

Notification of Individualized Family Service Plan Meeting (IFSP)

Date:

To:

Address:

On behalf of:

An Individualized Family Service Plan meeting has been scheduled for: _____

We must meet with you to develop your family service plan. Together, we can develop a service plan that is appropriate for you and your child. At the IFSP meeting we will be discussing:

1. Your child's present levels of performance.
2. Any services which you or your child may require as it relates to your child's disability
3. Appropriate goals/outcomes.
4. Family concerns, strengths, and priorities.

In addition to yourself, the following people will be in attendance at the IFSP meeting:

1. Services coordinator:
2. Service Providers:
3. A school representative:
4. And the following individuals who can help explain the evaluation results and other individuals who have special knowledge or expertise regarding your child or services that may be needed:

In addition to the people we have invited, at your discretion, you may invite other individuals who have knowledge or special expertise regarding your child including:

An advocate or person outside of the family and other family members (if feasible to do so).

If this person or persons is unable to attend a meeting, arrangements must be made for the person's involvement through other means, including:

participating in a telephone conference call; having a knowledgeable authorized representative attend the meeting; or making pertinent records available at the meeting.

If the above date, time or place is not agreeable to you; or if you have any questions regarding your rights, please contact:

_____ at _____.

PROCEDURAL SAFEGUARDS TO PROTECT PARENTS' RIGHTS

Both state and federal laws concerning the education of children with disabilities include many parental rights. Receiving notices of action the school wants to take in regard to your child and being a part of your child's educational planning team are examples of the rights these laws give you. These laws also require that the school follow certain procedures to make sure you know your rights and have an opportunity to exercise those rights. A copy of your rights is provided with this Notice. You should read them carefully and, if you have any questions regarding your rights, you may contact:

_____ at _____.

IFSP MEETING RESPONSE FORM

Child's Name:

Date:

I plan to attend the meeting as scheduled.

I will need to reschedule the meeting for the following date, time and place:

I have been fully informed of all information relevant to the proposed meeting and I understand the purpose of the meeting. I also have been provided a statement of my parental rights and procedural safeguards.

Parent Signature

Date

Parent Signature

Date

Please sign and date this form and return it to:

School Contact:

Address:

City/State/Zip Code:

Phone: