

Initial IFSP Meeting Notification

Name:

Date of Birth:

Date:

Dear _____,



The purpose of this letter is to notify you that your child, _____, is eligible for Missouri First Steps services. *(Name)*

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.

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