

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 SCHOOL DISTRICT SELPA -
(760) 446-8073 • FAX (760) 446-8074

The IFSP must be developed initially annually and be reviewed every six months or more frequently if conditions warrant or the family requests. It may also be revised at times of major change (i.e., hospital discharge). The IFSP must include steps to support transition of the child, and the family, upon reaching age three.

IFSP MEETING DATES

This IFSP Meeting Date _____
 Initial Annual 3-year/Special

Projected 6-month Review Date _____

Projected Annual Review Date _____

Projected Transition Date _____

Tentative Exit Date _____
 (no later than 3 years of age)

INDIVIDUALIZED FAMILY SERVICE PLAN

For infants and toddlers (birth until three)
with special needs and their families

PART I: IDENTIFYING INFORMATION

Child's Name:

First: _____ Middle: _____ Last: _____ M / F

Birthdate: _____ C.A. _____ Ethnicity: _____

Primary language of the child: _____ Primary language of the home: _____

SSN# _____ SELPA ID #: _____ UCI#: _____

Child living with: _____ Relationship*: _____

Street Address: _____

City: _____ Zip: _____ Home Phone: (____) _____ Work Phone: (____) _____

Mailing Address: _____

City: _____ Zip: _____ Message Phone: (____) _____ (Person: _____)

School District of Residence: _____
 Educational Rights held by: _____

***If child is not living with parent or legal guardian, attach parent identification and surrogate assignment forms.**

=====
If there are questions/concerns please call the IFSP Service Coordinator.

The IFSP Service Coordinator will be:

Name: _____ Agency: _____ Phone: (____) _____ Date appointed: _____

I agree to the Interim/current Service Coordinator continuing _____
parent/guardian initials

PART II: FAMILY PRIORITIES, CONCERNS AND RESOURCES (related to the child with special needs)

Family Priorities: _____

Family Concerns: _____

Family Resources: _____

Information given by: _____