

IDAHO INFANT TODDLER PROGRAM
TEAMING PLAN

CHILD'S NAME:

DATE:

Start Time: AM PM

End Time: AM PM

IFSP OUTCOME AND QUESTION

What is the question and what support does PSP and family need to meet IFSP outcome?

BACKGROUND INFORMATION

What have the PSP and family already tried and what was the response?

What are the child's current interests and the activity settings that serve as the context for intervention?

PLAN *What is the plan following this teaming?*

Recommended strategies PSP will implement

OR

Joint visit needed

**What is the activity setting?*

**Who will take the lead? PSP or SSP?*

**What is going to happen during the visit?*

**Date and time for debrief conversation between PSP and SSP?*

Date:

Time:

AM

PM

**How will PSP, SSP, and the family decide if more visits are needed?*

X

Early Intervention Provider with Credentials

X

Early Intervention Provider with Credentials

X

Early Intervention Provider with Credentials