



**BIRTH TO THREE PROGRAM INVITATION  
TO  
INDIVIDUALIZED FAMILY SERVICE PLAN MEETING (IFSP)**

**CHILD'S NAME:** \_\_\_\_\_ **DATE SENT:** \_\_\_\_\_

An Individualized Family Service Plan (IFSP) is the written plan for providing Early Intervention services to an eligible child and to the child's family. During an IFSP meeting, parents, early intervention staff, and any other people parents wish to invite meet to develop, update, or make changes to the plan. You are an important member of the IFSP team. The IFSP team will review information, decide on outcomes to work on, and plan the service, supports and strategies to achieve those outcomes. An IFSP meeting is a time to talk about what is working well or what may need to change.

**NOTICE OF MEETING ARRANGEMENTS**

**Date:**

**Time:**

**Meeting Place:**

**Required IFSP Meeting Participants must include the Parent(s) and Service Coordinator.**

**Other IFSP Meeting Participants (Titles) anticipated to attend are:**

If you wish to have someone else attend with you, you may do so. The information on this form will remain confidential.

**24:14:13:03**-Meeting arrangements must be made with, and written notice provided to, the family and other participants at least five days before the meeting date to ensure they will be able to attend.

**I AGREE TO HAVE THIS IFSP MEETING OCCUR SOONER RATHER THAN WAIT FOR THE FIVE DAY PRIOR NOTICE PERIOD.**

**(Parent Initial)** \_\_\_\_\_ **Date** \_\_\_/\_\_\_/\_\_\_

Please call \_\_\_\_\_ at \_\_\_\_\_ if you have any questions about the information provided above.