

Little Magic Moments Academy

Date \_\_\_\_\_

Name of Child \_\_\_\_\_

Dear Parent:

At Little Magic Moments Academy we are very concerned about the welfare of your child and providing the best possible services to your family. In order for us to be able to do so, we need to have important information about your child's educational, physical, and emotional needs and any support services that are available for your family. Therefore, our center is requesting a copy of your child's IEP (Individual Education Plan) or IFSP (Individual Family Service Plan).

Please check all that apply:

- My child does not have an IEP nor an IFSP
- My child has an IEP
- My child has an IFSP

My child's last IEP or IFSP was completed on \_\_\_\_\_ (date).

Signature of Parent: \_\_\_\_\_

Please forward this information to us as soon as possible so that we may begin supporting your child in the methods specified in your plan.

Thank you for your cooperation in this matter.

Director  
Little Magic Moments Academy