



**Participant Documentation of Initial and Follow-up Eval/Assess/IFSP  
IFSP Meeting - Transition Conference**

This form must be completed by team members participating in a required IFSP meeting/Transition Conference. (Team members conducting IPDEI/IPDEF may use this form to record start and end time.)

**Initial Evaluation/Assessment/IFSP Meeting** (IPDEI)  **Follow-up Evaluation/Assessment/IFSP Meeting** (IPDEF)

**IFSP Meeting**       **Transition Conference**

COIFF (Face to Face)     COIFP (Phone)

**[check appropriate choices above]**

Child's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Date of Meeting/Conference: \_\_\_\_\_

Location: \_\_\_\_\_

Start Time: \_\_\_\_\_

Team Members Present: \_\_\_\_\_

(Family)

\_\_\_\_\_

(Service Coordinator)

\_\_\_\_\_

\_\_\_\_\_

**Activities:**

- Initial or Follow-up Evaluation/Assessment/IFSP activities.
- Review and revisit family concerns, priorities, resources, routines and activities.
- Trans-disciplinary approach to the development of integrated outcomes and intervention strategies within the family's everyday routines, activities and places.
- Identification of PSP and appropriate team members to meet the specific family outcomes.
- Documentation of above on IFSP
- Transition activities
- Other (specify): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

End Time: \_\_\_\_\_

Provider Name: \_\_\_\_\_

(Print)

Provider Signature: \_\_\_\_\_

Copy to: Billing with monthly invoice.

**PARTICIPANT DOCUMENTATION OF INITIAL AND FOLLOW-UP EVAL/ASSESS/IFSP - IFSP MEETING - TRANSITION CONFERENCE INSTRUCTIONS**

This form is required for IFSP meetings and transition conferences, but optional for initial and follow-up evaluations.

**IPDEI/IPDEF Documentation**

LES have the option of using this form or another mechanism to record the time each team member who bills IPDEI/IPDEF spends conducting initial and follow-up evaluations.

Under *Activities*, check only the “Initial or Follow-up Evaluation/Assessment/IFSP activities” box and record the time YOU spent in the activity. On the bottom print your name and sign. The form is submitted with the invoice to the Local Early Steps to document IPDEI/IPDEF time billed. **IFSP meetings and transition conferences**

For IFSP meetings and transition conferences, each team member must have a form completed for each IFSP meeting / transition conference in which he/she participates. During IFSP meetings/transition conferences, the members participating should appoint a recorder to LEGIBLY complete the form from *Child’s Name* to *End Time*. Each participating, billing provider should receive a copy. Each provider checks whether their participation was face to face or by phone at the top, and on the bottom prints their name and signs their copy. The form is submitted with the invoice to the Local Early Steps to document IFSP time billed.

**Field Entry Guidance:**

Child’s Name and DOB: = Child’s name whose IFSP/transition is being discussed and their Date of Birth.

Date of Meeting/Conference: = The date of the scheduled IFSP meeting/transition conference.

Location: = The actual location of the IFSP meeting/transition conference.

Start Time: = The time the IFSP meeting/transition conference began. For IPDEI/IPDEF the time should reflect each individual’s Start Time.

Team Members Present = All the people participating in the IFSP meeting/transition conference.

Professionals on the team indicate their credentials after their name, i.e. OT, PT, SLP, ITDS, etc.

Post evaluation and assessment IFSP activities: = Check the box for each activity that is part of the IFSP meeting/transition conference discussion. If there is an activity that is not listed check “Other” and describe the activity.

End Time: = The time the IFSP meeting/transition conference ends. For IPDEI/IPDEF the time should reflect each individual’s End Time

**ALL THE ABOVE FIELDS SHOULD BE IDENTICAL FOR ALL PARTICIPANTS’ FORMS**

When each participant receives their copy of the completed form, they will complete the remaining fields.

Initial Evaluation/Assessment/IFSP Meeting (IPDEI)  Follow-up Evaluation/Assessment/IFSP Meeting (IPDEF)

IFSP Meeting       Transition Conference

COIFF (Face to Face)     COIFP (Phone)

**[check appropriate choices above]**

Provider Name (Print)    LEGIBLE name of provider    Provider Signature      Provider signature

Each individual provider submits their signed copy to the Local Early Steps with their invoice to document Initial and Follow-up Eval/Assess/IFSP/IFSP/transition conference time billed.