

Child ID #

NJ EARLY INTERVENTION SYSTEM  
INDIVIDUALIZED FAMILY SERVICE PLAN  
TEAM PAGE

CONFIDENTIAL

Team Activity Date

Child's Last Name

Child's First Name

MI

Birthdate

County

Team Activity

Interim IFSP

Initial IFSP

IFSP Review

Annual IFSP

Transition Planning Conference

Assessment Specify Type

**IFSP Team and Contributors:** IFSP meetings must include the parent(s), other family members as requested by the parent, an advocate or person outside the family if requested by the parent, the service coordinator, person(s) directly involved in conducting evaluations and assessments, and persons who will be or are providing services to the child or family, as appropriate.

**Assessment:** Identification of a need for additional assessment must be submitted in writing to the service coordinator for follow-up with the parent(s). The service coordinator will ensure written prior notice is provided to, and written consent for the assessment obtained from, the parent.

**Participation Codes**

A=Attended-Authorized for billing by the location of the activity  
T=Telephone/Conference Call-Authorized for billing at Service Provider location  
R=submitted written report/recommendations-Not authorized for billing  
O=Other, please specify  
P=Participated in Meeting-Not authorized for billing

**Location of Team Meeting**

Home  Hospital-In Patient  Residential  
 Provider Location  
 Other Specify

Print

Participant Last, First Name	Role/Discipline	Agency	Signature	Code	Minutes

**Parent Consent for Provision of Early Intervention Services in accordance with an Individualized Family Service Plan (IFSP)**

I have received information about family rights in early intervention, both verbally and in writing. I give consent for my child/family to receive services listed in this IFSP except where specifically declined on individual service pages.

"Consent" means that I have been fully informed of all information about the activity(s) for which consent is sought in my native language (unless clearly not feasible to do so) or other mode of communication; that I understand and agree in writing to the carrying out of the activity(s).

I understand that (1) this consent is voluntary and may be revoked in writing at any time; that (2) I may decline a service or services without jeopardizing any other NJEIS service(s) my child and family receives; that (3) services may be subject to a family cost share; and that (4) NJEIS approved personnel involved in developing and implementing this IFSP will share information, both verbally and in writing, only to the extent that it relates to the implementation of the plan.

Parent Signature

Date