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| **ENTER COUNTY NAME**  **BIRTH TO 3 PROGRAM INVITATION TO INDIVIDUALIZED FAMILY SERVICE PLAN MEETING (IFSP)** | | | | | | | | | |
| To: |  | | | | Date Sent: | | | | |
| Child’s Name: |  | | | | | | | | |
| IFSP Meeting Date: |  | | | | | | | | |
| It is time to develop or update the Individualized Family Service Plan (IFSP). The IFSP team, which includes you, will identify specific outcomes for your child and family as well as the Early Intervention (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. | | | | | | | | | |
| The IFSP 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,  Name Title Birth to 3 Program Service Coordinator | | | | | | | | | |