



Treasure Coast Early Steps Program

COLLATERAL INFORMATION TO PREPARE FOR IFSP MEETING

Child's Name _____ DOB _____

Diagnosis _____ C.A. _____ A.A. _____

FSC _____ Date of Request _____ IFSP Due Date _____

Provider & Agency _____

Current Services Authorized on IFSP _____

Progress Summary (What is the child's current level of functioning and progress toward current outcomes?) Include standard scores.

Do you have recommendations for new outcomes or strategies for the IFSP Team to consider?

What are the supports and services necessary to help meet the new outcomes?

Other relevant information?

Provider Signature