IFSP Service Start Date

This form is completed by the ongoing provider upon receipt of an Initial or Annual IFSP and submitted to the Service Coordinator upon completion of first visit with family.

To: _____, Service Coordinator

From: _____, Discipline_____

Child Name: _____ DOB:_____

IFSP Date: _____/_____/_____ First Visit Date: _____/_____/_____

Did your service begin within 30 days?	☐ Yes	☐ No

If your service did not begin within 30 days, please explain why:

Phone call attempts to contact family to schedule first visit:

_____/_____/_____ _____/_____/_____ _____/_____/_____

Notes:

_____ _____

Provider Signature Date

Please return by fax to (765) 420-1406