

**Planning Worksheet
IFSP Meeting**

Child's Name: _____

Date of Birth: _____

Meeting Purpose: _____

1. Who should be there? Check all who should be invited.

____ Family members - list: _____

____ Infant Toddler Developmental Specialist (ITDS)

____ Occupational Therapist

____ Speech Language Pathologist

____ Physical Therapist

____ Nurse

____ Service Coordinator

____ Specialty Providers:

____ SHINE Provider

____ Hearing Specialist

____ Vision Specialist

____ Behavior Analyst

____ Nutritionist

____ Psychologist

____ Clinical Social Worker

____ Orientation and Mobility Specialist

____ Family Resource Specialist

____ Others: Please list: _____

2. When will the meeting occur? A convenient date and time of day for the family. _____

3. Where will the meeting be held? The desired location for the family.

4. How long will the meeting be expected to last? _____

5. What will be the agenda?

Used courtesy of Dr. Susan Donovan, faculty member at the University of Central Florida.