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| ***北卡罗来纳州婴幼儿计划*** | | | | | | | | | | | | | | | | | | | | | |  | | |
| ***会议邀请函*** | | | | | | | | | | | | | | | | | | | | | | | | |
| 儿童姓名： | | | | |  | | | | | | |  |  | 北卡罗来纳州婴幼儿计划 (NC ITP) 需要在个别化家庭服务计划 (IFSP) 会议日期之前尽早安排会议，并向家庭和其他参与者提供**书面通知**，以便家庭和服务提供方能够参与。 | | | | | | | | | | |
| 出生日期： | | |  | | | | | | | | |  |  |  | | | | | | | | | | |
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| 尊敬的     ，  我想确认之前为您的孩子协商的 IFSP 团队会议或衔接规划会议的日期。 会议已经安排在您家人方便的时候。 | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | |  | | |  |  | | | | | | | | | | | | | |  |
| *日期* | | | |  | | *时间* | | |  | *位置/地址* | | | | | | | | | | | | | |  |
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| **会议类型：** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 制定首个个别化家庭服务计划的会议 | | | | | | | | | | | | | | | | | | | | | | | |
|  | 修订或审查个别化家庭服务计划的会议 | | | | | | | | | | | | | | | | | | | | | | | |
|  | 评估个别化家庭服务计划的年度会议 | | | | | | | | | | | | | | | | | | | | | | | |
|  | 将衔接计划加到您孩子的个别化家庭服务计划中（或其审核）的会议 | | | | | | | | | | | | | | | | | | | | | | | |
|  | 衔接规划会议（向 NC ITP 推荐的日期）： | | | | | | | | | |  | | | | |  | 主要语言： | | | |  | | | |
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| ***个别化家庭服务计划 (IFSP)***  IFSP 是为您和您的孩子提供早期干预服务的家庭书面计划。它描述了您和您的早期干预团队将如何合作，以满足您的孩子和家庭的需求。父母是 IFSP 团队和决策过程中至关重要的一部分。首次 IFSP 会议必须在您的孩子被转介给 NC ITP 后的 45 个日历日内完成，除非您延长该时间表以满足您家庭的需求。IFSP 必须至少每六个月审核一次，并且必须召开年度会议来评估 IFSP，并在必要时进行修订。 | | | | | | | | | | | | | | | | | | | | | | | | |
| ***衔接规划***  当您的孩子在两岁三个月到两岁九个月之间时，将安排会议来讨论和规划衔接过程。取得您同意后，您的服务协调员将与您和当地学校系统的代表召开一次会议。如果您同意，也可以邀请其他社区机构。 | | | | | | | | | | | | | | | | | | | | | | | | |
| 您已同意邀请以下人员参加会议或向他们发送会议通知，他们将收到此通知的副本。IFSP 团队成员将为 IFSP 的编制或审查提供信息。他们可能不会实际出席会议，但可能会提供书面或口头信息。所有这些信息都将在会议上与您分享。您可以邀请任何您想邀请的人参加会议。 | | | | | | | | | | | | | | | | | | | | | | | | |
| **姓名** | | | | | | | | | | | **机构** | | | | | | | | | | | | | |
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| 如果您对以上信息有任何疑问，请打电话给我。 | | | | | | | | | | | | | | | | | | | | | | | | |
| 此致， | | | | | | | | | | | | | | | | | | | | | | | | |
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| *早期干预服务协调员* | | | | | | | | | | | | |  | | *电话号码* | | | | | | | | | |
| **FOR LEA USE** | | | | | | | | | | | | | | | | | |  | Parents received a copy of this notice: | | | | | |
| 家长对本次寻求学前计划的服务不感兴趣。  Parent is not interested in pursuing services from the Preschool Program at this time. | | | | | | | | | | | | | | | | | |  | Hand Delivered | | | | | |
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| 日期： | |  | | | | |  |  | | | | | | | | |  |  | Date: |  | | |  | |
|  | |  | | | | |  | 家长签名 | | | | | | | | |  |  |  | | | |  | |