



INITIAL CONTACT CHECKLIST

State Form 53977 (R / 1-12)



Use the back of this form for notes, if needed.

The initial meeting is to be held face to face with the family and ongoing Service Coordinator within thirty (30) days of the initial IFSP. If the Service Coordinator conducts and/or attends the initial IFSP meeting, the initial meeting may be conducted via phone with the family.

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

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.

	YES	NO
1. Do you understand the role of your Service Coordinator? <i>If No, what questions do you have?</i>		
2. Do you have questions regarding your rights and/or role within First Steps? <i>If No, what questions do you have?</i>		
3. Have you received any/all needed information regarding insurance and cost participation? (CP forms: process, TPL, Diagnosis, co-pay amount, timeline, obligations) <i>If No, Next Steps:</i>		
4. Have you received a copy of the IFSP, consents, and other paperwork? <i>If No, Next Steps:</i>		
5. Have you received, or do you need, information on other resources within your community? <i>If No, Next Steps:</i>		
6. Do you know how to reach your providers? <i>If No, Next Steps:</i>		
7. Did services start in thirty (30) days? <i>If Yes, answer the next three (3) questions. If No, skip to question 11.</i>		
8. Have you received face to face sheets from providers for services they have performed? <i>If No, Next Steps:</i>		
9. Are you being provided with activities or strategies for services they have performed? <i>If No, Next Steps:</i>		
10. Are you satisfied with the services provided by your providers? <i>If No, Next Steps:</i>		
11. Do you anticipate any changes in your information or services? <i>If Yes, what? (Add transition activities, if applicable.)</i>		

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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