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| *North Carolina Infant-Toddler Program* |       |
| *Meeting Invitation* |
| Child’s Name:  |       |  |  | The NC Infant-Toddler Program (NC ITP) is required to make meeting arrangements with, and provide **written notice** to the family and other participants early enough before the Individualized Family Service Plan (IFSP) meeting date so the family and providers can participate. |
| Date of Birth: |       |  |  |  |
|  |  |  |  |
| Dear      , I would like to confirm the IFSP team meeting date previously discussed for your child. The meeting has been scheduled at the convenience of your family.  |
|       |  |       |  |       |  |
| *Date* |  | *Time* |  | *Location / Address* |  |
|  |  |
| **TYPE OF MEETING (check all that apply):** |
| **[ ]**  | Meeting to develop the initial Individualized Family Service Plan |
| **[ ]**  | Meeting to revise or review the Individualized Family Service Plan |
| **[ ]**  | Annual meeting to evaluate the Individualized Family Service Plan |
| **[ ]**  | A Transition Planning Meeting to add the transition plan to your child’s Individualized Family Service Plan |
| **[ ]**  | A Transition Planning Conference to review the transition plan (List the date of Eligibility for the NC ITP):       | Primary Language:       |

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| ***Individualized Family Service Plan (IFSP)***The IFSP is your family’s written plan for the provision of early intervention services to you and your child. It describes how you and your early intervention team will work together to address the needs identified for your child and family. Parents are a vital part of the IFSP team and decision-making process. An initial IFSP meeting must be completed within 45 calendar days from the time your child is referred to the NC ITP, unless you extend this timeline to meet your family’s needs. The IFSP must be reviewed at least every six months and an annual meeting must be held to evaluate the IFSP and revise as necessary. |
| ***Transition Planning***When your child is between the ages of two years, three months and two years, nine months meetings will be scheduled to discuss and plan the transition process. With your approval, your service coordinator will convene a meeting with you and representatives from the local school system. Other community agencies may also be invited, with your consent. |
| You have given consent for the following people to be invited to or be informed about the meeting and they will receive a copy of this notice. IFSP team members will provide information for development or review of the IFSP. They may not actually be present at the meeting, but may provide written or verbal information. All of this information will be shared with you at the meeting. You may invite anyone you wish to participate in the meeting. |

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| **Name**  | **Agency** |
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|       |       |
| Please call me if you have any questions about the above information.  |
| Sincerely, |
|       |  |       |
| *Early Intervention Service Coordinator* |  | *Phone Number* |
|  |  | Parents received a copy of this notice: |
|  |  | [ ]  Hand Delivered |
|  |  | [ ]  Mailed[ ]  Electronically sent - email/DocuSign/etc. |
|  |  | Date: |       |  |
|  |  |  |  |