

North Hawai'i Child Development Program

TO: _____
DATE: _____
FROM: SHERRY HEWITT, B.A.
RE: YOUR PATIENT _____
DOB _____

Enclosed is the current Individual Family Support Plan (IFSP) for your patient and family. Please review this document and contact me at the number below if you have any questions or concerns. Your input is always appreciated!

Also enclosed are brief descriptions of services listed on the IFSP. We hope you find them informative.

**75-5759 Kuakini Hwy., #203, Kailua-Kona, HI
96740, 808-885-0086 x 18, fax 808-885-8054**