CHILDREN'S INTEGRATED SERVICES MEETING NOTICE

CIS Agency Address:	Date:	
Dear		
	has been scheduled for	(child's name)
□ Evaluation and Eligibility Determ □ Development of the One Plan □ 6-month/periodic review of the O □ Annual Review of the One Plan □ Transition Conference/Transition □ Team meeting for the purpose of:	ne Plan	_
The meeting is scheduled for:		
Date:	<u></u>	
Time:		
Location:		
In addition to you, the following people have	e been invited to this meeting:	_
		_
•	to invite, please feel free to do so, or let me know is and this is not a convenient time or location for you and the meeting will be rescheduled.	•
Thank you. I look forward to seeing you then	·e.	
Sincerely,		
(name),(cr	redentials)	
(role)		
cc:(name),	(role)	

