REQUEST FOR PARENT TO ATTEND INDIVIDUALIZED FAMILY SERVICE PLAN MEETING

Date: _____

Dear _____

As we discussed, we need to meet regarding the Individualized Family Service Plan (IFSP) for your child, _____. You indicated that the following day/time/location is convenient for you:

Day: _____ Time: _____

Location: _____

Reason for the IFSP meeting: ___Initial ___6 month ___Annual
___Additional ___Transition

Family members or other individuals (advocates) that you feel would be helpful in planning your child's early intervention services/supports:

_____ _____
_____ _____
_____ _____

The name and/or title of Early Intervention providers who will be present at the meeting are:

_____ _____
_____ _____
_____ _____

If your plans change and you are unable to meet as planned, please call me at _____.

Sincerely,

Early Intervention Service Coordinator

cc: IFSP team