

# IFSP TRANSITION MEETING INVITATION PRIOR WRITTEN NOTICE

Date: \_\_\_\_\_

You are invited to participate in an: \_\_\_\_\_

For: Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*(Last, First, M.I.)*

**The meeting is scheduled for:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

This invitation serves as your prior written notice for the IFSP transition meeting. During the meeting we will \_\_\_\_\_ the transition plan within the child's Individualized Family Service Plan (IFSP), which will assist the family and their team to understand and plan activities to support the child's transition from AzEIP to the appropriate early childhood program(s). We may also review/revise as needed other sections of the IFSP, including child and family routines, activities, resources, priorities, concerns, interests, outcomes, and early intervention supports and services.

PARTICIPANTS INVITED	
Name(s)	Role
	Parent(s)
	AzEIP Service Coordinator
	IFSP Team Lead
	IFSP Team Member
	IFSP Team Member
	School District/Public Education Agency (PEA) Representative
	Head Start Representative
	Community Preschool Representative
	Other:
	Other:

As the parent(s) of a child who is involved with AzEIP, you have protections under the Individuals with Disabilities Education Act (IDEA). These protections are found in the [Child and Family Rights in the Arizona Early Intervention Program \(AzEIP\) booklet](#) which is provided to you with this notice.



If you have any questions or are unable to attend the meeting, please contact me:

AzEIP Service Coordinator: \_\_\_\_\_

Service Providing Agency: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_