

# Form EI-13

Today's date

Child's name

Child's DOB

Parent name(s)

EIDS number

### Service coordinator use only

On \_\_\_\_\_ (date), a copy of this notice was provided to the parent(s)  in-person  via mail  via email. Notices were sent to others on \_\_\_\_\_ (date).

## Individualized Family Service Plan (IFSP) Meeting Notice

It is time for our meeting to

- Develop an interim IFSP until we can complete the assessment and schedule the "initial" IFSP
- Review the eligibility and assessment information and develop the first ("initial") IFSP.
- Conduct a periodic review of the IFSP to determine the degree to which progress toward achieving the outcomes identified in the IFSP is being made and whether modification or revision of the outcomes, or Early Intervention services identified in the IFSP, is necessary.
- Review the eligibility and assessment information and develop the annual IFSP.
- This IFSP meeting will include the transition planning conference.

We agreed to schedule the IFSP meeting for

Date

Time

Location

You have requested that the following individuals be invited to participate in the IFSP meeting. They will be sent a copy of this notice.

\_\_\_\_\_  
Name, role or relationship

\_\_\_\_\_  
Name, role or relationship

\_\_\_\_\_  
Name, role or relationship

\_\_\_\_\_  
Name, role or relationship

In addition, the following Early Intervention service providers have been invited to the IFSP meeting. They will be sent a copy of this notice.

\_\_\_\_\_  
Name, role or agency

\_\_\_\_\_  
Name, role or agency

\_\_\_\_\_  
Name, role or agency

\_\_\_\_\_  
Name, role or agency

If you have any questions or want to change anything about this meeting, please contact me, your EI service coordinator:

\_\_\_\_\_  
Service coordinator name

\_\_\_\_\_  
Service coordinator contact information



Department of  
Developmental Disabilities

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