

**NOTIFICATION OF INDIVIDUAL FAMILY SERVICE PLAN (IFSP) MEETING**

DATE: \_\_\_\_\_

CHILD: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

This is to confirm our meeting date and time we have scheduled with you. The purpose of this meeting is to review and/or revise your child's IFSP. The meeting has been scheduled for:

\_\_\_\_\_ at \_\_\_\_\_ and will be held at \_\_\_\_\_  
day/date time place

The following people will be invited to the IFSP meeting.

\_\_\_\_\_ Developmental Therapist \_\_\_\_\_

\_\_\_\_\_ Speech Therapist \_\_\_\_\_

\_\_\_\_\_ Occupational Therapist \_\_\_\_\_

\_\_\_\_\_ Physical Therapist \_\_\_\_\_

\_\_\_\_\_ Service Coordinator \_\_\_\_\_

\_\_\_\_\_ Other (Professionals,  
family members,  
friends, etc.) \_\_\_\_\_

Please feel free to invite other persons of your choice.

\_\_\_\_\_ This is an Annual IFSP Meeting. We will be discussing eligibility. If your child is eligible, we will be writing a new IFSP. The ending date of the current IFSP is \_\_\_\_\_.

\_\_\_\_\_ This is a Six Month IFSP Review. We will be reviewing the IFSP and updating the outcomes and your child's progress.

\_\_\_\_\_ Other \_\_\_\_\_

Please call me if there are any concerns you would like to discuss in regards to your child prior to the meeting.

Sincerely,