



First Steps

## IFSP Service Start Date

*(This form is completed by ongoing provider upon receipt of an Initial or Annual IFSP and submitted to Service Coordinator upon completion of first visit with family.)*

To: \_\_\_\_\_, Service Coordinator

From: \_\_\_\_\_, Discipline: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

IFSP Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ First Visit Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone call attempts to contact family to schedule first visit:

\_\_\_\_/\_\_\_\_/\_\_\_\_; \_\_\_\_/\_\_\_\_/\_\_\_\_; \_\_\_\_/\_\_\_\_/\_\_\_\_; \_\_\_\_/\_\_\_\_/\_\_\_\_

Notes:

**Did your service begin within 30 days?**

Yes

No

\_\_\_\_\_  
Provider's Signature

\_\_\_\_\_  
Date