



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

Katie Hobbs
Governor

Vacant
Director

IFSP MEETING NOTIFICATION

Date: _____

Parent's Name: _____

Address (No., Street, City, State, ZIP):

Dear: _____

The purpose of this letter is to notify you that an Individualized Family Service Plan (IFSP) meeting has been scheduled for:

Child's Name: _____

Date: _____ Time: _____ Location: _____

The purpose of this meeting is to (develop or update) the IFSP which includes child and family outcomes and early intervention supports and services. The following IFSP team members have been invited to attend this meeting, as discussed. You may also invite any additional individuals whom you would like to participate.

Name/Role

Name/Role

Name/Role

Name/Role

Name/Role

Name/Role

You and the IFSP team members will be using all of the information gathered so far, such as daily routines and activities, your resources, priorities, concerns and interests, evaluation reports, progress notes, and appropriate medical and health records, to develop/revise the IFSP.

If you are unable to attend, please let me know so that we can reschedule the meeting.

Sincerely,

Service Coordinator: _____

Program Name: _____

Phone Number: _____

Email address: _____