

Your child's Individualized Family Service Plan (IFSP) meeting has been scheduled for: _____
(date)

The purpose of the Individualized Family Service Plan (IFSP) meeting is to identify the progress your child has made on last year's goals and objectives, to consider your child's current skills and abilities, to identify what your child needs to learn over the coming year and to identify what would be helpful to you as you support your child's learning.

We value your input and full participation in this process including learning about your priorities for your child. Please consider the questions below before the IFSP meeting. You can jot down notes and bring them with you. The meeting will last about one hour.

1. **What are your child's strengths and interests? What does your child like to do?**

2. **What do you want your child to learn this year? Some suggested developmental milestones are available on the Early Childhood CARES website (earlychildhoodcares.uoregon.edu) or ask for a copy from your service coordinator.**

3. **What progress have you noticed that relates to your child's goals?**

4. **What do you need or what would be helpful to you and your family to support your child's learning and development? Some examples include:**
 - Child development information and resources such as Developmental Disabilities Program, SSI, Direction Services, private therapies, etc.
 - Ideas about how to help my child learn at home in daily activities and routines such as eating, bed time, bath time, toileting / diapering, etc.
 - Specific information about my child's disability
 - Toys, books, cds / dvds, specialized equipment, etc.
 - Community resource information
 - Health and medical
 - Social, emotional, behavioral, mental health
 - Basic needs
 - Childcare
 - Parenting groups or classes
 - Supports for Spanish speaking families
 - Learn positive behavior and emotional support strategies
 - Support groups, trainings or workshops to address child or parent needs
 - Increased communication with my child's preschool teacher or childcare provider
 - Specific activities that match my child's interests and needs
 - Understanding my child's rights and how to be an advocate for him / her
 - Connect with other parents
 - Other: _____

**5. Are you participating in your child's preschool program in a way that is meaningful to you?
If not, would you like to:**

- | | |
|---|--|
| <input type="checkbox"/> Volunteer in the classroom | <input type="checkbox"/> Make or donate toys / materials |
| <input type="checkbox"/> Observe teachers | <input type="checkbox"/> Attend parent / child activities and programs |
| <input type="checkbox"/> Help with field trips | <input type="checkbox"/> Speak about your ECSE experience |
| <input type="checkbox"/> Connect with other parents | <input type="checkbox"/> Other _____ |

6. How do you like to receive information and communicate? Some examples include:

- | | |
|---|---|
| <input type="checkbox"/> Written notes | <input type="checkbox"/> Face to face |
| <input type="checkbox"/> Text _____ | <input type="checkbox"/> E-mail _____ |
| <input type="checkbox"/> Phone call _____ | <input type="checkbox"/> Skype / FaceTime _____ |

**Please contact me if you have any questions about the IFSP meeting.
I can be reached at:**

Service Coordinator: _____

Phone Number: _____

E-mail: _____