WAIVER OF 45 DAY IFSP TIMELINES

The 45 day timeline for _____ has been waived
(child)
by the family due to exceptional circumstances. These circumstances make it impossible to complete the evaluations, assessments, and development of an IFSP within the 45 day timeline.

Please explain the exceptional circumstances:

_____

_____

_____

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_____

Date of referral: _____

Date by which IFSP should have been written: _____

Actual date of IFSP meeting: _____

Signatures: _____ Date: _____
(parent)

_____ Date: _____
(service coordinator)

* This form is not intended to be signed when receiving initial consent to evaluate as a "safety net" in case something comes up that will delay the process. This form should be completed only after the family shares the exceptional circumstances that make it impossible to complete the process within the 45 days (e.g. if their child is ill).

5/2001