Philadelphia County Infant/Toddler Early Intervention
Transdisciplinary Team Policy and Procedures

Background

Public Law 108-446, the Individuals with Disabilties Education Improvement Act of 2004 and PA Act 212 endorse the team approach for the provision of Early Intervention services to children and their families. As required by this legislation, Early Intervention must be coordinated, collaborative and effectively promote the capacity of families to support infant and toddler learning and development.

Policy

We are expanding to the use of the Transdisciplinary team approach as one of the approaches to service delivery that is used for children with Individual Family Service Plans (IFSPs) in Philadelphia County in an effort to broaden the service delivery approach options beyond Interdisciplinary and Multidisciplinary (see Table 1). Prior to the full implementation of the Transdisciplinary approach in Philadelphia County (2/2/10) only the IFSPs using Communication Teachers (T/ACT) were written using this approach.

Regardless of which approach to service delivery is used, the family is a central member of the Early Intervention team. In the transdisciplinary approach, a primary service provider (PSP) is the primary Early Interventionist that is identified for each child with an IFSP. The PSP is the Early Interventionist that can help the child and family/caregivers achieve the IFSP outcomes. The PSP supports and coaches the family to learn strategies and use adaptations and resources that will promote their child's learning and development. The other Early Interventionists on the transdisciplinary team are brought in as consultants to the family and PSP, and may suggest additional strategies, intervention, adaptations and resources to address the IFSP outcomes. The Service Coordinator will facilitate and participate in the development, implementation, review and evaluation of the IFSP, and will coordinate the team's services (OCDEL Announcement EI-07 #02).

All Early Intervention professionals working in Philadelphia County Infant/Toddler Early Intervention are knowledgeable about the transdisciplinary team approach, as well as other service delivery approaches used in Philadelphia and are able to function as a PSP or consultant on a transdisciplinary team.

Early Intervention Team Approaches

Multidisciplinary	Interdisciplinary	Transdisciplinary
• separate assessment	• separate assessment	• collaborative assessment
• integration of findings and recommendations typically is left to the family	• formal channels of communication to share findings and discuss individual results	• professionals teach others activities or intervention strategies that don't require the expertise of the therapist
• plan is carried out by professionals independently	• plan is carried out by professionals independently with collaboration of family	• plan is carried out by family and one team member designated as primary service provider

Table 1 Types of Team Approaches

Discussion

The transdisciplinary team approach emphasizes the joint responsibility and collaboration of the team of parent, service coordinator and professionals from a variety of disciplines, to assess and plan interventions for the child. Professional team members are interdependent and work together to support the family and the child's primary service provider (PSP) through collaboration, coaching, consulting and role expansion, exchange and release.

Although nearly 75% of children in Philadelphia Infant/Toddler Early Intervention receive a special instructor on their service delivery team, the initial team may determine that another qualified service profession (e.g., Occupational Therapy) will be the child's PSP. This assignment will be decided based on the priorities of the family and by assessing the service profession that can help the family and child accomplish the outcomes on the IFSP.

Philadelphia County Infant/Toddler Early Intervention has developed guidelines to help teams determine when a therapist or specially trained teacher (occupational therapist, physical therapist, speech language pathologist, teacher of the visually impaired, teacher of the deaf and hard of hearing or other qualified professional as per Chapter 4226 of the Pennsylvania Code) can be used as a consultant or as the PSP (instead of a special instructor or other discipline). These guidelines (see Appendix A) were developed in conjunction with Early Intervention professionals from the respective disciplines. The guidelines will be used by the initial and annual evaluation teams, as well as IFSP team members, to support their decision making about the assignment of the PSP and the potential need for consultation. **These guidelines are to serve as guidance to the team and do not supersede the team's determination of the individualized plan for the child based on assessment, observation and progress monitoring.** There are also guidelines in place for children with Autism Spectrum Disorder (ASD).

