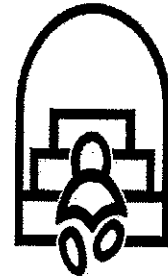


Providing System Point of Entry Services to Hamilton, Hendricks, Johnson,
Marion, Morgan, and Tipton Counties



Central Indiana
First Steps

Date: _____

Dear: _____

After talking with you and your First Steps team, we will be making the following changes to
_____ 's IFSP:

_____ Add Service _____

_____ Increase Service _____

_____ Decrease Service _____

_____ Other _____

_____ Discharge/Transition from First Steps

First Steps is required to provide you with ten days written prior notice of any significant change to your child's IFSP. It is your right to participate in all decisions made during your involvement with First Steps, and to agree or disagree with any recommended change in services. If you disagree with the above change, or wish to discuss it with me further, please contact me at the phone number below. If you agree and consent to the above change, your signature on the "change in service" document will initiate the change.

As always, please feel free to contact me anytime with questions or concerns.

Sincerely,

First Steps Service Coordinator