INDIVIDUALIZED FAMILY SUPPORT PLAN (IFSP)

INSTRUCTIONS FOR COMPLETING THE EARLY STEPS IFSP FORM

REVISED JANUARY 1, 2013

Published in December 2005 (Revised April 2006, June 2007, February 2008, March 2008, April 2008, July 2010, November 2010, October 2011, April 2012, June 2012, January 2013)

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How to Use this Guidance Document

I. General Guidelines and Principles

In this section, you will find the guidelines and principles for completing the IFSP that are not specific to any particular form, but apply in general to the entire document.

II. Using the *e*IFSP Forms - Electronic Version Notes

This section provides you with the technical information you need in order to correctly and effectively use the electronic version of the IFSP document.

III. Form by Form Instructions

This section provides the step-by-step instructions for completing each form of the IFSP document. The IFSP document consists of the following forms:

A- Your Family's Information
B- Planning for Your Child's Evaluation/Assessment
C- Your Family's Routines/Concerns/Priorities/Resources
D- Your Child's Eligibility Information
E- Your Child's Assessment Information
F- Your Family's Outcomes
G- Your Family's Supports and Services
H-Your Individualized Family Support Plan Team
I- Your Family's Transition Plan
J- Your Family's Individualized Family Support Plan Periodic Review

The guidance for each form of the IFSP has been organized in the following manner:

- Purpose
- Process
- Instructions
- How to Use this Form

I. General Guidelines and Principles

The following are general guidelines and principles that apply to both the process of gathering information and the documentation of that information on the IFSP form:

- The departmentally approved IFSP form must be used by Local Early Steps.
- The form may be filled out on the computer using the electronic version (see the following section for directions on using the form electronically), or it may be handwritten using the print version.
- If/when errors are made when completing the handwritten IFSP for an individual child, errors must be crossed out with a single line and initialled and dated by the author. Using whiteout or erasing is never permitted.
- The page number of each form must be filled in on the handwritten version of the IFSP as new pages are added. For example, the first page of each form should always be 1, if there is a need for more space or an update requiring a new form and another page of the form added, the number should be added in the blank "Page ___ of Form X."
- If an item on the IFSP is non-applicable, place "N/A" in that space, rather than leaving it blank. If a space seems to ask for unnecessary or redundant information, review the instructions to ensure you have correctly interpreted the intent of the item.
- If information needs to be changed to reflect updated information on the handwritten IFSP (i.e., address/telephone number, new sibling, etc.), insert a single line through the original information, record the new information and initial and date. A new page may need to be added if the form becomes too messy.
- The original IFSP will be placed in the child's record to ensure copies are legible.
- The service coordinator is responsible for ensuring that updated copies are provided to the family and other IFSP team members.

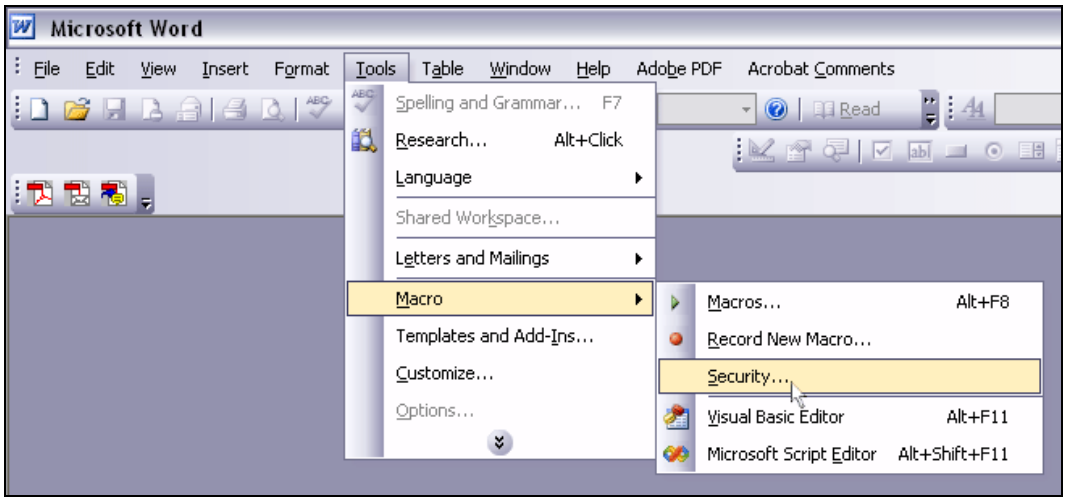
- Prior to obtaining signature(s) on the IFSP, the service coordinator is responsible for checking with the family to make sure what is written on the IFSP is what they had intended to be included.

- IFSP team members should use the family's words as much as possible or words/phrases that reflect what the family has said.

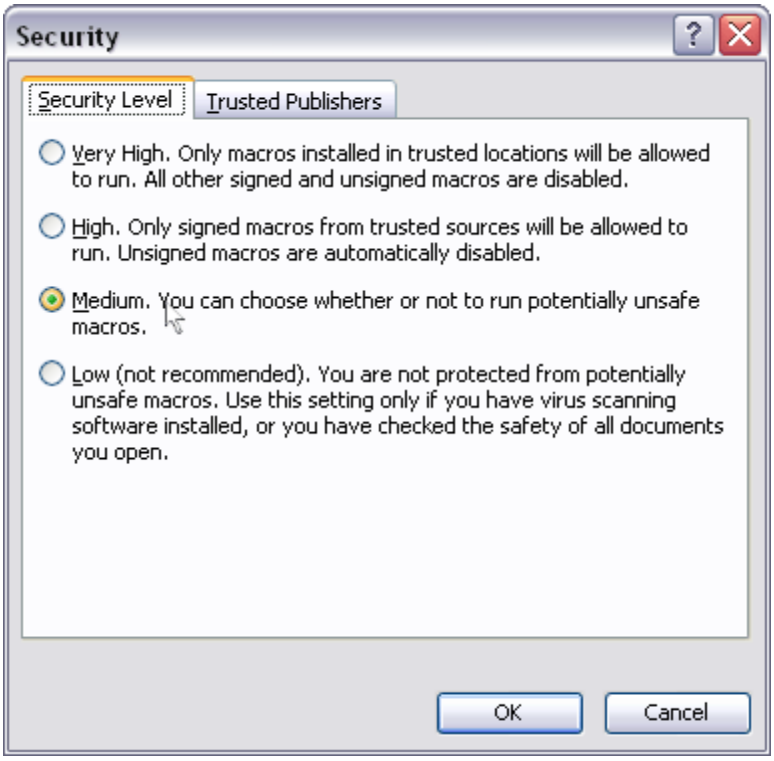
- IFSP team members should avoid the use of technical jargon and acronyms, both in writing the IFSP and in conversations with the family to develop the IFSP.

II. Using the *e*IFSP Forms – Electronic Version Notes

Before you begin to use the electronic version of the IFSP for the first time you must set Word's security level to enable macros. Open Word and select Tools, Macro, then Security… from the dropdown menus.

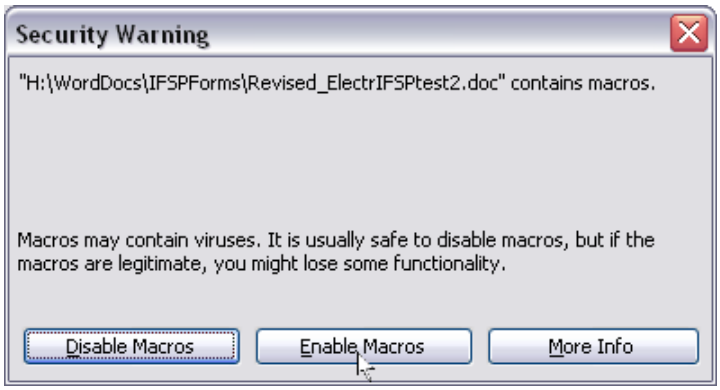


The Macro Security window will appear. On the Security Level tab, set security level to Medium.



This setting will allow you to selectively enable Macros for Word documents upon opening of the document.

Upon opening of the IFSP for data entry, a security warning will appear notifying you that the IFSP contains Macros. Select Enable Macros for the form to open and allow added functions to work.



Added Features

The electronic version of the IFSP has several features. When the form loads initially, it checks itself to see if any fields have been filled out previously. During this process the window below will appear. It may take a few moments but will soon disappear.

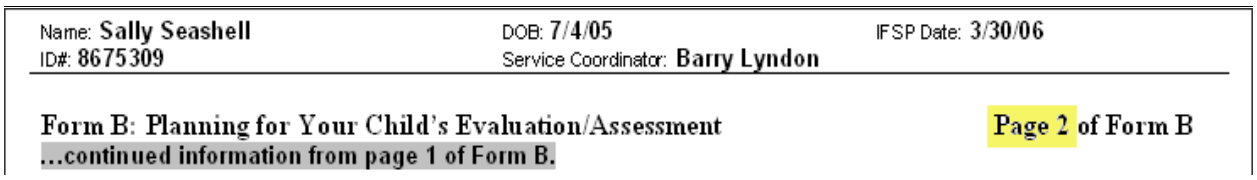
If the “Initializing Fields” window has found previously filled form fields, the user is given the option to keep previous information or to clear the entire form and start fresh. If the user selects ‘Yes’ the form will take several moments to clear itself. You are now ready to begin entering information.

Please note: If you select ‘Yes’, all data will be lost.

If the user selects ‘No’, all previously stored information is kept and you are now ready to begin editing previously entered data.

