

WYOMING EARLY INTERVENTION AND EDUCATION PROGRAM (EIEP)

Region:

Birth to 3 Services

Agency Name:

Individualized Family Service Plan

Student Name:

Student ID:

DOB:

Service Coordinator:

Date Service Coordinator Assigned:

Phone Number:

Referral Date:

Initial IFSP Date:

Was the Initial IFSP Meeting held within the 45 day timeline?

If No- Why was the meeting not held within the 45 day timeline?

Six Month IFSP Review Date(s) *1)

2)

3)

Annual Review Date:

Next Date of Review:

Comments:

Family must be given Prior Written Notice (PWN) before any changes in services of the IFSP are enacted.

Exit Date:

Reason for Exiting: