Infant & Toddler
Connection of Virginia

LICC/Provider Label (w/ Phone Number)

TO: Family
Address
City, State & Zip

RE: Child's Name
ID Number

Confirmation of Evaluation/Assessment & Individualized Family Service Plan (IFSP) Meeting ITCV-PS-4(R) 9/02

Date: _____

Dear: _____

As you know, your child's evaluation/assessment has been scheduled for:

_____	_____	_____
Date	Time	Place

This appointment will last about _____ (minutes/hours). The evaluation/assessment and IFSP team meeting has been scheduled at the convenience of your family and can be rescheduled if needed.

The purpose of the evaluation/assessment is to determine your child's eligibility or if your child continues to be eligible for the Infant & Toddler Connection of Virginia Part C Early Intervention services. We will also be learning about your child's strengths and any areas of concern. I want to remind you that the evaluation/assessment cannot occur without your informed, written consent as described in the Notice of Child and Family Safeguards in the Infant & Toddler Connection of Virginia Part C Early Intervention System, which was given to you previously.

We will be looking at the following areas of your child's development: cognitive; physical (including gross/fine motor, vision/hearing screening); communication (receptive and expressive); social-emotional; and adaptive (self-help).

The following people will be present at the evaluation/assessment or will be providing information:

Names (Individual or Providing Agency)	Discipline

If you would like to invite anyone else, please feel free to do so. We want to be sure that your child does his/her best and that you are able to participate in the evaluation/assessment as much as you would like. No one knows your child better than you do; you can provide important information about your child at the evaluation/assessment. You may want to make a list of things you see your child do at home related to talking, playing with toys and people, feeding, and moving. Feel free to share this information with the members of the evaluation/assessment team.

If your child is found to be eligible or is found to continue to be eligible for Early Intervention services through your local Infant & Toddler Connection of Virginia provider(s), there may be an IFSP meeting immediately following the evaluation/assessment. As we have talked, the purpose of the IFSP meeting is to discuss, as a team, all the information that has been gathered, including the evaluation/assessment results, and to develop a family plan (IFSP), which includes outcomes, strategies, services, and supports that are appropriate for your child and family.

Individuals who will provide information include evaluation/assessment team members listed above. You may invite anyone you wish to participate in the IFSP meeting.

If your child is **not** found eligible for Early Intervention services, an IFSP will not be developed. If you would like, the evaluation/assessment team will talk with you about other possible services and supports in the community for your child and family.

Please call the number above if you have any questions about the evaluation/assessment or IFSP meeting. We look forward to seeing you!

_____
Name(s)/Title(s)

cc: IFSP Team Members (listed above)

Note: *Parents are to receive a copy of this form.*

☐ Mailed ☐ Hand Delivered

DMH 888E 1049 R 12/02