**If no fields were previously filled, the “Clear IFSP Form?” window will not appear.*
**It is recommended that the user Save As a new file name for each data-filled form. If you do not wish to wait for a form to clear for data entry, a blank form should be kept as a template.*

Certain fields on IFSP Form A will automatically populate the heading fields of Forms B-I. When the *Last Name* field, for example, loses focus (*Tab to or click another field*) the form may appear to ‘freeze’ for a moment while it populates the rest of the form headings. Another important feature of the IFSP enables the user to type as much information as is necessary in any given field, automatically expanding the form and dynamically adding additional form pages with pre-completed, numbered headings.



Another point of note is the ‘quick buttons’. Form F *Your Family’s Outcomes* contains one of these ‘magic green buttons’ at the end of the form which will generate an

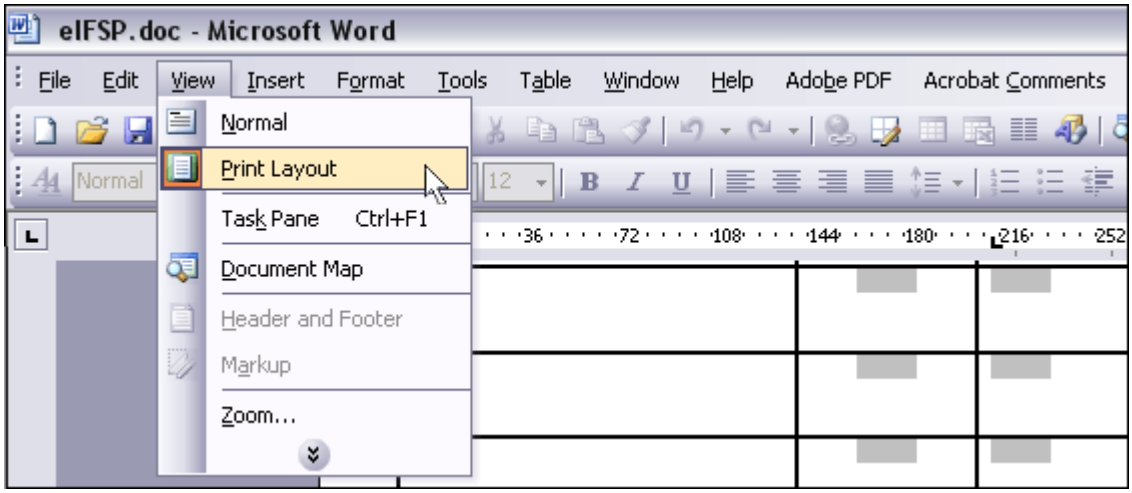
additional blank outcomes form. The user may continue to generate as many outcomes as needed.

Add Another Outcome?

Similarly, forms G and H have 'quick buttons' which will add additional table rows as more information input is needed.

Add Row?

On a final note, it is strongly recommended (but not vital) that you select View, and then Print Layout for a 'more friendly' view of the form.



III. Form by Form Instructions

Form A

early steps
Children's Medical Services

Individualized Family Support Plan and Evaluation Report

Form A: Your Family's Information **Page ____ of Form A**

Child's Name: _____ _____ _____ A.K.A: _____
Last First MI

DOB: Child's ID#: Gender: ☐ Male ☐ Female

Child's Primary Language/Mode of Communication: ☐ English ☐ Spanish ☐ Creole ☐ Other: _____

Check One: ☐ Parent ☐ Guardian ☐ Foster Parent ☐ Surrogate Parent ☐ Other: _____

Name(s):

Address:

City: Zip Code: County:

Phone: ( ) Work Phone: ( ) Cell Phone: ( )

Best time to call: E-mail:

Primary language used in home/mode of communication: ☐ English ☐ Spanish ☐ Creole ☐ Other: _____

Check One: ☐ Parent ☐ Guardian ☐ Foster Parent ☐ Surrogate Parent ☐ Other: _____

Name(s):

Address:

City: Zip Code: County:

Phone: ( ) Work Phone: ( ) Cell Phone: ( )

Best time to call: E-mail:

Primary language used in home/mode of communication: ☐ English ☐ Spanish ☐ Creole ☐ Other: _____

Is an interpreter needed for the family? ☐ Yes ☐ No If so, what kind of interpreter?

The following people can help you with your questions and concerns:

Service Coordinator Agency

Phone: ( ) Fax: ( ) E-mail

Address: City: Zip Code:

Family Resource Specialist:

Phone: ( ) Fax: ( ) E-mail

Address: City: Zip Code:

Referral Date: _____ IFSP Periodic Review Due Date: _____
Interim IFSP Date: _____ IFSP Periodic Actual Review Date: _____
Initial IFSP Date: _____ Annual IFSP Due Date: _____
Current IFSP Date: _____ Transition Conference Due Date: _____

Rev. 10/1/2011

Form A: Your Family's Information

Purpose

This section of the IFSP

- provides basic demographic and contact information concerning the child and family referred to the Local Early Steps,
- lists contact information for the family regarding the Service Coordinator and Family Resource Specialist, and
- records important dates regarding the IFSP process.

Process

The service coordinator completes this form with the family during first contacts. Some information may have been obtained during the referral/ intake process and will need to be verified during first contacts.

Instructions for Completing Form A

Child's Name and AKA: Enter the child's full name (last, first, middle initial) and any aliases or nicknames (if applicable).

DOB (Date of Birth), Child's ID #, Gender: Enter the child's date of birth, the child's ID number that the Local Early Steps will use to identify the child in the data system or their social security number, and check the child's gender.

Child's Primary Language/Mode of Communication: English, Spanish, Creole, Other: Check the box or enter the language the child most often uses when communicating with others. If the child uses another mode of communication other than verbal, enter the mode of communication used (e.g. sign language). If the child is not yet using verbal language or another mode of communication, use N/A.

Check One: Parent, Guardian, Foster Parent, Surrogate Parent, Other: Name and Contact Information: Check the correct type of caregiver and enter the checked individual's name and contact information. If there is more than one caregiver, enter the second caregiver's contact information in the additional space provided.

The second area for caregiver information can also be used for child care providers, grandparents, etc. In that case, the “other” box would be checked and the relationship to the child listed in the space provided.

Note: It is not required to put the foster parent information on the IFSP. This should be determined on a family by family basis. There may be situations in which the foster parents/biological parents are working closely together and it is appropriate to have the information on the IFSP. Other situations may warrant that foster parent information be excluded from the IFSP.

Primary language used in home/mode of communication: English, Spanish, Creole, Other: Check the box or enter the language most commonly used in the home and/or any other mode of communication (e.g., sign language, Braille).

Is an interpreter needed for the family? Check the box whether an interpreter is needed for the family.

If so, what kind of interpreter? If so, enter the type of interpreter required.

The following people can help you with your questions and concerns:

Service Coordinator/Agency: Enter the name and contact information of the service coordinator that will be working with the family.

Family Resource Specialist: Enter the name and contact information of the family resource specialist that is available to assist the family.

Referral Date: Enter the month, date, and year that the referral for the child was received at the Local Early Steps.

Interim IFSP Date: Enter the month, date, and year only if an interim IFSP was developed in response to an immediate need for service(s) prior to the completion of the

evaluation and/or assessment (for example, SHINE). If an interim IFSP is developed, Forms A, F, G, and H must be completed. Forms B and C will be completed to the extent possible, and Forms D and E will not be completed. Interim IFSPs should be rarely used.

Initial IFSP Date: Enter the month, date, and year the first (non-interim) IFSP meeting is held and the IFSP is developed. This is the date the **initial** IFSP is written, **not** the date an **interim** IFSP is written. This date should be entered in the IFSP table in the data system ONLY for those children found eligible and for whom the entire IFSP is developed.

Barriers to Initial IFSP Compliance: There is not a specific space to indicate the reason for lack of compliance with the 45-day timeline to develop and hold the initial IFSP meeting. However, this is a required field in the data system and must also be documented in the case notes - if the initial IFSP date is more than 45 calendar days after the referral date. The appropriate barrier code listed in the Early Steps Data System may be entered on the form next to the Initial IFSP Date at the discretion of the Local Early Steps. If an LES chooses this option, the purpose and explanation of this code must be discussed with the family.

Current IFSP Date: Enter the month, date, and year of the current meeting to develop the IFSP. For the first IFSP, this date should be the same as the initial IFSP date. This date should determine the projected date of the periodic review and the next annual meeting to evaluate the IFSP. This date should be entered in the IFSP table in the data system.

IFSP Periodic Review Due Date: Enter the month, date, and year that a periodic review of the IFSP is due. This is a target date. No more than six-months can lapse between IFSP periodic reviews. Therefore, if a periodic review is conducted before the six-month target date, and addresses the above, the clock starts again on the requirement that an IFSP is reviewed at least every six-months. This does NOT affect the due date of the annual meeting to review the IFSP.

Example:

Initial IFSP Date: January 1, 2011

Current IFSP Date: January 1, 2011

IFSP Periodic Review Due Date: July 1, 2011

IFSP Periodic Actual Review Date: April 1, 2010, October 1, 2011

Annual IFSP Due Date: January 1, 2012

If the periodic review actually occurs April 1, 2011, then the next review target date is October 1, 2011, in order for the IFSP to be reviewed in the every 6-month timeframe. October 1, 2011, is then entered as the date the next periodic review is due. The Annual Meeting to Review the IFSP due date would remain January 1, 2012.

IFSP Periodic Actual Review Date: Enter the month, date, and year of the actual IFSP periodic review. As explained above, there could be more than one date in this field. This date should be entered in the IFSP table in the data system. If the periodic actual review date is late, the appropriate barrier code must also be entered in the Early Steps Data System.

