

**NYC Early Intervention Program  
Notice of IFSP Meeting**

\_\_\_\_\_  
Parent's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

Dear \_\_\_\_\_,

As we discussed, an IFSP meeting has been scheduled for your child. The IFSP meeting will be held on (date/time) \_\_\_\_\_ at (location) \_\_\_\_\_

As we also discussed, if available, please bring the following information to the meeting:

1. Health insurance information;
2. Social Security Numbers for you and your child;

If you do not have some of this information, services will still be authorized for your child and family.

You have the following rights at the IFSP meeting:

1. You have the right to participate in the IFSP meeting where the needs of your child and family are discussed and a service plan is developed.
2. You have the right to consent to or refuse to consent to any services recommended at the IFSP meeting. If you give consent for services, you can withdraw it at any time.
3. You have the right to review and obtain copies of all records used for the meeting.
4. You have the right to disagree with some parts of the IFSP and you may file a systems complaint or request mediation or an impartial hearing (due process). Please refer to **A Parent's Guide to the Early Intervention Program** if you need more information:  
[www.health.state.ny.us/community/infants\\_children/early\\_intervention](http://www.health.state.ny.us/community/infants_children/early_intervention)
5. If you request due process, all services in dispute must continue without change until after the mediation and/or impartial hearing is held.

If the time or place listed above is not convenient for you or you have any additional questions, we can reschedule this meeting. Please call me at (\_\_\_\_\_) \_\_\_\_\_ if you have any questions.

Sincerely,

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title