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| *Mpango wa Infant-Toddler wa North Carolina* | | | | | | | | | | | | | | | | | | | | | | |  | |
| *Mwaliko katika Mkutano* | | | | | | | | | | | | | | | | | | | | | | | | |
| Jina la Mtoto: | | |  | | | | | | | | | | |  | Mpango wa Infant-Toddler (NC ITP) wa NC unahitajika kufanya mipango ya mkutano na kutoa **notisi ya kuandikwa** kwa familia na washiriki wengine mapema kabla ya tarehe ya mkutano ya Mpango wa Familia wa Huduma Iliyobinfasishwa (IFSP) ili familia na watoa huduma waweze kushiriki. | | | | | | | | | | |
| Tarehe ya Kuzaliwa: | | | | |  | | | | | | | | |  |  | | | | | | | | | | |
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| Mpendwa      ,  Ningependa kuthibitisha mkutano wa timu ya IFSP au tarehe ya mkutano wa kupanga mpito iliyojadiliwa hapo awali kwa ajili ya mtoto wako.  Mkutano umeratibiwa kulingana na ratiba ya familia yako. | | | | | | | | | | | | | | | | | | | | | | | | |
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| *Tarehe* | | | |  | | *Saa* | | |  | *Mahli / Anwani* | | | | | | | | | | | | | | |
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| **AINA YA MKUTANO:** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Mkutano wa kuandaa Mpango wa kwanza wa Familia wa Huduma Iliyobinafsishwa | | | | | | | | | | | | | | | | | | | | | | | |
|  | Mkutano wa kurekebisha au kupitia Mpango wa Familia wa Huduma Iliyobinafsishwa | | | | | | | | | | | | | | | | | | | | | | | |
|  | Mkutano wa kila mwaka wa kutathmini Mpango wa Familia wa Huduma Iliyobinafsishwa | | | | | | | | | | | | | | | | | | | | | | | |
|  | Mkutano wa kuongeza (au kukagua) mpango wa mpito kwa Mpango wa Familia wa Huduma Iliyobinafsishwa ya Mtoto wako | | | | | | | | | | | | | | | | | | | | | | | |
|  | Mkutano wa Mpango wa Mpito (Tarehe ya Kuelekezwa kwa NC ITP): | | | | | | | | | | |  | | | | | |  | | Lugha Msingi: | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Mpango wa Huduma kwa Familia Uliobinafsishwa (IFSP)***  IFSP ni mpango ulioandikwa wa familia yako kwa ajili ya utoaji wa huduma za uingiliaji mapema kwako na kwa mtoto wako. Inafafanua jinsi wewe na timu yako ya uingiliaji kati wa mapema mtafanya kazi pamoja ili kushughulikia mahitaji yaliyotambuliwa kwa mtoto wako na familia. Wazazi ni sehemu muhimu ya timu ya IFSP na mchakato wa kufanya maamuzi. Mkutano wa awali wa IFSP lazima ukamilike ndani ya siku 45 za kalenda tangu mtoto wako anapotumwa kwa NC ITP, isipokuwa ukiongeza muda huu ili kukidhi mahitaji ya familia yako. IFSP lazima ikaguliwe angalau kila baada ya miezi sita na mkutano wa kila mwaka lazima ufanyike ili kutathmini IFSP na kurekebisha inapohitajika. | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Upangaji wa Mpito***  Mtoto wako anapokuwa na umri wa kati ya miaka miwili, miezi mitatu na miaka miwili, mikutano ya miezi tisa itaratibiwa kujadili na kupanga mchakato wa mpito. Kwa idhini yako, mratibu wako wa huduma ataitisha mkutano na wewe na wawakilishi kutoka kwenye mfumo wa shule wa karibu nawe. Mashirika mengine ya jumuiya yanaweza pia kualikwa, kwa idhini yako. | | | | | | | | | | | | | | | | | | | | | | | | |
| Umetoa idhini kwa watu wafuatao kualikwa au kufahamishwa kuhusu mkutano na watapokea nakala ya notisi hii. Washiriki wa timu ya IFSP watatoa maelezo kwa ajili ya maendeleo au ukaguzi wa IFSP. Huenda wasiwepo kwenye mkutano, lakini wanaweza kutoa maelezo ya maandishi au ya matamshi. Tutashiriki nawe maelezo haya yote kwenye mkutano. Unaweza kumwalika mtu yeyote unayetaka kushiriki katika mkutano. | | | | | | | | | | | | | | | | | | | | | | | | |
| **Jina** | | | | | | | | | | | | | **Shirika** | | | | | | | | | | | |
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| Nifahamishe iwapo una maswali yoyote kuhusu maelezo yaliyo hapo juu. | | | | | | | | | | | | | | | | | | | | | | | | |
| Mwaminifu, | | | | | | | | | | | | | | | | | | | | | | | | |
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| *Mratibu wa Huduma za Uingiliaji Mapema / Early Intervention Service Coordinator* | | | | | | | | | | | | | |  | *Nambari ya Simu / Phone Number* | | | | | | | | | |
| **KWA MATUMIZI YA LEA / FOR LEA USE** | | | | | | | | | | | | | | | | |  | | Wazazi walipokea nakala ya notisi hii /  Parents received a copy of this notice:: | | | | | |
| Mzazi hangependa kutafuta huduma kutoka kwa Mpango wa Shule ya Chekechea kwa wakati huu. Parent is not interested in pursuing services from the Preschool Prorgam at this time. | | | | | | | | | | | | | | | | |  | | Ilifikishwa na Tarishi / Hand Delivered | | | | | |
|  | | | | | | | | | | | | | | | | |  | | Imetumwa kwa barua / Mailed | | | | | |
| Tarehe/Date: | |  | | | | |  |  | | | | | | | |  |  | | Tarehe/Date: | |  | | |  |
|  | |  | | | | |  | Sahihi ya Mzazi / Parent Signature | | | | | | | |  |  | |  | | | | |  |