Annual IFSP Due Date: Enter the month, date, and year on which the annual meeting to review the IFSP is due, no later than one year from the date the initial IFSP was written or no later than one year after the date of the previous annual IFSP meeting. The annual IFSP review meeting can be held earlier than the one-year anniversary date, if necessary, but should not be held after that date. This is a target date. The actual date of the annual IFSP review will be written on the new IFSP in the "Current IFSP Date" space. A new IFSP is always completed at the time of the annual IFSP meeting. This date should match the calculated date in the data system. If the annual actual review date is late, the appropriate barrier code must also be entered in the Early Steps Data System.

Transition Conference Due Date: To the extent possible, the actual date of the transition conference should be scheduled to coincide with an IFSP meeting. This date can be entered as a specific date (e.g., 1/1/11) or a time frame (e.g., 1/1/11 - 10/1/11).

How to Use this Information

Form A is basically a cover page that should be kept current and used by the family, service coordinator, primary service provider, and other IFSP team members as a reference for contact information and upcoming important dates. Information on this form is updated as needed.

Form B

Name: _____	DOB: _____	IFSP Date: _____
ID#: _____	Service Coordinator: _____	

Form B: Planning for Your Child's Evaluation/Assessment **Page ____ of Form B**

Date(s) this Information Gathered: Chronological Age:

Tell us about your child's health:
Was your child born full term? ☐ Yes ☐ No
How many weeks?_____ Birth weight: _____
Date of your child's last well-child check-up: _____
Are immunizations current? ☐ Yes ☐ No
Is your child currently on any medication(s)? ☐ Yes ☐ No
If so, what types and why:

Does your child have allergies? ☐ Yes ☐ No Describe:

Does your child have a medical diagnosis? ☐ Yes ☐ No
If so, what is it?

Does your child see any medical specialists?
☐ Yes ☐ No If so, who and what type:

Has your child been hospitalized? ☐ Yes ☐ No
Please tell us when and why:

Tell us about your child's vision and hearing:
Has your child's hearing been previously screened or tested?
☐ Yes ☐ No When?_____
Do you have concerns about your child's hearing?
☐ Yes ☐ No Describe:

Has your child's vision been previously screened or tested?
☐ Yes ☐ No When?_____
Do you have concerns about your child's vision?
☐ Yes ☐ No Describe:

Tell us about your child's sleep patterns/nutrition:
Describe your child's sleep patterns (bedtime, naps, hours of sleep):

Describe your child's nutritional habits/preferences:

Your Insurance Information:

Medicaid (Title XIX)
Medicaid HMO/PSN ☐ Yes ☐ No ☐ Pending
Group: _____
CMS ☐ Yes ☐ No ☐ Pending
CMS Nurse Case Manager: _____
Medicaid Medipass ☐ Yes ☐ No ☐ Pending
SSI ☐ Yes ☐ No ☐ Pending
Medicaid #: _____
Comments/Changes: _____

KidCare/MediKids ☐ Yes ☐ No ☐ Pending
CHIS (Title XXI) ☐ Yes ☐ No ☐ Pending
Private Insurance: ☐ Yes ☐ No
Type: ☐ HMO ☐ PPO
Company Name: _____
Phone Number: _____
Policy/Individual #: _____ Group #: _____
Primary Health Care Provider: _____

BILL PRIVATE INSURANCE: ☐ YES ☐ NO ☐ N/A
☐ YES-ONLY FOR EVALUATION AND/OR ASSESSMENT SERVICES

Your Child's Developmental Screening:
A developmental screening was conducted ☐ Yes ☐ No If yes, please check which tools/methods used:
☐ Developmental Checklists (specify) ☐ Parent Report ☐ Observation ☐ Record Review ☐ Ages & Stages
☐ Other: _____ Language used: _____
Does the collected information from above indicate a possible developmental delay/concern in any of the following areas:
☐ Fine motor ☐ Gross motor ☐ Communication ☐ Cognitive ☐ Social-emotional ☐ Adaptive-self-help skills
Comments: _____

Describe any other information about the child's health, development, and/or family medical history that may be important for the team to know (insert a new page if necessary):

Rev. 6/15/2012

Form B: Planning for Your Child's Evaluation/Assessment

Purpose

This section of the IFSP

- provides a brief summary of the child's medical/health information that will be useful in planning the evaluation/assessment and developing the IFSP,
- records developmental screening results, if conducted, to help plan for the evaluation/assessment, and
- identifies information to help determine the composition of the evaluation/assessment team.

Process

The information on Form B will be collected by the service coordinator, who is an ongoing member of the team, as part of first contacts with the family. It should be explained to the family why the information requested on this page will be useful in planning the evaluation and/or assessment and in the development of the IFSP. Parent report and a review of pertinent records related to the child's current health status and medical history will be the primary source of information to complete this form. Additional information received from medical and other providers may be documented here.

Instructions for Completing Form B

Date(s) this Information Gathered: Enter the month, date, and year of the date(s) you gathered the information on this page.

Chronological Age: This is the child's age according to the calendar. For example, if a child is born on 5/23/09 and the IFSP is written on 9/28/10, the chronological age is 1 year, 4 months or 16 months.

Tell us about your child's health:

Was your child born full term? Check yes or no.

How many weeks? Enter the child's gestational age.

Birth weight: Enter the child's weight at time of birth.

Date of your child's last well-child check-up: Enter the date (as best the parent can recall) of the child's most recent well-child check-up.

Are immunizations current? Check yes or no.

Is your child currently on any medication(s)? Check yes or no.

If so, what types and why: List all medications the child takes on a regular basis.

Does your child have allergies? Check yes or no.

Describe: List all known allergies the child has.

Does your child have a medical diagnosis? Check yes or no.

If so, what is it? List any acute or chronic medical diagnosis for which the child is being treated.

Does your child see any medical specialists? Check yes or no.

If so, who and what type: List names and specialty. The child's Primary Health Care Provider will be listed on Form H.

Has your child been hospitalized? Check yes or no.

Please tell us when and why: List the date and reason for major hospitalizations of the child.

Tell us about your child's vision and hearing:

Has your child's hearing been previously screened or tested? Check yes or no.

When? If yes, enter the most recent date (as best the parent can recall).

Do you have concerns about your child's hearing? Check yes or no.

Describe: If yes, describe the parent(s) concerns. This area may also be used to record the results of the testing, if known.

Has your child's vision been previously screened or tested? Check yes or no.

When? If yes, enter the most recent date (as best the parent can recall).

Do you have concerns about your child's vision? Check yes or no.

Describe: If yes, describe the parent(s) concerns. This area may also be used to record the results of the testing, if known.

Tell us about your child's sleep patterns/nutrition:

Describe your child's sleep patterns (bedtime, naps, hours of sleep): Briefly describe nap times/length, bedtimes, wake-up times. This information is useful for scheduling the evaluation/assessment. Concerns should be noted on Form C.

Describe your child's nutritional habits/preferences: Briefly describe the quantity, variety, and feeding method for nutritional intake and any impact on growth. Concerns should be noted on Form C.

Your Insurance Information: Check all insurance/resources listed that apply. If a child has private insurance, enter the company name, type, policy, and group numbers as they appear on the insurance card, and the Primary Health Care

Resource Post-it #1

Florida KidCare is Florida's children's health insurance program for uninsured children under age 19. It is made up of four parts: MediKids, Healthy Kids, the Children's Medical Services (CMS) Network for children with special health care needs and Medicaid for Children. When families apply for the insurance, Florida KidCare will check which program the child may be eligible for based on age and family income.

Provider's name and number in the spaces provided. If the child is enrolled in MediPass, enter the name of the MediPass physician in the Primary Health Care Provider's space provided. If the child has a type of insurance that is not listed or insurance changes, enter it in the space for "Comments/Changes" and add any other information needed. If enrolled in a Medicaid managed care plan, enter name and information for HMO or PSN in the same space.

BILL PRIVATE INSURANCE: Mark "N/A" for Bill Private Insurance if the parent(s) or child does not have private insurance coverage. Use the "YES" OR "NO" boxes to document whether or not the private insurance should be billed. Note that when private insurance and Medicaid coverage are both available, then Medicaid requires that private insurance is primary and therefore must be billed. A checkbox marked "YES" for billing private insurance signifies that written consent will be in the child's file before insurance is actually billed.

Your Child's Developmental Screening:

A developmental screening was conducted: Check yes or no.

If no, skip to "*Describe any other information about your child's health, development, and/or family medical history that may be important for the team to know."*

If yes, please check which tools/methods used: Developmental Checklists (specify), Parent Report, Observation, Record Review, Ages & Stages, Other: Please check and specify the name of any developmental checklists used. This information may be entered under "other."

Language used: Enter the language(s) in which tests and other evaluation materials and procedures are administered.

Does the collected information from above indicate a possible developmental delay/concern in any of the following areas: Fine motor, Gross motor, Communication, Cognitive, Social-emotional, Adaptive-self-help skills: Check any areas in which a delay or concern was indicated.

Comments: Write in any other information pertinent to the screening that would be helpful for the evaluation/assessment team to know.

Describe any other information about the child's health, development, and/or family medical history that may be important for the team to know: Enter any other information given regarding the child's health and medical history that would be helpful in planning the evaluation/assessment and developing the IFSP. Medical and other information received from providers may be included here.

How to Use this Information

The information on Form B, in addition to the information gathered on Form C, will assist in determining the composition of the evaluation/assessment team. Additionally, the concerns the family shares and the screening results will focus the evaluation and/or assessment on those developmental areas in question. This form should be updated when necessary to assist with eligibility re-determination.

