Form El-13	3			
Today's date	Child's name		Child's DOB	ETID number
Parent name(s)				
	•	ervice Plan (IFSP) Meeting No	otice
It is time for our i	meeting to:			
Develop an in	nterim IFSP until we c	an complete the ass	sessment and schedule the in	nitial IFSP
Review the el	ligibility and assessme	ent information and	develop the first (initial) IFS	Р
outcomes ide		eing made and whe	degree to which progress to ther modification or revision	9
Review asses	sment information ar	d develop the annu	al IFSP	
This IFSP me	eting will include the	transition planning	conference.	
We agreed to sch	nedule the IFSP meeti	ng for		
Date	Time	Location		
The following Ear copy of this notice	•	rvice providers have	e been invited to the IFSP me	eeting. They will be sent a
Name, role or agency			Name, role or agency	
Name, role or agency			Name, role or agency	
You have request a copy of this not	9	individuals be invite	ed to participate in the IFSP I	meeting. They will be sent
Name, role or relationship			Name, role or relationship)
Name, role or relationship			Name, role or relationship	

If you have any questions or want to change anything about this meeting, please contact me, your El Service Coordinator:

El Service Coordinator name

El Service Coordinator contact information