Benefits

The transdisciplinary team approach is an evidence-based practice. This approach to service delivery has a variety of potential benefits and is an area of active research (King, Strachan, Tucker, Duwyn, Desserud, & Shillington, 2009). These benefits include:

1. Children benefit and progress when development is viewed as an integrated and interactive process.
2. Families have a more efficient yet comprehensive service and a consistent, single point of contact, as all interventions are coordinated through the primary service provider.
3. Transdisciplinary teamwork provides support in ways that empower families rather than focus on the 'experts' to control the interventions.
4. **The PSP (primary Early Interventionist) is able to build a strong relationship and to develop and nurture a partnership with the caregiver.**

5. The family benefits from focused intervention from their primary service provider and access to the knowledge and expertise of other service types, without complicating their home schedule and having to accommodate multiple service providers on an ongoing basis. Additional services will be phased in and out as needed.
6. Intervention activities are designed to fit into a child and family's normal daily routines, to maximize the child's learning and participation and to address multiple developmental needs simultaneously.
7. **Family availability increases as service provision is focused around a primary service provider and consultants whose contacts will be much less frequent.**
8. The team develops a shared core of knowledge and skills to address the IFSP outcomes and the skills of existing team members are increased.
9. **The transdisciplinary model encourages the parent and professionals to reflect on successful practices and areas in need of improvement.**
10. **The team has access to a range of new strategies to learn and explore through consultation. The enhanced skill and knowledge remains with the service providers to integrate into their practice and informs their work with other children and families.**
11. **Role expansion, exchange and release occur when team members assume responsibility for implementing interventions and strategies suggested by consulting disciplines.**
12. **Professionals learn how to effectively coach and consult with family members and other service providers.**
13. **Professionals share their discipline based knowledge and expertise with families in a manner consistent with evidence-based practice in Early Intervention.**

Team Member Roles

Family: As a central member of the team, caregivers can participate in a variety of ways. The caregiver's level of participation does not affect whether Early Intervention services and supports are provided and continued. The parent/caregiver must be present and participate in each early intervention session.

1. Work directly with the child as PSP (primary Early Interventionist) observes and coaches caregiver to use strategies and adaptations to address the IFSP outcomes.
2. Work with the PSP to help the child learn and participate in the family's activities.
3. After each visit by the PSP, try the suggestions written in the Session Note.
4. Update the PSP on successes and challenges with suggested strategies, adaptations and resources.
5. Be present with the PSP and the consultant when consultation is given and actively participate in the consultation.
6. Use the suggested strategies, adaptations and resources from the consults to promote the child's participation in the family's typical activities and routines.

Service Coordinator

1. Support the family/caregiver to work with the PSP (primary Early Interventionist) and consultants (when assigned).
2. Facilitate quarterly reviews and annual IFSP meetings with the caregiver and PSP and consultants (when assigned) to review the progress on outcomes and any additional concerns.
3. Consider all possible service delivery configurations and share with the team possible alternate configuration to support the Transdisciplinary Team's IFSP.
4. Assures the balance on the team of a PSP and consultants so that there is not more than one PSP on a child's team.
5. When the team makes a request for consultation or a change in PSP as part of the quarterly review or annual IFSP meeting, the SC will make the needed referrals to the referral unit according to all required procedures for timely starts.
6. When an Early Interventionist on the team makes a request for a team meeting to discuss a change in the IFSP, that does not occur during a quarterly review or annual IFSP meeting, the SC will receive a completed Request for Team Meeting to Consider Consultation (or other changes to the IFSP) form from the requesting early interventionist. The Request for Team Meeting to Consider Consultation form must be signed by the PSP's supervisor. The SC will follow the steps and timelines specified in the Request for Team Meeting Process in Appendix B.
7. Families may make a direct request for team meeting outside of the quarterly process, to the SC. In those instances, SC will follow the same time line specified in the Request for Team Meeting Process (Appendix B) to set up a team meeting and discuss any changes to the IFSP.

