



# SERVICE COORDINATOR VISIT CHECKLIST

State Form 53978 (R / 1-12)



To be used during any face-to-face meeting with family other than required initial, quarterly, six (6) month, third quarterly, and exit meetings.

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"/> Review procedural safeguards and family rights	<input type="checkbox"/> Follow up on recommendations	<input type="checkbox"/> Cost participation
<input type="checkbox"/> Review outcomes and progress	<input type="checkbox"/> Review provider services and strategies	<input type="checkbox"/> Appropriateness of services
Was there a change in services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, was documentation completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any new concerns?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Notes:

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Follow up needed:

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

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