PARENT NOTICE OF REMOTE MEETING OUTCOME

PARENT NAME: ______________________  CHILD NAME: ______________________

WHEN WAS THE MEETING HELD?

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Location</th>
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</thead>
<tbody>
<tr>
<td>_____</td>
<td>___</td>
<td>Virtual Meeting</td>
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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
- quarterly review of the IFSP/ROAD MAP
- developing a transition plan
- discussing progress of the transition plan

WHO WAS AT THE MEETING?

The following people participated in the meeting:

- Parent
- Family
- Advocate
- Other
- Service Coordinator
- Physician
- Evaluation Representative
- 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: ____________

(Form # FC–C) (electronic version 3/2020)

0-3 Form