

First Connections
Arkansas’ Early Intervention Program

Division of Developmental

Disabilities Services

P.O. Box 1437, Slot N-504 · Little Rock, AR 72203-1437

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*Click or tap to enter a date.*
 **RE: Confirmation of Individualized Family Service Plan (IFSP) Review Meeting**

Dear Parent(s),

Representatives of First Connections early intervention program recently met with you to complete a review of your family’s Individualized Family Service Plan (IFSP) on *enter date* at *time* via virtual meeting/teleconference. This meeting was to discuss your child’s progress and any new concerns you may have, and if needed, update your plan with new goals to reflect your child’s needs and your priorities for your child’s early learning and development.

The following people participated in the virtual meeting:

*name role*

*name role*

*name role*

*name role*

***The following is a summary of the outcomes of the IFSP Review Meeting:***

*Type summary of meeting – what happened, what decisions were made, etc*

*Name of SC* will be your family’s contact person (service coordinator) and can be reached at: *phone number* or, if desired, you can email at *email address* . Thank you again for your time and participation, it was a pleasure working with you and your family,

*Name of SC who conducted meeting*, Service Coordinator

First Connections, early intervention under IDEA, Part C

Provider Program Name
 *phone number*

*email address*

