MKSA
Early Start - Bright Future

125 E. Bethpage Road, Suite 5 Plainview, NY 11803
516-731-5588 516-577-9049 fax
718-631-1110 718-631-1314 fax
www.mksallc.com

EI Meeting Results

Date of Meeting: ______________________

Student: ______________________________ D.O.B ______________________________

Eval Representative: ___________________________ OSC assigned: ______________________

EIOD: __________________________ County: ______________________________

IFSP Start Date: ____________________

	EI			
Discipline	**Freq**	**Duration**	**Location**	**Agency**
Spec Inst.				
SI/ABA				
Speech				
PT				
OT				
Family Training				
Program/ School:				

Please include any information that will assist in staffing.

Notes: ____

____

____

____

**This form must be sent to the evaluation department within 24 hours of the IFSP meeting