



Ohio's Help Me Grow Early Intervention Program
Written Notification of Individualized Family Service Plan
Meeting

Child's Name: _____ Date of Birth: _____

Early Track ID: _____ Date: _____

It is time for our meeting to:

- Develop the initial Individualized Family Service Plan (IFSP)
- Complete the annual evaluation of the IFSP
- Review the IFSP and plan for your child's transition/exit from Ohio Help Me Grow

We agreed to schedule the meeting for:

Date: _____ Time: _____ Location: _____

You have requested that the following individuals be invited to participate in the IFSP meeting. They were sent a copy of this written meeting notification.

Name: _____ Role/Relationship: _____

Name: _____ Role/Relationship: _____

Name: _____ Role/Relationship: _____

In addition, the following early intervention service providers have been invited to the IFSP meeting.

Name: _____ Role/Agency: _____

Name: _____ Role/Agency: _____

Name: _____ Role/Agency: _____

Early Intervention service providers are asked to provide pertinent information, including results of any assessments, to the IFSP team in time for this meeting. Service providers may attend the IFSP meeting in person, be available by phone, or make the information available by mailing, faxing, or emailing the information to the family's service coordinator indicated below. Please let me know how you will participate by calling, faxing or emailing when you receive this notice. Thank you.

Ohio's Help Me Grow Early Intervention
Program Service Coordinator's Name: _____

E-mail Address: _____

Phone Number: _____ Fax Number: _____

HEA#8039 (rev 7/12)

Use of this form is required and it must be kept in child record.
Additional pages may be stapled with the required HEA number referenced
in the upper right corner.