Utah Department of
Health & Human Services
Family Health

Contact Log

Date*: _____   Staff: _____
        mm/dd/yyyy

Who initiated the contact*: (Check one)

☐	Provider	☐	Family	☐	Other:

Reason for Contact*: (Check one)

Record all non visit contacts or communications between the provider and the child's family, or the provider and another agency. The definitions for the contact reasons are listed on the back of this form.

	Reason				
☐	Initial IFSP Meeting[1]	☐	Periodic Review[2]	☐	Annual IFSP Meeting[3]
☐	New IFSP Service[4]		Specify IFSP Service:		
☐	Continuing IFSP Service[5]		Specify IFSP Service:		
☐	Transition Conference[6]	☐	Record Request[7]	☐	Other Reason[8]
	Other Reason Detail[9]:				

	Contact Type		**Status of Contact**				
☐	Telephone	☐	Contacted	☐	Left Message	☐	No Answer
☐	Mail	☐	Sent Out	☐	Responded	☐	Returned - Not Valid Address
☐	E-mail	☐	Sent	☐	Responded	☐	Incorrect Email
☐	Text	☐	Sent	☐	Responded		
☐	In Person	☐	Contact Successful	☐	Contact Failed		
☐	Fax	☐	Fax Sent	☐	Fax Failed		
☐	Other Contact Type	☐	Contact Successful	☐	Contact Failed		
	Other Contact Type Detail:						

Notes

Notes

Footnotes:

1. **Initial IFSP Meeting:** The reason for the non visit contact/communication is related to capturing all attempts to (1) schedule/reschedule and/or (2) document any family or provider cancellations **for the child's initial IFSP meeting only.** This information will be used for BWEIP compliance purposes for APR Indicator #7, 45-day Timelines for Evaluation, Assessment, and IFSP Meeting. NOTE: *This reason should not be selected once the initial IFSP meeting has occurred.*

2. **Periodic Review:** The reason for the non visit contact/communication is related to capturing all attempts to (1) schedule/reschedule and/or (2) document any family or provider cancellations **for the child's periodic IFSP review only.**

3. **Annual IFSP Meeting:** The reason for the non visit contact/communication is related to capturing all attempts to (1) schedule/reschedule and/or (2) document any family or provider cancellations **for the child's annual IFSP meeting only.**

4. **New IFSP Service:** The reason for the non visit contact/communication is related to capturing all attempts to (1) schedule/reschedule and/or (2) document any family or provider cancellations **for the provision of the initial visit for a new service on the child's current IFSP only, excluding Service Coordination.** This information will be used for BWEIP compliance purposes for APR Indicator #1, Timely Initial Services. NOTE: *(1) This reason should only be selected if there are new IFSP services that have not yet occurred. (2) Service Coordination is not included in the calculation of timely initial services and will not appear on the drop down list of IFSP service options.*

5. **Continuing IFSP Service:** The reason for the non visit contact/communication is related to capturing all attempts to (1) schedule/reschedule and/or (2) document any family or provider cancellations **for the provision of continuing visits for services on the child's current IFSP only, including Service Coordination.** NOTE: *This reason should only be selected for ongoing IFSP services, not new services.*

6. **Transition Conference:** The reason for the non visit contact/communication is related to capturing all attempts to (1) schedule/reschedule and/or (2) document any family or provider cancellations **for the child's transition conference only.** This information will be used to BWEIP compliance purposes for APR Indicator #8C, Timely Transition Conference. NOTE: *This reason should only be selected if the transition conference status has not been selected or completed in BTOTS.*

7. **Record Request:** The non visit contact/communication is related to a request for the child's records from a physician, hospital, another EI program, or other agency/entity.

8. **Other Reason:** The reason for the non visit contact/communication is any other reason than those specifically listed in the "Reason for Contact" drop down. For example, the provider may have contacted the child's day care to discuss an IFSP service that will be given to the child in that setting.

9. **Other Reason Detail:** Add any additional pertinent information about the non visit contact/communication that occurred for a reason other than an IFSP service, a transition conference, an IFSP meeting/review or a record request. NOTE: *This field will be grayed out in BTOTS until "Other Contact Type" is selected from the "Reason for Contact" field drop-down list.*

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