



John D. Kennedy
District Health Director

BABIES CAN'T WAIT MEETING MINUTES

Location: _____

Child's Name: _____ **DOB:** _____ **Date:** _____

Reason for Meeting:

Circle one: Initial IFSP 3 Month IFSP 6 Month IFSP Annual IFSP Revision/Change Transition Meeting Exit Meeting

List of Participants	Agency/Discipline

All the items below will not be applicable for all meetings. If an item did not need to be addressed, please put N/A next to the item. Add any additional items discussed in the **ADDITIONAL ISSUES DISCUSSED** section.

___ PPN provided & discussed with parent (if parent requested the meeting, a PPN is not necessary)
(When applicable – put N/A if not applicable – will not be applicable when parent requests the meeting)

___ Procedural Safeguards (*as listed below*) and parental rights (Part C) discussed with family/guardians
*1. Parental Consent 2. Prior Notice 3. Examination of Records 4. Confidentiality of Information
5. Resolution of Individual Child Complaints 6. Administrative Complaints 7. Surrogate Parents*

___ Completed IFSP and all releases (as required by Standards) ___ Completed Financial forms

___ Discussed PSP Model and team recommendations ___ Reviewed SC Tier Levels

___ Discussed Progress ___ Discussed Transition

___ Discussed Parent Educator ___ Discussed Hearing Evaluation

ADDITIONAL ISSUES DISCUSSED
