



Evaluation Representative Form

Child: _____ EI #: _____

Evaluation Representative: _____ Discipline/credentials: _____

Date evaluation representative contacted parent/guardian to review the evaluation/summary reports: (this contact is required prior to the IFSP meeting) ___/___/___

Parent/guardian questions/concerns/comments:

(Below to be completed by our office)

Date of IFSP meeting: ___/___/___ Time of IFSP meeting: _____

Location of IFSP meeting: (check which applies)

- Queens Regional
 Brooklyn Regional
 Other: _____

Evaluation Representative attended IFSP: (check which applies)

- Evaluation rep participated in person the day of the meeting (signature required on page 8 of IFSP)
 Evaluation rep participated by phone the day of the meeting
 Evaluation rep was available by phone however participation was not called upon

Signature/Evaluation Representative: _____ Date: ___/___/___

(Evaluation Representative must fax form to our agency at (718) 631-1314 before the IFSP)