Form EI-13

Today's date | Child's name | Child's DOB | ETID number

Parent name(s)

Individualized Family Service Plan (IFSP) Meeting Notice

It is time for our meeting to:

- ☐ Develop an interim IFSP until we can complete the assessment and schedule the initial IFSP
- ☐ Review the eligibility and assessment information and develop the first (initial) IFSP
- ☐ Conduct a periodic review of the IFSP to determine the degree to which progress toward achieving the outcomes identified in the IFSP is being made and whether modification or revision of the outcomes, or Early Intervention services identified in the IFSP, is necessary
- ☐ Review assessment information and develop the annual IFSP
- ☐ This IFSP meeting will include the transition planning conference.

We agreed to schedule the IFSP meeting for

Date | Time | Location

The following Early Intervention (EI) service providers have been invited to the IFSP meeting. They will be sent a copy of this notice.

Name, role or agency | Name, role or agency

Name, role or agency | Name, role or agency

You have requested that the following individuals be invited to participate in the IFSP meeting. They will be sent a copy of this notice.

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 EI Service Coordinator:

EI Service Coordinator name | EI Service Coordinator contact information

Ohio Department of Children & Youth

Help Me Grow Early Intervention