Name: _____ Parents Name: _____

SC Name: _____ Date Annual IFSP Due: _____

According to EI regulations, you may have the following people at the *Annual Individualized Family Service Plan (IFSP)* team meeting(s):

1. The parent or parents of the child
2. Other family members, as requested by the parent, if feasible to do so
3. An advocate or person outside of the family, if the parent requests that the person participate.
4. The service coordinator designated by the public agency to be responsible for implementing the IFSP.
5. A person or persons directly involved in conducting the evaluations and assessments (can be completed by conference call, having a knowledgeable authorized representative at the meeting, and or making pertinent records available at the meeting).

   Also…

6. As appropriate, a person or persons providing early intervention services to you and your family.

AEIS defines "As Appropriate" -A person who is relevant to the ongoing discussion of current services and or recommended services, and who needs to be present at the Annual IFSP meeting in order to plan for the annual review.

It is the decision of the family and the IFSP team that the following individuals **will attend** the Annual IFSP meeting:

_____
_____
_____
_____
_____
_____

Parent Signature: _____ Date: _____