Form C

Name: _____ DOB: _____ IFSP Date: _____

ID#: _____ Service Coordinator: _____

Form C: Your Family's Routines/Concerns/Priorities/Resources **Page ____ of Form C**

Date(s) this Information Gathered: _____

Family: Who are the people living in your home? Please include names and relationships. Include ages and gender of children.

Daily Routines: What are your child's and your family's daily activities? Where does your child spend the day? With whom does your child regularly interact? (Include your child's activities, routines and favorite toys.) What activities, routines, and places are challenging to your child and family?

Family's Areas of Concern: What concerns do you have about your child's development and/or any other family challenges? Questions and concerns about your child may include issues such as feeding/nutrition (*such as weight gain or loss, difficulties with eating, special diets or feeding equipment; elimination needs*), sleeping, playing, communicating, behavior, health, transportation, food & shelter, etc.

Priorities: Which concerns above would you like to focus on first? What do you hope Early Steps can help you with?

Friends/Supports/Resources: When you need help, who do you call and how do they help you? What types of resources do you have to meet your family's needs? These may include family strengths, childcare, transportation and financial resources.

Recommendations for Evaluation and Assessment/Team Updates: _____

Rev. 10/1/2011

Form C: Your Family's Routines/Concerns/Priorities/Resources

Purpose

This section of the IFSP

- provides a snapshot of the family's day-to-day routines, activities, and interactions and which of those may be challenging,
- identifies the family's concerns, priorities, and resources related to enhancing the development of their child, and
- provides recommendations and information to share with other team members in preparation for the child's eligibility evaluation and/or assessment, or for re-determination of eligibility.

Process

The service coordinator completes this form with the family during first contacts. It should be explained to the family why the information requested on this page will be useful in planning the evaluation and/or assessment and in the development of the IFSP. Assure the family that only the information they want included will be written on the IFSP and they will have additional opportunities to share this type of information with team members.

Note: Form C is NOT intended to be handed to the family to complete on their own. IDEA regulations require that the identification of the family's concerns, priorities, and resources (family assessment) be based on a personal interview with the family and with the family's concurrence. A personal interview should be conversational and may include different methods, some of which are described below.

<u>Instructions for Completing Form C</u>

Date(s) this Information Gathered: Enter the month, date, and year of the date(s) you gathered the information on this page.

Family: **Who are the people living in your home? Please include names and relationships. Include ages and gender of children.** This section includes

information about the immediate family and/or the people who live in the same household with the child who has been referred. The name of each person and their relationship to the child is listed in this section. The age and gender of each child who lives in the household is also listed in this section.

Daily Routines: What are your child's and your family's daily activities? Where does your child spend the day? With whom does your child regularly interact? (Include your child's activities, routines and favorite toys.) What activities, routines, and places are challenging to your child and family? This section provides the family an opportunity to identify typical routines, activities and places in the life of their child and family and what they enjoy the most and what they find most challenging. Family routines are events that customarily are part of the family's everyday life (e.g., mealtime, bath time, play time, car rides, nap time, grocery shopping time). Everyday activities are what a family does with their infant or toddler (going for a walk, feeding ducks at the park, playgroups, story time at the library). Everyday places are where families and children participate day-in and day-out, including home, childcare, neighborhood, library, park, or store.

Resource Post-it #2

You might say:
I am going to ask you some questions about the typical activities and routines you and your child do during the day. I am asking about these activities because these are the times that children naturally learn and families naturally teach. This will also help us identify how we can effectively support your family. Can you tell me about your day? What are the typical routines and activities that you and your child are involved in? (You may need to ask some specific questions about waking up time, dressing, breakfast, playing, diaper changing, car travel, preparing meals, household chores, nap, bath time, story time, bedtime, etc.) What seems to go really well? What do you enjoy? What routines and activities are not going so well? Who are the important people who participate in your child's life? Are there any activities or places that you go (e.g., shopping, doctor's appointments) that occur on a less than regular basis (e.g., once a week, every few days)? Are there other events that occur fairly regularly or during the weekend (e.g., family gatherings, lessons, sport events for siblings)?

The "Routines-Based Interview (RBI)" (McWilliam, 2001) is recommended as a way of gathering information about the child's and family's typical daily routines and activities. More information on conducting the RBI can also be found in the online Early Steps Orientation Module Two*: Early Steps Service Delivery System-Providing Services in Everyday Routines, Activities, and Places.* The RBI will help the family and other team

members identify routines such as mealtime, shopping trips, playtime, etc., with which the family would like help. The result of the RBI will be a prioritized list of child and family outcomes and information that will support functional intervention planning.

Family Concerns, Priorities, and Resources Sections

The identification of concerns, priorities and resources should also be conducted in a face-to-face interview/conversational format and build upon the discussion on family and childcare routines. If a Routines-based Interview (RBI) or similar tool is conducted, much information on concerns, priorities, and resources may already be identified. The Eco-map is a recommended method to gather more information, particularly about family resources and supports. This procedure provides a simple picture of the family's informal supports, including family, friends, and organizations, as well as formal supports such as medical providers and other services. The Eco-map helps the team understand who else is important in this child's life and whom the family views as resources that offer them support. Though the concerns, priorities and resources are gathered during first contacts, this information should be revisited once the family members have specific developmental information from the evaluation and assessment team or express concerns related to the child's development or other family challenges.

Note: If a Routines-based Interview (RBI), Eco-map, or a similar tool is used to gather any of the information on this form, you may attach the tool used and refer to it in the corresponding box or boxes, in lieu of transferring the information to Form C. This includes family assessment tools/forms developed by the Local Early Steps.

Family's Areas of Concern: What concerns do you have about your child's development and/or any other family challenges? Questions and concerns about your child may include issues such as feeding/nutrition (such as weight gain or loss, difficulties with eating, special diets or feeding equipment, elimination habits), sleeping, playing, communicating, behavior, health, transportation, food/shelter, etc. This section provides the family an opportunity to express their concerns regarding their child within the context of the family. Areas of concern can include but are not limited to the child's development, including achievement of

milestones, or other family challenges. Concerns about the child could also include issues such as feeding, sleeping, playing, communicating, behavior, interaction with others, health, transportation, food/shelter, etc. This section may include issues other than those directly related to early intervention services for the child. All concerns related to enhancing the child's development and family functioning in view of the child's developmental needs should be discussed.

Priorities: Which concerns above would you like to focus on first? What do you hope Early Steps can help you with? This section provides the family an opportunity to prioritize their concerns listed above in the order of importance to the family. Of the concerns that have been identified, service coordinators and early intervention providers must assist the family in identifying those concerns that are most appropriate to be addressed at this time. These concerns are listed as priorities, and these priorities subsequently lead to outcomes expected to be achieved and listed on IFSP Form F.

Friends/Support/Resources: When you need help, who do you call and how do they help you? What types of resources do you have to meet your family's needs? These may include family strengths, childcare, transportation and financial resources. This section provides the family an opportunity to discuss the resources and supports, both formal and informal, they have available to them to help meet the needs of their child or the family's needs in everyday life (for example, family members or friends they see on a regular basis or can call upon in a time of need, their faith community, local support groups in which they participate). Resources also include special skills or knowledge that the family members may have that can be used to meet the needs of the child or family.

Recommendations for Evaluation and Assessment/Team Updates: These recommendations are the result of the accumulation of information gathered during first contacts that will assist in planning for the evaluation and/or assessment for the initial IFSP. This may include recommended disciplines, tools, modifications, and/or special circumstances needed for optimal evaluation/assessment. The family's role in the evaluation/assessment process must be determined with the family at this time.
For subsequent IFSPs, this space can be used to make updates to the IFSP team, based on new information the family has provided of which the team should be aware.

This section may also be used by the service coordinator during periodic reviews to authorize additional evaluation of the child based on new concerns, i.e., XYZ Early Steps authorizes evaluation of this child based on information on Forms B and C.

How to Use this Information

The information on Form C, combined with Form B, will be used to prepare for the child's individualized evaluation and/or assessment. The information gathered will also support the IFSP team to develop a functional IFSP that builds on family resources and supports to address their priorities and concerns related to the child's ability to participate in family and community life in ways that are important to the family.

Note: Forms A - C will be completed with the family as part of first contacts prior to the day of the initial evaluation and/or assessment of the child. A formal mechanism must be in place for the service coordinator to provide IFSP team members with a summary of first contact information, including screening results, if available, and the recommendations for the evaluation and/or assessment.

Form D

Name: _____ DOB: _____ IFSP Date: _____
IDA: _____ Service Coordinator: _____

Form D: Your Child's Eligibility Information **Page ____ of Form D**

Testing may be completed with your child to determine initial or continuing eligibility. The eligibility information is recorded on this page.

