



# QUARTERLY CONTACT CHECKLIST

State Form 53975 (6-09) / BCD 0808



The quarterly meeting must be offered as a face to face between the family and Service Coordinator, especially when consents or legal documents (IFSP) are to be signed.

<b>Child Name and Identification number</b>	<b>Time in</b>	<b>IFSP Date</b> (month, day, year)
<b>Meeting Participants:</b>	<b>Time out</b>	<b>Date</b> (month, day, year)

Here are some talking points to get you started, but they are not all inclusive. These questions should be used as a conversation starter.

	<b>YES</b>	<b>DATE</b> (month, day, year)
1. Have you received your Explanation of Benefits (EOB) and is insurance billing working? <i>If No Next Steps:</i>		
2. Do you understand your cost participation? <i>If No Next Steps:</i>		
3. Are there any changes in your information? Ex: Income, Family Members, Address, Insurance <i>If Yes Next Steps:</i>		
4. Have you received face to face sheets from providers for services they have performed? <i>If No Next Steps:</i>		
5. Has your provider discussed with you about receiving a progress report from them? <i>If No Next Steps:</i>		
6. Do you feel comfortable addressing your concerns with the providers you have chosen? <i>If No Next Steps:</i>		
7. Are you satisfied with the IFSP outcomes and services provided? <i>If No Next Steps:</i>		
8. Have your providers discussed any changes in services or the IFSP outcomes? <i>Next Steps:</i>		
9. Are there any transition activities to be initiated over the next three (3) months? <i>Next Steps:</i>		

### Other:

Disclaimer- Any Yes box not filled in will be later written in the Date box by the Service Coordinator upon completion.

<b>Service Coordinator Signature</b>	<b>Date</b> (month, day, year)	<b>Telephone</b>
<b>Parent Signature</b>	<b>Date</b> (month, day, year)	<b>Telephone</b>

•Looking Ahead.....

**Next Visit Scheduled?**

**Yes** **Date** (month, day, year): \_\_\_\_\_