

**CHILD FAMILY SERVICES
NOTIFICATION OF A CHILD SUCCESS TEAM MEETING**

TO PARENTS/GUARDIAN OF _____ DATE: _____
(Child's Name)

Service Options:
____ Center Based ____ Home Based ____ FCCH

COMPLETED BY: _____ POSITION: _____ LOCATION: _____

Your child's Child Success Team Meeting has been scheduled according to your request. We will be discussing your child's development. In making a plan for your child we invite your ideas.

A Child Study Team Meeting to discuss your child's development and to make a plan for your child is scheduled for:

DATE: _____

TIME: _____

PLACE: _____

We anticipate that the following staff members will be in attendance and we encourage you to attend this meeting. Please bring any individual you wish to contribute to this plan for your child.

- | | |
|---|---|
| <input type="checkbox"/> Teacher _____ | <input type="checkbox"/> Program Director _____ |
| <input type="checkbox"/> Assistant Teacher /Teacher Aid _____ | <input type="checkbox"/> Education Coordinator _____ |
| <input type="checkbox"/> Health/Social Service Worker _____ | <input type="checkbox"/> Speech/Language Pathologist _____ |
| <input type="checkbox"/> Health/Disabilities Coordinator _____ | <input type="checkbox"/> Project Specialist _____ |
| <input type="checkbox"/> Site Supervisor _____ | <input type="checkbox"/> Child Development Supervisor _____ |
| <input type="checkbox"/> Social Service/ Parent Involvement Coordinator _____ | <input type="checkbox"/> Other _____ |