Date of Evaluation or Re-Determination Screening (if performed): _____ Chronological Age: _____ Language Used: _____

Method(s) of Evaluation or Re-Determination Screening: ☐ Test Instrument(s) Administered: _____

☐ Parent Report ☐ Professional Observation ☐ Collateral Information/Source: _____

Eligibility Results	Results
Using Hands and Body (Gross/Fine Motor Skills) Comments:	
Eating, Dressing, and Toileting (Self-Help/Adaptive Skills) Comment:	
Expressing and Responding to Feelings and Interacting with Others (Social/Emotional) Comments:	
Playing, Thinking, Exploring (Academic/Cognitive Including pre-literacy skills) Comment:	
Understanding and Communicating (Receptive and Expressive Communication) Comment:	

Evaluator/Screener Signatures

Evaluator/Screener: _____ Discipline: _____ Signature: _____

Evaluator/Screener: _____ Discipline: _____ Signature: _____

Evaluator/Screener: _____ Discipline: _____ Signature: _____

☐ See Form E for signatures

Eligibility Determination ☐ **Initial** ☐ **Periodic** ☐ **Annual**

☐ **Eligible for Early Steps (Part C: Early Intervention) based on the following (please check one):**

☐ Established Condition of: _____ Date Confirmed: _____

☐ Developmental Delay in the area(s) of: _____ Date Confirmed: _____

☐ **Not eligible for Early Steps (Part C: Early Intervention).** Date: _____

The following are recommendations to the family: _____

_____

Rev. 10/1/2011 ☐

Form D: Your Child's Eligibility Evaluation Information

Purpose

This section of the IFSP

- records the child's level of functioning in all the required developmental domains: communication; self-help/adaptive; cognitive; physical (including fine and gross motor and vision and hearing); and social/emotional to determine eligibility, and
- Identifies the status of the child's eligibility for early intervention services.
- Documents the team's informed clinical opinion.

Process

The evaluation team determines initial eligibility for early intervention services. The team conducts an initial evaluation in all domains, with a focus in the area(s) in which first contact information and/or developmental screening indicated a concern, to determine the child's current developmental level. The family should be involved in planning for and conducting the evaluation.

The evaluation/assessment may take place immediately prior to the scheduled initial IFSP meeting or within a reasonably close amount of time, as determined by the family and evaluation/assessment team. Form D should be completed as part of the evaluation/assessment process and reviewed during the IFSP meeting, if needed. Form D serves as the written evaluation report. When determining continuing eligibility, Form D will also serve to document the updated results.

Instructions for Completing Form D

Testing may be completed with your child to determine initial or continuing eligibility. The eligibility information is recorded on this page.

Date of Evaluation or Re-Determination Screening (if performed): Enter the date of the evaluation or screening to determine eligibility if it was completed as part of this IFSP. This date will be the same as the assessment date on Form E if the evaluation and assessment are conducted concurrently.

Chronological Age: This is the child's age according to the calendar. For example, if a child is born on 5/23/10 and the IFSP is written on 9/28/11, the chronological age is 1 year, 4 months or 16 months.

Language Used: Enter the language(s) in which tests and other evaluation materials and procedures are administered.

Method(s) of Evaluation or Re-Determination Screening: Indicate method(s) and tool(s) used for the evaluation or **screening**.

Test Instrument(s) Administered: Enter the names of the tool(s) used to conduct the evaluation.

Parent Report: Check if parent report was used.

Professional Observation: Check if professional observation was used.

Resource Post-it #3

About Informed Clinical Opinion
Informed clinical opinion makes use of multiple sources of qualitative and quantitative information to assist in forming a determination of eligibility regarding difficult to measure aspects of current developmental status and the potential need for early intervention. Among more traditional information such as test results, the information includes:

- parent input
- childcare provider comments
- background/history
- medical records
- impressions about skills
- systematic observations of the child's abilities and weaknesses
- emotional and temperamental patterns

Informed clinical opinion involves synthesizing all of the information gathered about the child.

Collateral Information/Source: Check if collateral information was used and identify the source of the information. This includes Progress Monitoring Data if used to determine continuing eligibility. Collateral information should be filed in the child's record.

Note: The **Eligibility Results** section does not need to be completed if the initial evaluation and the assessment are conducted as one event with the same team. A reference to Form E is sufficient.

Eligibility Results: This area is used to document the findings of the eligibility determination or re-determination in the five developmental areas below. Evidence gathered through standardized tests, professional observations, parent report, collateral information, progress monitoring, etc. should be synthesized and included within each section as appropriate and becomes the 'informed clinical opinion' of the team:

1. **Using Hands and Body (Gross/Fine Motor Skills)**
2. **Eating, Dressing, and Toileting (Self-Help/Adaptive Skills)**
3. **Expressing and Responding to Feelings and Interacting with Others (Social/Emotional)**
4. **Playing, Thinking, Exploring (Academic/Cognitive including pre-literacy skills)**
5. **Understanding and Communicating (Receptive and Expressive Communication)**

Results: When determining initial eligibility, indicate the standard score in the right-hand column. Standard scores must be documented on Form D. When determining continuing eligibility, standard scores or other scores (such as screening results) should be documented in this section if available. However, scores of any type should never be the sole reason and documentation for a child's eligibility.

Note: The child's vision and hearing may be evaluated as part of the eligibility evaluation and recorded on Form E. Every child's vision and hearing must be assessed either as part of the eligibility evaluation or the assessment. The Parent Interview Protocol for Child Hearing and Vision Skills is recommended to assess vision and hearing.

Evaluator/Screener Signatures

The individuals determining eligibility should provide their name, discipline, and signature with credentials in this section.

See Form E for signatures: Check if individuals determining eligibility and conducting the assessment are the same; their signatures are only required on Form E.

Eligibility Determination ☐ **Initial** ☐ **Periodic** ☐ **Annual**
Check appropriate box for initial or re-determination

Eligible for Early Steps (Part C: Early Intervention) based on the following (please check one): Check this box if the child is found eligible for Early Steps.

Established Condition of: Check this box if the child has an established condition and fill in the blank with the appropriate diagnosis. When a child has both an established condition and developmental delay, the established condition takes precedence as the reason for eligibility. The IFSP, Form D and data reported regarding the reason for eligibility should be updated when a child is originally eligible as DD but later there is documentation of EC. If the local school district serves children birth to three, it will be necessary to provide copies of the physician's statement to document eligibility for children with an established condition. **Date Confirmed:** add date eligibility is determined.

Developmental Delay in the area(s) of: Check this box if the child has a developmental delay, and fill in the blank with the appropriate developmental domain(s). **Date Confirmed:** add date eligibility is determined.

Not eligible for Early Steps (Part C: Early Intervention) Check this box if the child is found not eligible, or no longer eligible, for Early Steps. **Date Confirmed:** add date determination made.

The following are recommendations to the family: Write any recommendations that the team has for the family. The team should suggest strategies for providing natural learning opportunities to increase skills when they identify the child has the ability to perform certain skills, but lacks the opportunity. Recommendations may also include resources and information to address family concerns and any appropriate referrals.

Note: If the child is found not eligible for Early Steps, the parent(s) must receive prior written notice, including procedural safeguards (*Summary of Family Rights*), and a copy of the IFSP. The parent(s) are not required to sign the IFSP or any other form, unless the Local Early Steps requires this.

For the child initially found ineligible, the parent(s) IFSP copy should contain completed Forms A - D, and there should *not* be an IFSP date entered in the data system. The child's record can then be closed.

A child initially found eligible but later determined to be no longer eligible should be closed with an appropriate barrier code entered into the Early Steps Data system. Closure for ineligibility should be recorded on the bottom of Form D, and a copy of the entire updated IFSP should be provided to the parent(s).

How to Use this Information

For children without an established condition, Form D is completed in its entirety to document initial and continuing eligibility. For children with an established condition, only the Eligibility Determination section of Form D should be completed and this information will be included on subsequent IFSPs.

Form E

Name: _____ DOB: _____ IFSP Date: _____

ID#: _____ Service Coordinator: _____

Form E: Your Child's Assessment Information **Page ____ of Form E**

A developmental assessment is completed with your child and/or ongoing assessment information is gathered. This information helps us understand your child's developmental strengths, as well as some of the things that are challenging for your child and may be affecting how he/she is able to participate in family and community activities.

Date of Assessment: _____ Chronological Age: _____ Language Used: _____

Method(s) of Assessment: ☐ Test Instrument(s) Administered: _____

☐ Parent Report/Interview Tool: _____ ☐ Professional Observation ☐ Collateral Information/Source: _____

Summary of Present Status: Abilities, Strengths, and Needs

Using Hands and Body (Gross/Fine Motor Skills)	
Things we like and things we do well:	Things that we need help with:
Eating, Dressing, and Toileting (Self-Help/Adaptive Skills)	
Things we like and things we do well:	Things that we need help with:
Expressing and Responding to Feelings and Interacting with Others (Social/Emotional)	
Things we like and things we do well:	Things that we need help with:
Playing, Thinking, Exploring (Academic/Cognitive including pre-literacy skills)	
Things we like and things we do well:	Things that we need help with:
Understanding and Communicating (Receptive and Expressive Communication)	
Things we like and things we do well:	Things that we need help with:

Vision and Hearing Status: _____

Observations/Comments: _____

Assessor: _____ Discipline: _____ Signature: _____

Assessor: _____ Discipline: _____ Signature: _____

Assessor: _____ Discipline: _____ Signature: _____

Rev. 10/1/2011

Form E: Your Child's Assessment Information

Purpose

This section of the IFSP

- identifies the child's current and emerging developmental skills focusing on the child's and family's everyday routines and activities and the child's participation in natural learning opportunities, and
- provides a description of the routines and activities that are going well in order to build on existing skills, strengths and learning opportunities and a description of the routines and activities that the child and family find difficult.

Process

Every eligible child will receive an assessment. Form E should be completed as part of the assessment process and reviewed at the IFSP meeting, if needed. Form E serves as the written assessment report.

Instructions for Completing Form E

A developmental assessment is completed with your child and/or ongoing assessment information is gathered. This information helps us understand your child's developmental strengths, as well as some of the things that are challenging for your child and may be affecting how he/she is able to participate in family and community activities.

Date of Assessment: Enter the date the assessment was conducted. This date may be the same as the evaluation date on Form D.

