



# BIRTH TO THREE TELEHEALTH INITIAL PLANNING CHECKLIST FOR SERVICE COORDINATORS

Child's Name:

Parent's Name:

Date:

1. Have you contacted the parent about the possibility of the family using telehealth visits as a way to conduct early intervention activities (such as evaluations, assessments, and IFSP meetings) and service delivery method?

Yes      No      Comments:

2. Have you emailed or mailed the family flyer on *Telehealth Visits*?

Yes      No      Comments:

3. Does the family have access to a WIFI connection at home?

Yes      No      Comments:

4. Does the family have access to a smartphone/tablet/or computer with webcam and speakers?

Yes      No      Comments:

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5. The family's phone/tablet/computer is a(n)

Apple    Android    Windows    Comments:

6. Has the parent or other family members used video conferencing/chat in the past (this is not required, but may help gauge the family's comfort with technology)

Yes    No    Comments:

7. Have appropriate consents have been signed?

Yes    No    Comments:

8. How will meetings be handled?

Virtual visits using    Phone    Comments:  
teleconferencing    only

9. How will EI services be delivered?

Virtual visits using    Phone    Comments:  
teleconferencing    consults only