First Steps ED Team
Notice and Documentation of Six Month Review

Today's Date: IFSP Date:

Child's Name: ID#: DOB:

Service Coordinator: Date of Review

Notice of Six Month IFSP Meeting

This serves as notice of the Six month IFSP meeting for

(child's name), to be held on (day) at (time) on (date)

at

(location).

This meeting is being held to:

☐ Review the IFSP ☐ Complete transition paperwork (if applicable)

Service Coordinator Contact information

ED Team Members are:

Review based on: ☐ 3m Reports ☐ 5m Reports From these disciplines: ☐ DT ☐ OT ☐ PT

Planning to attend the 6 month review meeting: Y N ☐ ST ☐ Other:

Comment On Current Therapy Regimen Per Discipline:

DT:	**OT:**	**PT:**	**ST:**	**Other:**
◯ NA	◯ NA	◯ NA	◯ NA	◯ NA
◯ Continue	◯ Continue	◯ Continue	◯ Continue	◯ Continue
◯ Modify (see below)	◯ Modify (see below)	◯ Modify (see below)	◯ Modify(see below)	◯ Modify (see below)

Modifications & Comments:

This ED Team member is requesting:

☐ Additional Information:

☐ Other:

Persons contacted during the review process:

ED Team Member's Name **Date:** **Billable Time:**

(Indicates at minimum, paper review has been completed)