Chronological Age: This is the child's age according to the calendar. For example, if a child is born on 5/23/09 and the IFSP is written on 9/28/10, the chronological age is 1 year, 4 months or 16 months.

Language Used: Enter the language(s) in which tests and other evaluation materials and procedures are administered.

Method(s) of Assessment: Indicate method(s) and tool(s) used for the assessment.

Test Instrument(s) Administered: Enter the names of the tool(s) used to conduct the assessment.

Parent Report/Interview Tool: Check if parent report was used and identify any tools utilized.

Professional Observation: Check if professional observation was used.

Collateral Information/Source: Check if collateral information was used and identify the source. Collateral information should be filed in the child's record.

Summary of Present Status: Abilities, Strengths, and Needs: This area is used to describe the child's current status in each of the five required developmental areas below from the family's perspective of what is working well or what is challenging in their everyday routines and activities, team observations, and other relevant information:

1. **Using Hands and Body (Gross/Fine Motor Skills)**
2. **Eating, Dressing, and Toileting (Self-Help/Adaptive Skills)**
3. **Expressing and Responding to Feelings and Interacting with Others (Social/Emotional)**
4. **Playing, Thinking, Exploring (Academic/Cognitive including pre-literacy skills)**
5. **Understanding and Communicating (Receptive and Expressive Communication)**

This section should provide a meaningful and useful summary that integrates information gathered during the IFSP process prior to the assessment. The descriptions in each of the developmental areas should not be lists of the assessment items on which the child did well and those he did not do. Instead, the team should summarize what they know about the child's and the family's various abilities, strengths, and needs as they are demonstrated through everyday routines and activities. It is not necessary to describe the child's development using specific age equivalents, scores, or age ranges unless the

parent expresses a need to have this information on the IFSP. If this information is used, it may be included within the summary section.

There should be logical links between the information included here and that is included on *Form C: Your Family's Routines/Concerns/Priorities/Resources*. For example, if on Form C, the parent's share that they want to learn ways to help their child behave/ manage challenging behavior and describe what a difficult time the child has with dressing and bathing, the description of the child's eating, dressing, and toileting and his social and emotional development should provide additional information about these concerns.

The outcomes and strategies to be developed should be reflective of and compatible with the family's perspective of what is working well or what is challenging in their everyday routines and activities as described in this section.

Things we like and things we do well: Summarize what the team knows about the child's and the family's various abilities and strengths in each of the above areas, as they relate to participating in daily routines, activities and learning opportunities, including the child's current and emerging skills and strengths in each area.

Things that we need help with: Summarize what the team knows about what the child and family finds difficult, avoids, or that prevent the child from actively participating in daily routines, activities, and learning opportunities in each of the above areas.

Vision and Hearing Status: Enter the current status of the child's vision and hearing. The *Parent Interview Protocol for Child Hearing and Vision Skills* is recommended to assess vision and hearing.

Observations/Comments: Enter relevant observations and additional concerns identified during the assessment process that will help in the development of the IFSP.

All assessors involved in the assessment of the child are required to complete the following sections:

Name of Assessor: Enter the name of the assessor in the space provided.

Discipline: Enter the assessor's credential (e.g., ITDS, SLP, etc.).

Signature: The assessor's signature is required in the space provided.

How to Use this Information

Form E provides a picture of how the child's current abilities and challenges in all areas of development affect his or her ability to participate in family and community life and serves as the link between the evaluation/assessment and the plan to address the IFSP outcomes. Assessment is ongoing and will help to guide intervention strategies throughout the child's involvement with Early Steps.

Form F

Name: _____ DOB: _____ IFSP Date: _____

ID#: _____ Service Coordinator: _____

Form F: Your Family's Outcomes **Page ____ of Form F**

OUTCOME #: ____ What would you like to see happen for your child and family as a result of Early Steps supports and services?

GOALS, TIMELINES AND CRITERIA FOR PROGRESS: When will we review progress toward this outcome and what will progress look like?

STRATEGIES: Who will do what within your child's everyday routines, activities, and places to achieve this outcome?

Rev. 10/1/2011

Form F: Your Family's Outcomes

Purpose

This section of the IFSP

- identifies the major outcomes to be achieved for the child and family that address family priorities and concerns,
- determines the short-term goals needed to reach each outcome, and
- states the strategies that support the outcome within the child's and family's everyday routines, activities, and places.

Process

The entire IFSP team participates in completing this step of the IFSP process, with the service coordinator facilitating the process. All team members should come to the IFSP meeting with an idea of the family's routines, concerns, and priorities.

Once the family has identified the outcomes for their child and family through team discussion, the team develops short-term goals and strategies to support the child's abilities wherever the family lives, learns, and plays. The team works with the family to identify ways to support their child's participation in everyday routines, activities, and places. ***The decision regarding what specific supports/services will be provided and by whom, must occur only after the development of outcomes.***

When writing outcomes in the family's words, it is not necessary to write down everything they say or the first words they share. Meaningful outcomes are developed with the family through discussion, so that all members of the team understand what they are working towards and why it is important to the family.

<u>Directions for Completing Form F</u>

Outcome #: ____ Enter the number of the outcome that is written on this page. Only one outcome should be written per Form F, with a new page started for each new outcome.

What would you like to see happen for your child and family as a result of Early Steps supports and services? Enter information in this section that the family wants their child to be able to do as a result of intervention. The outcome must be determined with the family and should address concerns and priorities identified in the process so far (i.e., Form C, the results of a RBI or similar process, etc.). Outcomes should be statements of measurable results that are expected to be achieved for the child and the family, including pre-literacy and language skills, as developmentally appropriate for the child.

There are different "schools" of writing outcomes that vary in the amount of detail required. It is important for the family to be able to describe what the change will look like. The IFSP team may need to talk about the desired change so they can develop an outcome statement that includes enough detail for the family and the IFSP team to know when the outcome has been achieved. The outcome should directly relate to a family priority or concern that is documented on IFSP Form C.

An easy way to remember the components of a functional outcome is to practice the "ABC" model, which includes the following three components:

1. ***Audience:*** This will specify the *"who"* that is the focus of this outcome. On an IFSP this is either going to be the child, family member, or other primary caregiver (e.g. childcare provider, grandparent, etc.).

2. ***Behavior or Performance:*** For outcomes targeting child development, this should be an activity that is observable, measurable, and repeatable. For family directed outcomes, the behavior may just have a definite beginning and an end. The behavior component of the outcome should indicate "*who is going to do what."*

3. ***Condition or Circumstances:*** This is the situation within which the expected behavior should occur. Identifying the circumstances involves determining under what conditions the child and family are likely to use the target behavior and how it is relevant to the child and family's everyday life.

Example of ABC Model: While sitting in his high chair, Luke will feed himself using his fingers and eventually his spoon so that he gets enough to eat at each meal and doesn't have to be fed.

A. Audience: Luke
B. Behavior: feed himself using his fingers and eventually his spoon
C. Condition/Circumstances: While sitting in his high chair

You may also include an "in order to" part of the outcome as an optional component. The rationale for the outcome should demonstrate how the outcome is functional; what is the relevance to the child and family's life. Not all outcomes will have this component, but it is an effective way to help parents identify exactly how achieving the outcome will produce a real change in the child's and family's life. In the example above, the ABC Model includes an "in order to" component: "so that he gets enough to eat at each meal and doesn't have to be fed."

Goals, Timelines, and Criteria for Progress: When will we review progress toward this outcome and what will progress look like? Goals are short-term in nature, reflect the ABC model, and include a target date for goal achievement. The team should expect observable, measurable progress and be ready to change the plan if progress is not evident. Timeframes should be written in terms that are meaningful to the family - dates of family events and celebrations, whenever possible.

The following might be some appropriate goals for Luke:

- By Thanksgiving, Luke will use his fingers to feed himself at least two food items
- By Christmas, Luke will sit in his high chair for an entire dinner meal
- By Christmas, Luke will pick up his spoon independently

Note: The current IFSP or a separate document may be used as the Plan of Care for children receiving early intervention sessions. It is important that goals are functional, observable, measurable, and specify a timeframe. Goals should be written for every outcome whether or not the IFSP is serving as the Plan of Care. Outcomes and goals are developed prior to service decisions. Services should be selected based on the identified outcomes and goals.

Strategies: Who will do what within your child's everyday routines, activities, and places to achieve this outcome?

Before completing this section, the IFSP team should brainstorm all of the strategies/activities that should be considered for addressing this outcome within the child's and family's everyday routines, activities, and places. The discussion should focus on what the various team members (including family members and other caregivers) will do in order to meet the outcome. This should be a team process and build on the information the family has shared with the team regarding routines and utilize formal and informal resources.

Resource Post-it #4

Strategies/Activities Checklist

1. Is the strategy directly related to the desired behavior (versus so general that the attainment of the outcome could be a fluke)?
2. Is the strategy worded in a way most ordinary people would understand (i.e., no jargon)?
3. Is the strategy the simplest, most direct approach to attaining the outcome (versus "exercises" or "stimulation")?
4. Is the strategy developmentally appropriate (i.e., based on play and ordinary early childhood routines)?
5. Is the strategy something regular caregivers can carry out (versus just applicable to professionals)?
6. If the strategy involves assistance, is there a plan to fade assistance?
7. Does the strategy involve the use of instruction (versus getting the child to tolerate something)?
8. Does the strategy specify what someone (child or adult) will do (versus "Kinesha will develop _____")?
9. For each strategy, can one answer, "*Why would we do this*?"

