Saucon Valley Community Center

Individual Education Plan (IEP)

Individual Family Service Plan (IFSP)

Child's Name: _____ Date: _____

Your child's growth and development is measured with development assessments. If your child currently has an IEP/IFSP, it would be beneficial to share a copy of this plan with us so we can work together to ensure that the guidelines are put into practice. You do not have to provide this information if you do not wish to do so.

____ I am providing a copy of my child's IEP or IFSP

____ I am not providing a copy of my child's IEP or IFSP

____ This is not applicable to my child

Parent Signature: _____ Date: _____

Comments:_____

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