Primary Service Provider (PSP) as Primary Early Interventionist

1. Start services and visit the family with the greatest frequency.
2. Help the family to use strategies, adaptations and resources to achieve the child's IFSP outcomes.
3. Review interventions and progress data with the family and their supervisor when a child is not making progress or the PSP needs guidance about the use of additional strategies, adaptations and resources.
4. Coordinate with the parent, SC and other team members to assess the need and scheduling of consultations.
5. Be present and participate along with the family during the consultation.
6. Participate in the consultant's use of the three step consulting process: assess, teach and verify. The consultant will complete a Session Note to document all aspects of the consultation (i.e., assess, teach, verify) and include the following information: individuals present at the consultation and the recommended interventions, adaptations and strategies for the child and family.
7. Collaborate thru collateral contact with the other disciplines on the team and access their support through coaching and training.
8. Consider changing role to consultant when the IFSP outcomes change or are reprioritized.

9. Prepare annotations on the IFSP Implementation Plan page to reflect the strategies and adaptations recommended by the consultant. Follow agency procedures for plan updates in PELICAN.
10. Collect and share the visual representation of progress at the quarterly review meeting and at consultations.
11. Document all sessions on Session Notes. For sessions that occur with the caregiver, PSP and consultant, document type of session as "Other: consultation." PSP and consultant can both sign and use the session note as documentation for both providers, if they choose.

Consultants

Consult with the caregiver and PSP (primary Early Interventionist) by using a three step process: assess, teach and verify. The consultant will complete a Session Note to document all aspects of the consultation (i.e., assess, teach, verify) and include the following information: individuals present at the consultation and the recommended interventions, adaptations and strategies for the child and family.

For sessions that occur with the caregiver, PSP and consultant, document type of session as "Other: consultation." PSP and consultant can both sign and use the session note as documentation for both providers, if they choose.

The consultant documents each step of this process:

1. Assess and Document:
    - Assess by collaborating with family and PSP to review Multidisciplinary Evaluation (MDE) information, determine child's progress, skills or behavior changes.
    - With family's agreement, discuss possible changes in the family's situation (i.e., environment, routines, activities) and give guidance to PSP and parent as to how to address outcomes within the context of these changes.
    - Document the findings from this collaborative assessment on the session note.
2. Teach and Document:
    - Suggest strategies and adaptations to address the IFSP outcomes(s)
    - Teach and coach the family/caregiver and PSP to use recommended strategies, interventions and adaptations
    - Give input into the development of the services and supports plan
    - Document the training of the family/caregiver and PSP on the recommended strategies and adaptations. Document on session note.

3. Verify and Document:
    - Determine whether the family/caregiver and the PSP are implementing the strategies and adaptations as recommended. Re-teach as needed.
    - Review and assess unsuccessful strategies and redirect the interventions using new strategies

- Document that the strategies and adaptations are used as instructed, re-teaching that is required and changes to interventions. Document on session note.

