



**Early Intervention Team (EIT)
Meeting Agenda Template**

Date: _____

Team Name: _____

Beginning Time: _____

Ending Time: _____

Team Members	Attended	Time In	Time Out	Total Minutes

Copy this chart for every child to be discussed at the EIT meeting

Current Child			
Priority Level:	<input type="checkbox"/> Discussion	<input type="checkbox"/> Read Only	Next IFSP Date:
Child's Name:			Date of Birth:
Primary Provider:			
Services:			
Current Issue:			
EIT Comments:			

Copy this chart for any child with an initial IFSP since the last EIT meeting

New Child			
Child's Name:		Initial IFSP Date:	
Primary Provider:		Date of Birth:	
Reason for Eligibility:			

Announcements and Updates

The next EIT Meeting for this team is scheduled for: _____