

ARIZONA DEPARTMENT OF ECONOMIC SECURITY  
 Division of Developmental Disabilities  
 INDIVIDUAL SUPPORT PLAN (ISP)  
**TEAM ASSIGNMENT TRACKING**

TEAM MEMBER'S NAME	DATE
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**Purpose:** Team members will print their own assignments on the form as assignments, agreements and follow-up on professional evaluations/recommendations identified during the team meeting. The Support Coordinator will collect the top copy of the form at the end of the meeting for incorporation into the ISP/IFSP Plan. The intent of the form is that all team members leave the meeting with a clear understanding of their assignments and the Support Coordinator will incorporate the assignments into the Plan.

Assignments and Agreements/Actions	Due Date	Date Completed

Professional Evaluations/Recommendations	Due Date	Date Completed

**I understand the above assignments, agreements, and follow-up on professional evaluations/recommendations have been assigned to me.**

SIGNATURE	POSITION AND AGENCY	DATE
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Routing: White - Support Coordinator, Canary - Provider, Pink - Qualified Vendor

Under the Americans with Disabilities Act (ADA), the Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity. For example, this means that if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. This document is available in alternative formats by calling 602-542-6825.