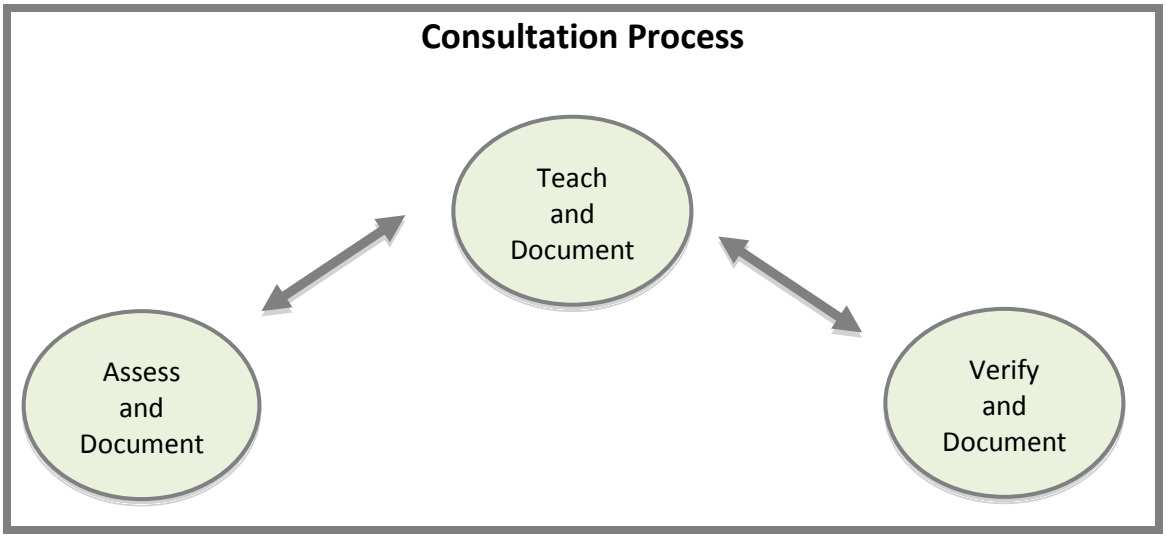

Figure 1

Consultant considers changing his or her role to a PSP when other IFSP outcomes or priorities take precedent. When the IFSP outcomes or priorities change, the consultant switches roles with the PSP, so that the consultant becomes the PSP for a period of time and, along with the family, can receive consultation from other Early Interventionists. Consultation is short term and time limited. The consultant should generally not be continued on the IFSP for more than one additional quarter (e.g., 6 months). If the team sees a need to continue beyond the additional quarter, then a change in PSP is likely required as this may indicate a change in the focus and priority of an outcome.

Procedures: <u>Transdisciplinary IFSP Development & Implementation</u>

I. <u>The Primary Service Provider (Early Interventionist)</u>

A. During the initial and annual IFSP meeting, and whenever new outcomes are being formed (e.g., quarterly review), the team will discuss the priority needs of the family and the desired outcomes for the child. As a team, the family and the professionals choose an Early Interventionist who will be the primary service provider (PSP). **To select the PSP, the team asks: *Who is the person to help the child and family achieve this outcome based on these priority needs?***
B. The team will use the guidelines developed by the discipline and low incidence groups to help them determine when a therapist or instructor (OT, PT, SLP, Teacher of the Visually Impaired, Teacher of the Deaf and Hard of Hearing) should be used as a consultant or as the PSP (instead of a special instructor or other discipline). These guidelines serve as guidance to the team and do not

supersede the team's determination of the individualized plan for the child based on evaluation, observation and progress monitoring.

C. The PSP will often start services and at times may be the only service provider delivering ongoing services to the child and family.
D. **The PSP will coach the caregiver to use strategies, adaptations and resources to help their child learn and develop.**
E. In those instances when a child is not making progress or the PSP needs guidance to develop and implement strategies and adaptations to meet the needs of the child and family, the PSP will review the strategies and adaptations implemented to date as well as the progress on the IFSP outcomes with their supervisor. The supervisor may guide the PSP to consider additional resources and try other strategies and adaptations.
F. When the team meets for the quarterly review, at the annual or outside of the quarterly review process the team will decide how to proceed with the service configuration. In the case of IFSPs with a PSP and consultant, the team will want to consider several options:

Team Options

1) Maintain the PSP without further consultation.
2) Maintain the PSP and continue the consultation to the subsequent quarter.
3) Switch PSPs: If the focus of the child's IFSP outcomes or family priorities changes, the team may determine that the PSP should change. The initial PSP may be exited from the IFSP and/or their service delivery frequency decreased as they assume the role of a consultant.

   The new PSP may have been one of the consultants on the team, in which case their service delivery frequency will increase. Or a new service provider may be added (who had not been on the former team) because it has been determined that they are the person who will help the child and family/caregivers meet their IFSP outcomes.

4) Increase the Consultant time for a period of time to increase the number of visits or amount of time the PSP, family and Consultant meet together and reassess at the end of the designated period. Consultation is short term and time limited. The consultant should generally not be continued on the IFSP for more than one additional quarter (e.g., 6 months). If the team sees a need to continue beyond the additional quarter, then a change in PSP is likely required as this may indicate a change in the focus and priority of an outcome.

