



**WV BIRTH TO THREE**  
 Office of Maternal, Child and Family Health  
 Bureau for Public Health  
 Department of Health and Human Resources

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

**NOTICE OF INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP) MEETING**

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: \_\_\_\_\_

This notice shares with you some important information concerning the upcoming Individualized Family Service Plan meeting for your child. The IFSP process is individualized for each child and family and is based on the results of the evaluation and assessment including the family's priorities, concerns and resources. The initial IFSP meeting should be scheduled at a time and location which is convenient for you and must be completed within 45 days of your child's referral to the WV Birth to Three system.

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

Attached you will find copies of any additional assessments which were completed to plan for the IFSP. You may want to make a list of things you would like to share and discuss at the meeting. If you would like to invite anyone else, please feel free to do so.

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

_____	_____
_____	_____
_____	_____

We look forward to seeing you!