



WV BIRTH TO THREE  
Office of Maternal, Child and Family Health  
Bureau for Public Health  
West Virginia Department of Health

Child Last Name:

Child First Name:

DOB:

FOLDER:

MI

ID#:

Date:

Part C early intervention, under the Individuals with Disabilities Education Act (IDEA), requires WV Birth to Three to provide you with notice within a reasonable time before proposing or refusing to initiate or change the identification, evaluation, or placement of your child or the provision of appropriate early intervention services to your child and family.

Date: \_\_\_\_\_

Dear \_\_\_\_\_

This notice is to inform you of the your upcoming meeting to review information concerning your Individualized Family Service Plan (IFSP). We will discuss the progress your child has made towards achieving the outcomes, on the IFSP, to determine if any change in services or outcomes are necessary.

As discussed, the IFSP meeting for your child has been scheduled on \_\_\_\_\_ at \_\_\_\_\_  
Date  
\_\_\_\_\_ to be held at \_\_\_\_\_. Please call your  
Time Location  
Service Coordinator at \_\_\_\_\_ if you need to reschedule the meeting or if  
you have any questions.

The following people have been invited to the IFSP meeting or will be providing information.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You may want to make a list of things you would like to share and discuss at the meeting. If there are important people in your child or family's life such as grandparents, child care providers, friends that you feel should be a part of this meeting, please inform your service coordinator so he/she may invite them to the meeting.

We look forward to seeing you!

Sincerely,

WVBTT Service Coordinator