WV BIRTH TO THREE
Office of Maternal, Child and Family Health
Bureau for Public Health
Department of Health and Human Resources

INSTRUCTIONS: TEAMING ACTIVITY NOTE

Purpose: The Teaming Activity Note serves as the source document for billing for all authorized teaming activities. This form also provides important documentation of the team's discussion of the child's progress or lack thereof, and the potential need for changes in strategies and/or outcomes.

Legal Basis: WV Birth to Three State Policy – Technical Assistance Bulletin – *Revision to Teaming Service Definition and Billing, 07/07/08* – posted on the WV Birth to Three website.

Completing the Form: Teaming Activity Note

The Teaming Activity Note is completed every time the IFSP team comes together with the family for the purposes of completing an authorized teaming activity. The Interim Service Coordinator and/or On Going Service Coordinator is responsible for inviting participants at least 10 calendar days prior to the teaming activity and for assuring that the Teaming Activity Note is completed and sent to the Regional Administrative Unit for submission in the child's early intervention record. Each individual in attendance must document their actual time spent in the teaming activity. Falsification of actual time spent will result in re-payment.

Filling in the blanks: Write legibly so the document can be filed appropriately. The original signed Teaming Activity Note must be forwarded to the Regional Administrative Unit within five calendar days of completion for filing in the child's early intervention record**. A copy of the Teaming Activity Note must be forwarded to all members of the IFSP team and others who participated in the teaming activity for whom the parent has provided written permission.**

Child's Name: Enter first (not nickname), middle and last name.

- *Child's Date of Birth*: Enter the child's numerical date of birth, (month/day/year). ***Check to be sure that the date of birth is accurate.***

Date of Meeting: Enter date of meeting (month/day/year).

Purpose of Meeting: Enter an X next to the appropriate (teaming activity) meeting description.

Document why IFSP review was requested: Provide a description as to why the IFSP review was requested when other than an initial, 6 month review or annual IFSP meeting under Part C of IDEA. For example, the family has requested the team come back together as intervention strategies are not working for the family within their daily activities and routines.

Meeting Summary: Provide a written summary of the meeting including parent's priorities and concerns, child's current developmental/health status, progress or lack of progress towards achieving the IFSP outcomes, information shared as part of the COST, transition planning or IEP.

Participant's Name, Title, and Signature: Have each participant in attendance print and sign their name. For individuals who are participating by phone or who have sent a written report, print their name.

Method of Participation: Have each participant document method of participation. For individuals who are participating by phone or who have sent a written report, the Service Coordinator will document their method of participation.

Start and Stop Time: Have each individual document their actual start and stop time. For individuals who are participating by phone, the Service Coordinator will document their actual start and stop time.