

KERN EARLY START SERVICES

- KERN REGIONAL CENTER - (661) 327-8531 • FAX (661) 327-8676
- BAKERSFIELD CITY SCHOOL DISTRICT SELPA - (661) 631-5850 • FAX (661) 631-3289
- KERN COUNTY CONSORTIUM SELPA - (661) 636-4817 • FAX (661) 636-4810
- SIERRA SANDS SELPA - (760) 499-1702 • FAX (760) 446-1639

- Initial
- Transition
- Review
- Annual
- Special

INDIVIDUALIZED FAMILY SERVICE PLAN MEETING NOTIFICATION

Date: _____

Parent/Guardian Name

Address

City

State

Zip

Dear _____:

Child: _____ Birthdate: _____

As we have discussed, this meeting is to develop an Individualized Family Service Plan (IFSP) for your child and your family. This plan is written with your participation for your infant or toddler, who may be eligible for the Kern Early Start Services.

This is to confirm the meeting that we have agreed on: _____

DATE: _____

TIME: _____

PLACE: _____

Individuals who have been notified and may attend this meeting are:

Special Ed. Administrator

Nurse

Special Ed. Teacher

Service Coordinator

Speech/Language Pathologist

Assessment Coordinator

Other _____

If for any reason this is no longer a good time or place for you, or you need an interpreter, please call

_____ at _____ to make a change.

Name

Phone

We do not know all of the decisions that may be made at the meeting. However, some of the services that may be started, added, changed or ended include:

SERVICE	TYPE OF CHANGE	REASON

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As we plan this IFSP you need to know that:

- You must be invited to participate in any meeting where decisions may be made about services for your child or family.
- You may refuse any or all services written on the IFSP and you have the right to appeal recommended action.
- The meeting time and place must be convenient for you.
- The meeting must be held in the language you use and understand.
- You may invite whomever you wish to the meeting.
- Information about your child and family is strictly confidential and will only be released to those agencies and/or persons that you approve (written permission required).
- You will receive more detailed written information about your rights at this meeting.

We look forward to meeting with you.

White: LEA Canary: Kern Regional Center Pink: Parent/Legal Guardian

SE:H06 Rev. 1/09