**Roles / Responsibilities:**

|  |  |  |
| --- | --- | --- |
| **TASKS** | **SERVICE COORDINATOR** | **PRIMARY SERVICE PROVIDER** |
| Intake Visits (4-5) | **X** | **X** (evaluation piece) |
| RBI | **X** | **X** |
| Initial IFSP | **X** (populate the form)  ONLY SC for ineligible IFSP | **X** (developmental status; outcomes; services) |
| Home Visits | **X** | **X** |
| Contact Logs (best practice is to document all contacts, services, etc = remember to keep it appropriate) | **X** | **X** |
| 6 Month Review | **X** (populate) | **X** (developmental status=observational in nature; outcomes; services) |
| Annual Review | **X** (populate) | **X** (developmental status; outcomes; services) |
| IDA | **X** | **X** |
| REED | **X** (populates up to the invites) | **X** (present level, status, etc) |
| MET | **X** (populate) |  |
| IEP | **X** (populate) | **X** |
| Transition | **X** |  |
| Scheduling | **X** (initials, transition) | **X** (home visits, 6 months) |
| Integrative Report (google document that the SC will populate) | **X** | **X** |
| Special Ed Report | **X** (updated integrative report) | **X** (discipline specific report) |
| Physician Script |  | **X** |
| Medicaid Billing |  | **X** |
| Applications | **X** (sending, filing, follow up, etc) | **X (**assist with filling out) |
| Copies / Filing | **X** (no more copies of home visit forms) |  |
| Outcomes Matrix |  | **X** |
| Binder | **X** |  |