

PARENT NOTICE OF REMOTE MEETING OUTCOME

PARENT NAME: _____ **CHILD NAME:** _____

WHEN WAS THE MEETING HELD?

Date	Time	Location
_____	_____	<u>Virtual Meeting</u>

WHY WAS THE MEETING HELD?

The meeting was held for the purpose of:

- discussing the services and assistance available through DDS and/or the First Connections Program.
- discussing your child's progress and to discuss areas in which I may be of assistance to you.
- discussing the results of the _____ evaluation completed for your child.
- discussing needs and develop an IFSP/ROAD MAP
- biannual review of the IFSP/ROAD MAP
- developing a transition plan
- quarterly review of the IFSP/ROAD MAP
- annual evaluation of the IFSP/ROAD MAP
- discussing progress of the transition plan

WHO WAS AT THE MEETING?

The following people participated in the meeting:

_____	Parent	_____	Service Coordinator
_____	Family	_____	Physician
_____	Advocate	_____	Evaluation Representative
_____	Other	_____	Service Provider
_____	Other	_____	Service Provider

WHAT DID THE TEAM DECIDE?

The attendees of the meeting agreed that the following outcomes will best meet the needs of your child and ensure successful completion of the IFSP/ROAD MAP:

_____ Service Coordinator's e-signature

_____ Date

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(electronic
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0-3 Form