II. Transdisciplinary Team Collaboration

A. When an agency picks up a child for PSP, they provide support and opportunities for the team to collaborate through consultation, collateral contact and cross disciplinary training. Collaboration occurs when team members discuss and demonstrate strategies and adaptations that are generally used or specific to the needs of the family and child.

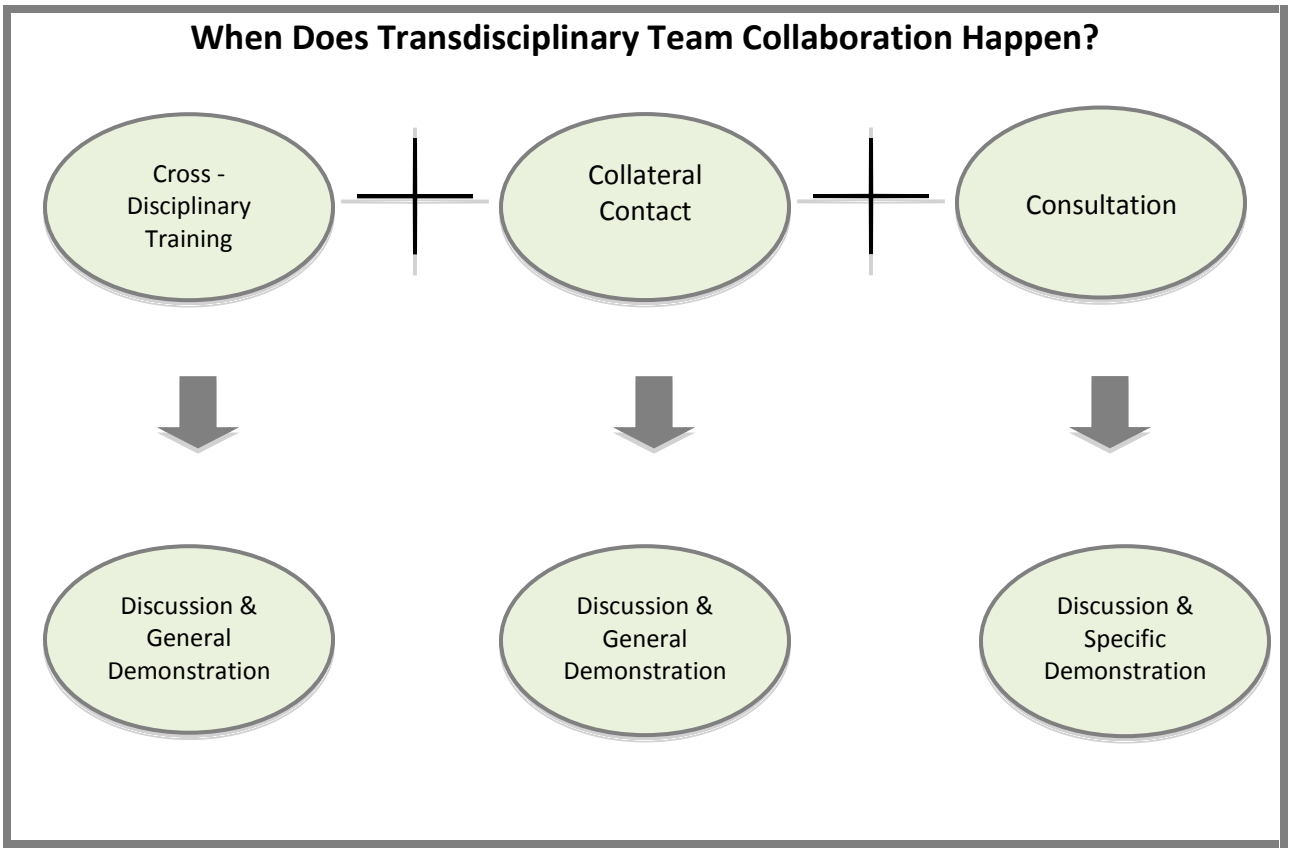

Figure 2

B. When an agency picks up a child as the PSP, they are agreeing to also provide consultation and collateral support and the additional services when requested at a later point in the delivery of IFSP services. Agencies will establish relationships with other EI agencies to support access to service disciplines that they may not have available in their individual agencies.

