

Individual Family Services Plan (IFSP) Summary Sheet

Bright Beginnings for Babies

Student's Name: _____

DOB: _____

ID# _____

IFSP Meeting Date: _____

School: _____

Service	Hours	Frequency	Service Delivery Options	Begin Date	End Date

- Meeting Attendees:
- Parents
 - Principal/Designee
 - Teacher
 - Other (position/role) _____