REQUEST FOR AUTHORIZATION / MEETING MINUTES

State Form 51839 (R / 3-05) / BCD 0111

First Steps

Name of child	County	Date of birth (*month, day, year*)	Date of IFSP (*month, day, year*)

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

PRINTED NAME	ROLE	TELEPHONE NUMBER	TIME IN	TIME OUT	AUTHORIZATION TIME	IF ON-SITE	SIGNATURE OR METHOD OF PARTICIPATION
	Parent *						
	Parent *						
	Service Coordinator						
	ED Team Rep						
	ED Team Rep						

A copy of the outcome review page and meeting minutes will be sent to the above named team members.

* By signing this form, parent acknowledges that the Services Coordinator has reviewed Rights and Procedural Safeguards.

IFSP MEETING MINUTES

Written documentation of the IFSP meeting must be recorded. Notes should document general discussion, any unresolved issues, and follow-up activities. (*Attach additional pages as needed*)

Name of person taking minutes	Role of person taking minutes

Notes:

Signature of note taker	Location of meeting