(R. A. McWilliam, 2001)

The strategies should identify:

- how team members will be involved
- who will be involved (e.g., parents, childcare staff, ITDS, speech therapist, etc.) and describe what they will do (e.g., training/ education activities, coaching, providing resource materials, modify the environment, positioning, or equipment, consulting between providers/ family, exploring/identifying options, planning, teaching, supporting, etc.)
- where learning opportunities will be maximized to address the outcome within the child's everyday routines, activities, and places.

The following might be some appropriate strategies for Luke:

Strategies:

- Parents will continue to give Luke finger foods and be sure that he has some finger foods at each meal so that he can practice using his fingers.
- Mother will decrease what Luke is fed by bottle, so that Luke is hungrier at meal time.
- Parents will put small pieces of food into the wells of a muffin pan so he has to use his finger and thumb.
- Jacob (brother) will show Luke how he eats with a spoon during mealtime.
- EI providers will give parents suggestions for appropriate spoon foods and explore different types of spoons.

How to Use this Information

Form F provides the team with a plan of action toward providing integrated early intervention to the child and family that support the natural flow of the child and family's everyday life.

Form G

Name: _____ DOB: _____ IFSP Date: _____

ID#: _____ Service Coordinator: _____

Form G: Your Family's Supports and Services

Page____ of Form G

Services authorized by the IFSP team to address identified family/child outcomes.

Date	Service	Outcome #	Units	Frequency (Intensity) / Length and Group (G) or Individual (I)	Provider Information (Name/Discipline/Agency) *Indicate the Primary Service Provider (PSP)	Location Code	Natural Environment Y/N	Start Date / End Date Authorization Period	Payer of Service

Location Codes: 1=Home 2=Hospital 4=School 5=Childcare Center 6=Other 7=Clinic 8=Residential Facility 9=Early Intervention Classroom A=Community Agency F=Family Daycare Home P=Public Place **Service Codes** (optional): See IFSP Guidance Document

NATURAL ENVIRONMENT JUSTIFICATION: Supports and services must be provided to your child in settings that are natural or typical for children of the same age (natural environments). If, as a team, we decide that we cannot provide a service in a natural environment, we need to explain how we made that decision:

COMPLETE ONLY FOR EARLY INTERVENTION SESSIONS:
Addresses the following domain(s): ☐ Fine motor ☐ Gross motor ☐ Communication ☐ Cognitive ☐ Social-emotional ☐ Adaptive-self-help skills

Early Intervention Sessions are: ☐ Individual (Medicaid procedure code T 1027SC or T 1027HM)
☐ Group (Medicaid procedure code T 1027TTSC or T 1027TTHM)

ICD9 Code(s): ICD9 Description(s):

MEDICAL NECESSITY: If your child is a Medicaid recipient, the services reimbursed by Medicaid must be medically necessary. The following is an explanation of the medical necessity of your child's services, if applicable: _____

MODIFICATIONS TO SERVICES
☐ I understand the Form G services as prior notice of proposed new, changed, or terminated services as written above and I understand the reason(s) for taking the action(s). ☐ I have received a copy and explanation of my procedural safeguards (*Summary of Family Rights*).

Parent/Guardian Signature: _____ Parent/Guardian Signature: _____ Date: _____

USE OF PRIVATE INSURANCE WITH INCREASE OR INITIATION OF NEW SERVICE
☐ N/A ☐ I do ☐ I do not give consent to bill private insurance

Parent/Guardian Signature: _____ Parent/Guardian Signature: _____ Date: _____

Consent for Services for Children in Custody of Department of Children and Families (DCF) Under Chapter 39 F.S.
☐ I give consent for medical care and treatment per 743.064 F.S. and as modified in the IFSP.

DCF Caseworker / Designee Signature _____ Title _____ Date _____

OTHER SERVICES: In addition to the Early Steps services listed above, you have identified that your child and family receive, or may like help arranging to receive, the following services such as specialized medical services or those activities or services that you choose independent of those authorized by the IFSP team.

Service/Activity	Activities/Steps Needed	Timeline	Provider/Agency Name

Rev. 4/16/2012

Form G: Your Family's Supports and Services

Purpose

This section of the IFSP

- summarizes and authorizes the services and supports that the child and family will receive to address all of the outcomes,
- identifies modifications to supports/services as a result of a periodic review,
- provides documentation of required prior notice to parents of modifications,
- provides documentation, for children in custody of Department of Children and Families, of consent to medical care and treatment as modified,
- identifies other supports and services that may be helpful to the child and family, but are not covered by Early Steps, and
- identifies the Primary Service Provider (PSP) for the child and family.

Process

In the process of identifying supports and services, the roles of the various team members must be discussed and described so that it is clear which team members will be providing what services, using what methodology, when and where. Much of this information has been reviewed as part of the discussion regarding the strategies to achieve the outcome. In the course of determining the specific services that need to be authorized, the team may need to go back to the strategies and broadly define who will be involved and how the strategy will be carried out in order to determine the frequency, intensity, and length of the service. This may include an explanation of how the services to be reimbursed by Medicaid meet the Medicaid definition of medical necessity.

Instructions for Completing Form G

Services authorized by the IFSP team to address identified family/child outcomes.

Date: Enter the date the service was included on this IFSP. If a service is modified on this IFSP, it will be re-entered on a new line, with a new date and the modifications. The "End Date" column should reflect the last day the service is to be provided.

Service: Enter the type of specific early intervention service only once, even if that service will address more than one outcome.

You may enter the service code in this column (optional), in addition to writing the service (required). The Service Code Taxonomy is available on the Early Steps data system website at:
http://mch.peds.ufl.edu/es/documentations/Code_Lists/EarlySteps_ServiceTaxonomy.xls

Outcome #: Enter the specific outcome number(s) for which this service is being provided.

Units: Enter the total number of units for the service. Not all services will require a designation of units.

Frequency/ Intensity/ Length, and Group (G) or Individual (I): Looking across all the outcomes for which this service is needed, calculate how often (e.g., once a month) and the amount of time per visit (e.g., 60 minutes) the service will be provided to address all applicable outcomes. Indicate if the service will be provided in a group (G) with other children who are also working on IFSP outcomes or individually (I), meaning that only this child is being provided this service at this time.

Provider Information (Name/Discipline/Agency) *Indicates the Primary Service Provider (PSP): Enter the name, discipline, and agency for the individual who will be providing this service (e.g., Jane Smith, SLP, Great Beginnings). When the team has decided who the primary service provider should be, place an asterisk (*) before their name (e.g., *Mary Jones, ITDS, Child Development Center). This information should be kept current, with updates as needed.

Location Codes: Enter the appropriate location code where the service will be provided. A location code list is at the bottom of the chart. **1=Home, 3=Hospital, 4=School, 5=Childcare Center, 6=Other, 7=Clinic, 8=Residential Facility, 9=Early Intervention Classroom. A=Community Agency, F=Family Daycare Home, P=Public Place. Service Codes (optional): See IFSP Guidance Document.**

Natural Environment Y/N: Enter Y or N as to whether the identified location is a natural environment (i. e., home or community setting where typically developing peers participate) for the child/family to receive the service.

Start Date/End Date Authorization Period: Enter the anticipated length of the service - the date that services are authorized to begin and end. (This date should not exceed 6 months nor should it exceed beyond the date that the annual IFSP is due.)

Payer of Service: Enter the funding source for the service. (Part C funds may only be used when no other resources are available for the service.)

NATURAL ENVIRONMENT JUSTIFICATION: Supports and services must be provided to your child in settings that are natural or typical for children of the same age (natural environments). If, as a team, we decide that we cannot provide a service in a natural environment, we need to explain how we made that decision: When the IFSP team decides that the services(s) a child needs cannot be provided in the natural environment, a justification directly related to the child's outcome(s) needs to be entered for each service listed with an "N." An explanation related to existing administrative barriers, proposed benefits of a location, or the inability of members of the IFSP team to provide the service in the natural environment, while not considered a justification, must also be entered.

COMPLETE ONLY FOR EARLY INTERVENTION SESSIONS:

Addresses the following domain(s): Fine motor, Gross motor, Communication, Cognitive, Social-emotional, Adaptive-self-help skills: Check the domain(s) addressed by the early intervention sessions listed in the Supports and Services grid.

Early Intervention Sessions are: Individual (Medicaid procedure code T1027SC or T1027HM), or Group (Medicaid procedure code T1027TTSC or T1027TTHM): Check the type of early intervention sessions to be delivered.

ICD9 Code(s): Enter the appropriate *International Classification of Diseases* code (http://www.cdc.gov/nchs/icd/icd9cm.htm).

ICD9 Description(s): Enter the appropriate *International Classification of Diseases* code description.

MEDICAL NECESSITY: If your child is a Medicaid recipient, the services reimbursed by Medicaid must be medically necessary. The following is an explanation of the medical necessity of your child's services, if applicable: Describe how the Medicaid service(s) meet the definition provided in Medicaid Coverage and Limitations Handbooks. The explanation may be provided in a separate Plan of Care and referenced here instead.

Resource Post-it #5a

Medical Necessity

Excerpt from the "EPSDT and Medical Medically Necessity" March 2011:

"Florida's medical necessity definition limits services to those that will provide a significant benefit to a patient; excludes experimental and cosmetic procedures; limits services to those that are individualized and specific to the person and condition being treated… Plans should pay for any service that is proven to work and that achieves a significant benefit for a child, regardless of whether the benefit is improvement or maintenance of the child's condition. **Developmental disabilities and birth defects qualify as illnesses. The key is to ensure that the child receives services that are tailored to his or her needs, and not excessive or reliant on costly measures when less costly measures are available and equally effective**."

