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*HASC Executive Offices: 1318 60th Street, Brooklyn, NY 11219 • Tel. 718-686-5900*

**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 IFSO
* 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: \_\_\_\_\_\_\_\_\_