



Elcam Community Center
189 West Creek Road
Saint Marys, PA 15857
Phone: 814-781-7101 ext. 1024
Fax: 814-834-1560

Date: _____

To: _____

You are receiving this letter because you are listed as an ISP team member for the following individual _____.

Individual's Name

Current Licensing Regulation 2380-151(f) requires us to send each ISP team member a copy of the ISP review documentation. This documentation consists of a quarterly evaluation on the individual.

Please indicate your choice and return this letter to me at the address listed above. Thank you 😊.

Program Specialist

I, _____, choose to decline receiving ISP review documentation.

I, _____, choose to receive ISP review documentation as required.

Team Member: _____

Signature Date: _____