

Attendance at the Annual IFSP Review
Only use if all team members will not participate.

Child's Name:		Parents Name:
		Date Annual IFSP Due:
	ding to EI regulations, you may ha or Name of Service Plan (IFSP) team meetin	ave the following people at the <u>Annual Individualized</u> g(s):
2.3.4.	An advocate or person outside of participate. The service coordinator designating the IFSP. A person or persons directly invassessments (can be completed)	ested by the parent, if feasible to do so of the family, if the parent requests that the person ated by the public agency to be responsible for volved in conducting the evaluations and by conference call, having a knowledgeable e meeting, and or making pertinent records available
<u>4</u>	and your family. <u>AEIS defines "As Appropriate" -A p</u>	sons providing early intervention services to you nerson who is relevant to the ongoing discussion of the ded services, and who needs to be present at the the the the the the the the the th
	ne decision of the family and the I nnual IFSP meeting:	FSP team that the following individuals will attend
		
Paren [°]	t Signature:	Date:

Revised: September 2024