



Name of county	Cluster number
Name of child	Date of birth (month, day, year)
Date of referral (month, day, year)	Due date of IFSP (month, day, year)
Date IFSP held (month, day, year)	Number of days from referral to IFSP
Reason for delay: (check all that apply)	
☐ Family	
Intake / SPOE	
PT OT ST OTHER (specify type):	
Doctor	
Give a detailed explanation for delay: (add pages if necessary)	
<u> </u>	
Signature of intake coordinator	Date (month, day, year)
Signature of family member	Date (month, day, year)

## This form is to be placed in every file that has gone over the 45 day time limit.

Federal Regulations requiring the 45 day timeline:

303.321(e) Timelines for public agencies to act on referrals. (2) Within 45 days after it receives a referral, the public agency shall:

- (i) Complete the evaluation and assessment activities in 303.322; and
- (ii) Hold an IFSP meeting, in accordance with 303.342
- 303.342(a) Meeting to develop initial IFSP timelines. For a child who has been evaluated for the first time and determined to be eligible, a meeting to develop the initial IFSP must be conducted within the 45 day time period in 303.321(e).