

NOTES TO TAKE TO THE IPP/IFSP*

Before the meeting:

1. Review your child's current services?
2. Are you satisfied with these services?
3. Describe your child's successes since the last IPP/IFSP?
4. What are your concerns since your child's last IPP/IFSP?
5. Are there other services you would like to see included in your child's IPP/IFSP?
6. How would these other services benefit your child?
7. Are there any services you think should be discontinued?
8. Is there anything else you think your service coordinator should know?

Date of IPP/IFSP: _____

Service Coordinator's Name: _____ Phone: _____

Child's Name: _____

*IPP (Individual Program Plan) – The Regional Center service plan for people age 3 and over
IFSP (Individual Family Service Plan) – The Regional Center service plan for children age 0 -3