III. Transdisciplinary Team Consultation

A. Other than the PSP, any other Early Interventionists who are on the team serve as consultants and function on the team to assist and support the parent and PSP to achieve the IFSP outcomes.
B. In many cases, consultants will provide periodic short-term or time limited consultation and the PSP will see the child with the greatest frequency.
C. The caregiver and PSP must be present when the consultation is given. Collaboration by phone (e.g., the consultant calls in while the parent and PSP are present with the child) may occur when necessary. (See Table 2)
D. **Caution must be taken by the consultant not to supplant the role of the caregiver and PSP. The consultant's primary interaction during the consultation will be with the caregiver and PSP to suggest strategies and adaptations to promote the child's participation in the family's typical activities.**

E. During the consultation sessions the consultant will assess the needs of the child and family, teach the caregiver and PSP strategies and adaptations, verify the use of recommended strategies and adaptations, and document the consultations. (See section on Role of Consultants above.)
F. To support team members' role expansion, role exchange and role release, as well as the consultant's participation in quarterly reviews, the team will generally plan consultations that use a three step process (assess, teach, verify) and will plan a total of 21 units of service in the quarter (3 months). **In general, the team will plan 15 or less units for consultation visits in the quarter and 6 units for the consultant's participation in the quarterly review.**
G. The consultant may complete the steps of assess, teach and verify in fewer or more than 15 units of service. After the initial round of consultations, there may be zero, fewer or more consultations in subsequent quarters, as determined by the team.

IV. Team Process for Deciding About Consultation

A. Because a collaborative process is the foundation of the transdisciplinary team approach, the team process is the only context within which services can be added or changed on the IFSP. Team discussions about progress and changes in service will most often take place during the quarterly review meetings, but can occur at any time.
B. The first quarter of service is time for the family to become acclimated to Early Intervention, and for the PSP (primary Early Interventionist) to become acquainted with the family and child, and to try various strategies**. In some situations, the PSP will be the only service provider in the first quarter of services.**
C. For initial IFSP's, the first quarterly review meeting is typically the time to discuss any changes to the IFSP. Exceptions to this procedure may include:

- Children whose IFSPs include DBA assessment services
- When there is a change in service provider or funding.
- A child has met their outcomes and no longer has a need for service.
- The service frequency or duration is being changed.

D. The quarterly review meetings (3 month, 6month, 9 month or annual IFSP reviews) are typically when the team (e.g., family/caregiver, PSP, Service Coordinator, consultants, child care teacher) discusses the need to make changes to the IFSP, change the PSP, potentially add or exit consultation or extend the consultation beyond the initial short term period. (See Philadelphia County Quarterly Review Process 2009)
E. The team must support their reasons to add or exit consultation with progress monitoring information. This progress monitoring information should include visual representation of progress (or lack of it) and documentation of other strategies that have been tried and of other service configurations that have been considered, and why they were ruled out.

F. The team can use the guidelines (see Appendix A) to help determine when a therapist or specially trained teacher (occupational therapist, physical therapist, speech language pathologist, teacher of the visually impaired, or teacher of the deaf and hard of hearing) can be used as a consultant or as the PSP. These guidelines provide guidance to the team and do not supersede the team's determination of the individualized plan for the child based on assessment, observation and progress monitoring.
G. No individual Early Interventionist can request consultation in isolation. The decision to request consultation services must be done within the team process (and include the parent, service coordinator and other service providers) and will typically occur as part of quarterly and annual reviews.
H. Every effort will be made to have all members of the child's IFSP team available at quarterly and annual review meetings to collaborate on a review of the child's progress and to discuss potential changes to the IFSP. Since this is a planned opportunity for the team to collaborate, **it is critical for all service providers to attend the quarterly, six month and annual meetings**.

