## ARIZONA DEPARTMENT OF ECONOMIC SECURITY Arizona Early Intervention Program (AzEIP)

## INDIVIDUAL FAMILY TEAMING REPORT

**AzEIP** 

	Where Every Family Has a Team
Child's Name:	Family Name:
Date of Last Meeting: Team Leader (TL)	: Joint Visitor (JV):
REASON FOR TEAMING (CHECK ONE)	DISCUSSION / OUTCOME(S)
Welcome to the Program (Pre-IFSP) / move) Information needed by other team members: • Reason for referral/move • Information gathered about child interests, activity settings, and family priorities • Steps in the El process that have been completed • Supports needed from other team members  Coaching Opportunity Information needed by other team members: • Questions/issues you are bringing to the team for support • Your or the parent's current knowledge/actions taken regarding this topic/issue • If child learning, current interests and activity settings that serve as the context for intervention • Current parent priorities	Role Assistance:  a. Response to the question/issue discussed during team meeting.  Plan:
	<ul><li>2. Context for joint visit and why:</li><li>3. Person taking lead in JV and why:</li><li>4. When to debrief joint visit:</li></ul>

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REASON FOR TEAMING (CHECK ONE) (CONTINUED)	DISCUSSION / OUTCOME(S) (CONTINUED)
Quarterly Update Information needed by other team members: Child learning  Child's current interests and activity settings  Ways in which you and the parent(s) are promoting the child's participation  How your actions and/or interactions relate to the parents priorities  Parenting Support (e.g., sleep, behavior, nutrition, toileting)  Topics, questions, or issues currently being addressed  Ways in which the above are being addressed  Informal and formal resources to meet identified needs  Parenting Support (e.g., housing, transportation, employment, medical)  Topics, questions, or issues currently being addressed  Ways in which the above are being addressed  Informal and formal resources to meet identified needs	Plan:
Transition Information needed by other team members: • Transition plan  Closure	Transition Plan:  Follow-up:
Information needed by other team members:  • Reason for closure	

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TEAM MEMBERS PRESENT		
Signature:	Discipline :	
Signature:		

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