

## Individual Family Teaming Report

Child's Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

Date of Last Team Meeting: \_\_\_\_\_

Team Leader (TL): \_\_\_\_\_ Joint Visitor (JV): \_\_\_\_\_

Reason for Teaming (Check One)	Discussion/Outcome(s)
<input type="checkbox"/> <b>Welcome to the Program (Pre-IFSP/move)</b> Information needed by other team members: <ul style="list-style-type: none"> <li>• Reason for Referral/move</li> <li>• Information gathered about child interests, activity settings, and family priorities</li> <li>• Steps in the EI process that have been completed</li> <li>• Supports needed from other team members</li> </ul>	<b>Plan:</b>
<input type="checkbox"/> <b>Coaching Opportunity</b> Information needed by other team members: <ul style="list-style-type: none"> <li>• Questions/issues you are bringing to the team for support</li> <li>• Your or the parent's current knowledge/actions taken regarding this topic/issue</li> <li>• If child learning, current interests and activity settings that serve as the context for intervention</li> <li>• Current parent priorities</li> </ul>	<b>Role Assistance:</b> a. Response to the question/issue discussed during team meeting <b>Plan:</b> Click here to enter text.  AND/OR b. Joint visits with _____ on _____ at _____. <b>Plan for Joint visit:</b> <ol style="list-style-type: none"> <li>1. Conversation to occur with parent: Click here to enter text.</li> <li>2. Context for joint visit and why: Click here to enter text.</li> <li>3. Person taking lead in JV and why: Click here to enter text.</li> <li>4. When to debrief joint visit: Click here to enter text.</li> </ol>
<input type="checkbox"/> <b>Quarterly Update</b> Information needed by other team members: <i>Child Learning</i> <ul style="list-style-type: none"> <li>• Child's current interests and activity settings</li> </ul>	<b>Plan:</b>

<ul style="list-style-type: none"> <li>• Ways in which you and the parent(s) are promoting the child’s participation</li> <li>• How your actions &amp;/or interactions relate to the parent priorities</li> </ul> <p><i>Parenting Support (e.g., sleep, behavior, nutrition, toileting)</i></p> <ul style="list-style-type: none"> <li>• Topics, questions, or issues currently being addressed</li> <li>• Ways in which the above are being addressed</li> </ul> <p><i>Parent Support (e.g., housing, transportation, employment, medical)</i></p> <ul style="list-style-type: none"> <li>• Topics, questions, or issues currently being addressed</li> <li>• Ways in which the above are being addressed</li> <li>• Informal &amp; formal resources to meet identified needs</li> </ul>	
<input type="checkbox"/> <b>Transition</b> Information needed by other team members: <ul style="list-style-type: none"> <li>• Transition plan</li> </ul>	<b>Transition Plan:</b>
<input type="checkbox"/> <b>Closure</b> Information needed by other team members: <ul style="list-style-type: none"> <li>• Reason for closure</li> </ul>	<b>Follow-up:</b>

Team Members present (Signature & Discipline):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Key (Please Circle Discipline): OT-97530 PT – 97110 ST – 92507 DSI –S9445 SC- T1016  
Service unit = 1 hour, bill at 15 min treatment units

- Modifiers: ME-Meeting; AS- Assessment SU- Dual Role: NH – Natural –Home; NC- Natural Community; CL-Other Setting; TL – Team Lead; TC – Team Conferencing; EV- Evaluation DSI’s identify; HN – Bachelor’s Degree HO – Master Degree
- The team lead (TL) may bill a maximum of one additional unit per month for non-direct contact ND Modifier.