V. Request for Team Meeting to Consider Consultation Process and Form

When an Early Interventionist requests a team meeting to consider consultation, add or increase service or when there is a change in an IFSP outcome outside of the quarterly, six month and annual review meetings, the team will use the form "**Request for IFSP Team Meeting Outside of QRM** (To consider Consultation, Adding or Increasing Service or Changing an Outcome)." The Request for IFSP Team Meeting Outside of QRM process and form are included as Appendix B to this policy.

Note: If the team is considering a change to the IFSP at a quarterly or annual meeting with the team members, there is no need to use the Request for Team Meeting Form.

VI. Collateral Contact

A. As of January 2011, all providers are paid at the cap of the Medical Assistance rates. Many providers, in effect, received a rate increase when OCDEL implemented this change in payment. Providers are expected to cover costs for collateral contact within the capped rate. Providers are advised to specifically and directly address this expectation with their contractors, when they negotiate their respective contracts. The County advises provider agencies to track their indirect costs, including collateral, so that this information is available for planning and fiscal purposes.
B. Collateral contact is discussion and demonstration that pertains directly to a adaptations and potential resources. Discussion and demonstration outside of these topics does not constitute collateral contact.
C. Generally, collateral contact should not exceed 12.5% of the child's direct units per month, per discipline on the IFSP, with a maximum of one hour per discipline per month.

Some examples of Collateral Contact are:

IFSP Team Members	IFSP Team Member and Early Interventionist not on IFSP
One or more IFSP team members on phone while other IFSP members on-site with caregiver and child. **Team Member on phone = Collateral Team Member on site = Direct Service**	Early Interventionist not on IFSP may give guidance to Early Interventionist on IFSP team by phone or in office** (e.g., PSP not present with caregiver and child). **Early Interventionist on IFSP = Collateral**
Limited discussion among Early Interventionists on IFSP not in presence of caregiver and child. **Team Members = Collateral**	Supervisor of Early Interventionist on the IFSP may give guidance to Early Interventionist by phone or in office**. **Early Interventionist on IFSP = Collateral**

Table 2

**IFSP professional team members may have limited "office" (i.e., not present with caregiver and child) discussions to obtain guidance outside of direct service delivery. The limits of "office" collaboration are:

1) Inclusion of the caregiver is prioritized (caregiver can be on the phone).
2) No decisions are made without the knowledge and consent of the caregiver.
3) PSP or Consultant must **document the collateral contact on a Session Note** and at the next visit with the caregiver, review the content of any discussion in which the caregiver did not directly participate.

D. Documentation of Collateral Contact:

1. To document collateral sessions, designate type of session as "Other: collateral."
2. PSPs or Consultants must document who was present or participated in the collateral contact on the session note. PSP and consultant (i.e., IFSP Team Members) can both sign and use the same session note as documentation for both providers, if they choose.
3. In the "What we did today to address outcome" and "Suggestions for families to do within their activities/routines" sections of the session note, the PSP or Consultant must describe the content of the discussion regarding the child and family's IFSP outcomes, progress, strategies, interventions, adaptations and potential resources

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Appendix B

PHILADELPHIA INFANT/TODDLER EARLY INTERVENTION

Request for IFSP Team Meeting Outside of *QRM Schedule

(To consider Consultation, Adding or Increasing Service or Changing an Outcome)

Within 24 hours (end of day 1)

1. SC alerted by service provider that there may be a need for an IFSP meeting outside of the regularly scheduled Quarterly Review Meeting Schedule (for the purpose of considering consultation, adding or increasing service or a change in outcomes).
2. Service provider completes request form and discusses request with supervisor to review what has been tried and to discuss other alternatives (to changing the IFSP before the next quarterly meeting).

Note: Service Providers should not begin discussions with the family (before the full team is assembled) as to whether services should/could be added or increased/decreased. Observations/progress/concerns should be discussed with the family and the fact that you (the service provider) will be talking with you supervisor and other team members about your concerns/observations/progress. The service provider should also inform the family that there will likely be a team meeting to discuss the concerns/observations/progress further.

