

**Individual Interagency Intervention Plan (IIIP)
Family Considerations & Concerns
Meeting Plan**

Child's Name: _____

Soc. Sec. #: _____

Describe how you see your child/student. Share what you most like and list any concerns or needs.

Which of the following do you or other family members feel are important concerns or areas about which you would like more information?

For Your Child

- Getting around
- Communicating
- Learning
- Eating/nutrition
- Sleeping
- Toilet Learning
- Having fun with other children
- Challenging behaviors/emotions
- Equipment or supplies
- Health or dental care
- Pain or discomfort
- Vision
- Hearing
- Other: _____

For Your Family

- Information about resources
- Information about specific special needs
- Information about different services and how they work
- Explanation of professional terms/roles
- Help with transportation (to school, appointments) and vehicle adaptations
- Meeting other families whose children have similar needs.
- Finding a support group
- Information/ideas for siblings, relatives, friends, others
- Finding or working with doctors/other specialists
- Coordinating child/student's medical care
- Coordinating/making appointments and dealing with agencies
- Finding child care
- People who can help in your home/respite care
- Planning/expectations for future
- Assistance with housing, clothing, jobs, food, telephone
- Assistance in obtaining funds for extra cost of child/student's needs
- Help with insurance
- Information about recreational opportunities
- Interpreter—language: _____
- Other: _____

Important Note: After completing and printing the form, make sure you CLEAR the form by clicking the "CLEAR FORM" button. If you do not CLEAR the form, your information will be disclosed to those persons subsequently using the computer.

What type of help would you want for your child and family in the months ahead?

What else do you think would be helpful for others to know about your child?

After reviewing family considerations, the family and facilitator determine what to discuss at the IIP meeting. List the topics, questions, and information to share.

Consider people for team membership who will be helpful or supportive to the child/student and family and the outcomes/issues/tasks:

- Family/Community (Parents must attend. Other family members, friends, advocates, church, child or respite providers, cultural representatives)
- Education (teachers, district representatives, specialists)
- Health Care (Physicians, home health care providers, public health nurse, mental health providers, personal care attendants)
- Social Services (Developmental disabilities worker, Income maintenance worker, child welfare worker, mental health professional, services for the blind, deaf & hard of hearing services, other private providers)
- Interpreter

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