MKSA
Early Start - Bright Future

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# Meeting Results

Date of Meeting: _____ Type of Meeting: [ ] EI [ ] CPSE [ ] CSE

Student: _____ D.O.B _____

County: _____ District: _____

Initial EIOD: _____ (Suffolk EI) OSC: _____ (EI Only)

EIOD_____ (EI Only) Provider: _____ (meeting representative)

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**IFSP Dates:** _____(EI only) **FBA/BIP:**_____ (due by)

**IEP Dates:**_____(CPSE only) **Summer IEP Dates:** _____ (if applicable)

**Program/School:** **Class Ratio:** **Hours:** **Days/Week:**

_____ _____ _____ _____

**Calendar to be followed:** _____ District _____School _____ Other (be specific)

| | EI or CPSE/CSE School Year (Sept-June) | | | | SUMMER (CSE/CPSE ONLY) | | | |
|---|---|---|---|---|---|---|---|---|
| **Discipline** | **Freq** | **Duration** | **Location** | **Agency** | **Freq** | **Duration** | **Location** | **Agency** |
| **Sp.Ed./ SEIT** | | | | | | | | |
| **Speech** | | | | | | | | |
| **PT** | | | | | | | | |
| **OT** | | | | | | | | |
| **Family Training** | | | | | | | | |

**Include in <u>Notes</u> concerns that affect treatment options, e.g. behaviors, feeding, autism red flags etc**

Notes: _____

_____

_____

_____ I hereby give consent for all EI/CPSE/CSE providers working with my child to discuss my child's progress with each other.

**Parent Signature** _____ **CPSE/CSE Chair/ EIOD/OSC Initials:** _____