Form El-13	3			
Today's date	Child's name		Child's DOB	ETID number
Parent name(s)				
Individuali	zed Family S	Service Plan	(IFSP) Meeting No	otice
It is time for our r	meeting to:			
Develop an ir	nterim IFSP until we	can complete the as	sessment and schedule the in	nitial IFSP
Review the el	ligibility and assessm	ent information and	develop the first (initial) IFS	Р
outcomes ide		being made and whe	e degree to which progress to ether modification or revision	9
Review assess	sment information a	nd develop the annu	ual IFSP	
This IFSP mee	eting will include the	transition planning	conference.	
We agreed to sch	nedule the IFSP meet	ing for		
Date	Time	Location		
The following Ear copy of this notic	•	ervice providers have	e been invited to the IFSP me	eting. 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	•	g individuals be invit	ed to participate in the IFSP	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

