



# ANNUAL PREPARATION CHECKLIST

State Form 53976 (R / 1-12)



The third quarterly home visit is necessary to prepare for the annual IFSP review and eligibility re-determination meeting. Use the back of this form for notes, if needed.

Child Name and Identification number	Time in	IFSP Date (month, day, year)
Meeting Participants	Time out	Date (month, day, year)

The list below includes talking points to be used during the meeting. However, the talking points listed are not all inclusive and should be used as a conversation starter.

<input type="checkbox"/> Annual update of forms and consents Next steps:	<input type="checkbox"/> Annual Request sent to ED Team Date (optional – month, day, year):
<input type="checkbox"/> Collect financial and insurance information, plus CP discussion Next steps:	<input type="checkbox"/> Written Prior Notice sent to family and team Date (optional – month, day, year):
<input type="checkbox"/> Review procedural safeguards and family rights Next steps:	<input type="checkbox"/> AEPS received from ED Team Date (optional – month, day, year):
<input type="checkbox"/> Complete transition packet (if applicable) Next steps:	<input type="checkbox"/> Report sent to family and team Date (optional – month, day, year):
<input type="checkbox"/> Conduct exit summary (if applicable) Next steps:	<input type="checkbox"/> PHS sent to physician Date (optional – month, day, year):
<input type="checkbox"/> Plan for annual evaluation Next steps:	<input type="checkbox"/> Other Next steps:

Disclaimer – Any incomplete date boxes will be filled in by Service Coordinator after signature date.

Service Coordinator Signature	Date (month, day, year)	Telephone ( )
Parent Signature	Date (month, day, year)	Telephone ( )

Next visit scheduled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date (month, day, year)
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