Within 48 hours (end of day 2)

1. Supervisor discusses issues with service provider and signs form (if warranted)
2. Agency should indicate on form if they will accommodate the change to the IFSP (increased service or adding a consultant). Where possible the agency should immediately (after the discussion and filling out the form) begin contacting their collaborating agencies for a resource, if they know that they cannot fill the need.
3. Service provider (or provider agency) contacts SC and lets them know whether a team meeting will be needed or if the issues can be addressed at the next quarterly review meeting.

   If this is the only service provider on the IFSP, while on the telephone, the SC should schedule the team meeting for the time of the next planned home visit by the service provider, or discuss another date/time for the meeting)

4. If a team meeting is needed, the service provider then sends a copy of signed request form to the SC. If after the meeting with the supervisor, no meeting is needed-the service provider (or provider agency) should call/email the SC to let them know that there will not be a need for a team meeting.

Within 36 Hours (end of day 3)

1. SC finalizes a date for the team meeting to discuss request and potential IFSP revision. The meeting is to take place within 5 working days of request.
2. SC sends written notification to team members of the date and time of the IFSP team meeting (can be a phone conference).

By End of Day 5

SC facilitates the meeting (can be a phone conference) to discuss request and potential IFSP revision

When IFSP revision is completed

• Agency of PSP (primary agency) has 24 hrs to assign/identify a consultant and alert ChildLink of the same. Agency of PSP will collaborate with other EI agencies to access services that they may not have available in their agency.
• Referral will go on the MRL on the same day that the IFSP revision is received, however the agency of the primary service provider (and their collaborating agency) gets priority so that the whole child can be served by a single agency and the teaming process can be supported.

PLEASE NOTE:
Families may make a direct request to the SC for an increase in services or to add consultation. In those instances, SC will follow same time line in setting up a team meeting and implementing any changes to the IFSP.

When/if the family makes this request to the service provider, the service provider should contact the SC immediately (without making a commitment as to whether this could be done or not). The SC will follow the same time line and process (outlined above) for setting up an IFSP team meeting outside of the QRM schedule.

PHILADELPHIA INFANT/TODDLER EARLY INTERVENTION

Request for IFSP Team Meeting Outside of *QRM Schedule

(To consider Consultation, Adding or Increasing Service or Changing an Outcome)

Please complete the following information. If an IFSP team meeting will be needed, fax the SIGNED form (signed by Supervisor) to the ChildLink Service Coordinator.

ChildLink FAX#: 215-731-2128 Date Faxed: ____/____/____

Attention Service Coordinator (Name): _____

This form must be completed by the SERVICE PROVIDER requesting the IFSP Team meeting.

Child's Name DOB / / ChildLink #
Parent's ChildLink Name Service Coordinator
IFSP Development Date / / / Month/Year of Next Quarterly Review
Service Provider completing the form: Supervisor's Name: Other Service providers on the IFSP team: **Change to IFSP being considered**: Why this team meeting cannot wait until the next Quarterly Review Meeting:
Concerns/Issues that prompted this request: (For example: child's progress/lack of progress, the outcome being addressed, team member's need for support around a particular skill/strategy…) Date the provider consulted with their supervisor: _____ List the suggested strategies, adaptations and resources that were suggested by the supervisor: _____ _____ _____

Does agency of requesting provider *believe they have the capacity to supply the requested consultation or increased service? Yes _____ No _____ **Note:** **Does collaborating agency (of requesting provider) *believe they can supply the requested consultation or increased service?** Yes _____ No _____ Name of Agency:_____ Note: Agency Contact Person: _____ ***Do not delay sending form while ascertaining resources. Form must be processed within time frames indicated in the policy. More information about provider's ability to fill potential service need can be shared at the team meeting.**
Agency Name:_____ **Supervisor approval (signature): _____** **Date: ____/____/____** **Telephone#:**

cc: IFSP Team Members
Provider Agencies of Team Members

***QRM=Quarterly Review**