

Initial/Transition Meeting Notification

Name:

Date of Birth:

Date:

Dear _____,



Your child is entering the First Steps program close to age three. The purpose of this letter is to notify you that:

- Your child, _____, is eligible for Missouri First Steps services, and
(Name)
- First Steps services end at age three. Your child will no longer receive First Steps services upon the third birthday of _____.
(Date)

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

_____ at _____:_____ at _____.
(Date) (Time) (Location)

The purpose of this meeting is to develop the initial plan for First Steps services based on the family's concerns, priorities and resources. We will also discuss program options and services after First Steps and identify activities to prepare your child for a new setting after First Steps.

The following individuals have been invited to attend this meeting:

We hope that you will share your observations, questions, concerns and priorities for your child and family during the meeting. You may also invite any additional individuals whom you would like to participate.

If this time is not convenient or you need to reschedule for any reason, please call me at: () - _____. You can also reach me at: _____ or
(Phone Number) (Email)

(Address)

Sincerely,

Service Coordinator

Enclosure: Parental Rights Statement