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| **Enter County Name****BIRTH TO 3 PROGRAM INVITATIONTOEARLY INTERVENTION (EI) TEAM ELIGIBILITY DETERMINATIONANDINDIVIDUALIZED FAMILY SERVICE PLAN MEETING** |
| To: |        | Date Sent:        |
| Child’s Name: |        |
| EI Team Meeting Date: |        |
| Your child has been evaluated by an early intervention team to determine eligibility for theBirth to 3 Program. This letter is an invitation to a Birth to 3 Program meeting about your child. This meeting will serve two purposes. The first purpose for this meeting is to review the results of the evaluation, answer any questions you may have regarding the evaluation and determine if your child is eligible for the Birth to 3 Program. The second purpose for the meeting, if your child is determined eligible, is to proceed in developing an Individualized Family Service Plan (IFSP) for your child. The IFSP team, which includes you, will identify specific outcomes for your child and family as well as the EI services and resources to achieve those outcomes. Your family's priorities related to helping your child develop and learn are critical to the development of this IFSP. If you would prefer a separate time to develop the IFSP, we can arrange a future time to meet. |
| The meeting is scheduled for  at  . |
|  | Date and Time |  | Location |  |
| The following people will be attending the IFSP meeting from the county Birth to 3 Program: |
| NAME |  | TITLE/POSITION |
|       |  |       |
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| You are welcome to invite other family members, friends or advocates to your IFSP meeting. Your participation is very important at this meeting. The meeting will be rescheduled if you cannot attend. Please call me as soon as possible if you need to change the meeting time or date. |
| If you have any questions or concerns, please don't hesitate to call me at       . |
|  | Contact Phone Number |  |
| Sincerely,NameTitleBirth to 3 Program Service Coordinator |