MODIFICATIONS TO SERVICES: I understand that Form G serves as prior notice of proposed, new, changed, or terminated services as written above and I understand the reason(s) for taking the action(s). I have received a copy and explanation of my procedural safeguards (*Summary of Family Rights*). If there is a modification to supports/services as a result of the periodic review or other update, the parent(s) must receive prior written notice (in this case Form G serves that purpose), and receive an explanation and copy of their procedural safeguards. The parent(s) will check the boxes to document this.

Resource Post-it #5b

Prior Written Notice
For any for any new, changed, or terminated services that occur as a result of an **initial or annual IFSP, Form H** of the IFSP serves as prior written notice.

For any new, changed, or terminated services that occur as a result of a **periodic review or update of the IFSP, Form G** of the IFSP serves as prior written notice.

However, when the IFSP team refuses to initiate or change a service that the family has requested, a separate prior written notice must be provided that meets all policy requirements.

In the unlikely event that a service coordinator finds out about a change in service AFTER it is implemented, prior written notice must be sent at that time and the circumstances surrounding the late notice should be documented in the child's record. However, implementation of service changes without the service coordinator's knowledge should not occur if Early Steps policy for review and revision of the IFSP is followed.

Parent/Guardian Signature:
By providing the parent/ guardian's signature, they are agreeing that they received prior written notice of the proposed new, changed or terminated services and understand the reason(s) for implementing the change(s). They are also agreeing that they have received a copy and explanation of the program's procedural safeguards. If the change in service is a result of a telephone call, the service coordinator may write, "Parent agreed per TC," fill in the date, and send the completed IFSP Form G to the parent(s) after the meeting, requesting a written signature(s) related to written prior notice/procedural safeguards. Parents must receive a copy of procedural safeguards (*Summary of Family Rights*). If parents decline receiving a copy of their procedural safeguards, this must be documented.

Date: The date should correspond with the date of the modified service in the chart of supports and services. This will match the modified service to the parent's signature to confirm prior written notice and procedural safeguards for that particular modification.

USE OF PRIVATE INSURANCE WITH INCREASE OR INITIATION OF NEW SERVICE
If there is an increase to supports/services, or the initiation of a new service, as a result of the periodic review or other update, and the parent(s) have private insurance, the parent(s) must provide consent in order to use private insurance for those services. Form G may be used for this purpose, either in addition to, or instead of, the separate "Informed Consent for the Use of Private Insurance" form. If Form G is being used, then check "N/A" if the family does not have private insurance coverage. Otherwise, mark "I

do" or "I do not give consent to bill insurance. [Note: Consent for use of Medicaid for change in services is not required.]

Parent/Guardian Signature: By providing the parent/ guardian's signature, they are agreeing that either they do not have private insurance coverage, or when they do it may be used as appropriate, for the increased or newly initiated services, or it is denied. When parents agree by phone to use private insurance for any new or increased service, the completed IFSP Form G should be sent to the parent(s) after the meeting requesting written signature for consent. The signed Form G must be returned and filed in the record prior to billing private insurance for new or increased services.

Date: The date of written signature(s) may be later or the same as the consent for increased or new services, but must always be prior to billing private insurance. The date signifies when the parent or guardian provided their signature indicating their consent or denial to use their private insurance for increased or newly added service(s).

Consent for Services for Children in Custody of Department of Children and Families (DCF) Under Chapter 39 F.S. I give consent for medical care and treatment per 743.0645 F.S. and as modified in this IFSP. In the circumstance when a parent other than a biological or foster parent is providing consent for Early Steps services, a DCF caseworker must consent for modified services. This consent should not cause a delay in the timely delivery of services. When not available in person, a faxed or scanned signature on the IFSP form can suffice but must be followed up with the original signature. In cases in which DCF is working toward reunification, every effort should be made to include the child's parent or identified future caregiver in the development of the IFSP.

DCF Caseworker/ Designee Signature: The DCF caseworker or designee signs his/her name, indicating consent for medical care and treatment of the child as described in this IFSP.

Title: The DCF caseworker or designee enters his/her agency title.

Date: The DCF caseworker or designee who signs on the signature line enters the date of the signature.

OTHER SERVICES: In addition to the Early Steps services listed above, you have identified that your child and family receive, or may like help arranging to receive, the following services such as specialized medical services or those activities or services that you choose independent of those authorized by the IFSP team. This section identifies the supports and services that provide a comprehensive picture of the child's and the family's total service needs. If a service is in response to achieving an outcome and it is authorized by the IFSP team, then it will be listed in the Summary of Supports and Services. If it is a service that the child/family receives independent of Early Steps (e.g., SSI, specialized medical services, etc.) then it is an "other" service.

Service/Activity: Enter the services and/or the activities that the team has identified that the child and family receive in addition to the Early Steps services listed above, or that the family may like help arranging to receive, such as specialized medical services, or those activities or services that the family may choose independent of those authorized by the IFSP team.

Examples:

- Check into SSI for Roberto.
- Maya needs a complete neurological work-up.
- John's mother will obtain clinical physical therapy outside of the recommendation of the IFSP team.

Activities/Steps Needed: Enter the activities and steps that will be taken to address other services or activities identified. The service coordinator is responsible for assisting families in securing and coordinating these services.

Examples:

- Michael (service coordinator) will assist Roberto's father in completing the SSI forms.
- Jane (service coordinator) will assist Maya's mother with identifying pediatric neurologists in the surrounding area with expertise in Maya's disability.
- Lisa (service coordinator) will provide physical therapy reports (with parental permission) to the team.

Timeline: Enter the timeframe for addressing the other services/activities identified.

Examples:

- Complete forms within 30 days.
- Have appointment scheduled by x/x/xx.
- On-going as made available.

Provider /Agency Name: Enter the name of the individual and agency that has been identified to provide the support/service.

How to Use this Information

The information on Form G serves as the authorization of early intervention services. Data system codes may be included in the service grid, in addition to the name of the service, for use as a data entry tool for authorized services.

Form H

Name: _____	DOB: _____	IFSP Date: _____
ID#: _____	Service Coordinator: _____	

Form H: Your Individualized Family Support Plan Team

Page ____ of Form H

My family and the following individuals participated in the development of this IFSP and/or will help to implement it.

Printed Name / Credential *Indicates a LHCP providing direction and support to FDS, if applicable	Signature	Position/ Role	Address	Telephone	Receive Copy of IFSP (Family Initial)
		Parent			
		Service Coordinator			
		Primary Service Provider			
		Primary Health Care Provider			

I/We received the following:

- ☐ Copy of procedural safeguards (*Summary of Family Rights*) for Part C or Part B of IDEA, as appropriate, and these rights and safeguards have been explained to me
- ☐ Explanation of procedure for requesting new service coordinator
- ☐ Copy of Early Steps brochure with Central Directory phone number (Initial IFSP only)
- ☐ Copy of Individualized Family Support Plan or understand it will be mailed to me within 15 days
- ☐ Copy of Written Notice Related to Private Insurance and Medicaid, and it has been explained to me

Informed Consent by Parents/Guardians:

- ☐ I participated fully in the development of this plan.
- ☐ I give consent for all of the services described in this Individualized Family Support Plan (IFSP) to be provided as written.
- ☐ I do not provide consent for the following service(s) as described in this IFSP to be provided, however, I do give consent for all other services described in this IFSP to be provided: _____
- ☐ I give consent to bill private insurance ☐ Bill only for Evaluation and/or Assessment Services
- ☐ I do not give consent to bill private insurance ☐ N/A – no private insurance
- ☐ I give permission for copies of this plan to be released to the individuals(s) noted above as indicated by my initials beside each name.

_____ _____ _____
Parent/Guardian Signature Relationship Date

_____ _____ _____
Parent/Guardian Signature Relationship Date

Consent for Services for Children in Custody of Department of Children and Families (DCF) under Chapter 39 F.S:

- ☐ I give consent for medical care and treatment per 743.0645 F.S. and described in this IFSP

_____ _____ _____
DCF Caseworker / Designee Signature Title Date

Rev. 6/15/2012

Form H: Your Individualized Family Support Plan Team

Purpose

This section of the IFSP

- lists the IFSP team members who participated in the development of the IFSP and/or who will help to implement it,
- documents the parent(s) or legal guardian(s) consent to implement the IFSP and document they have received an explanation and written copies of procedural safeguards,
- documents, for children in custody of Department of Children and Families, consent for medical care and treatment,
- identifies those individuals the parents have provided permission to receive a copy of the IFSP, and
- documents support and direction of the ITDS.

Process

This page is completed by the parent(s) or legal guardian(s), service coordinator, and other IFSP team members at the finalization of the written plan.

Instructions for Completing Form H

My family and the following individuals participated in the development of this IFSP and/or will help to implement it.

Printed Name/Credential *Indicates a LHCP providing direction and support to ITDS, if applicable: Enter the name and credential (as appropriate) of the team members beginning with the family members. If a Licensed Healthcare Professional (LHCP) is providing direction and support to an ITDS, enter an asterisk (*) beside the name. If a DCF caseworker participates in the development of the IFSP, name and information should be documented in this section.

Signature: Each team member participating in the development of the IFSP must sign to validate their participation. If participation was by telephone, or some other

acceptable manner, the service coordinator may indicate this by writing the method of participation in this box, e.g., "participated per TC."

Note: When the IFSP is used as the Plan of Care, signature by Medicaid providers also serves to validate their understanding that any Medicaid billable service must meet the Medicaid definition of "medically necessary" as addressed on Form G, and described within instructions for Completing Form G, as applicable.

Position/Role: Indicate the role that the team member will serve on the team.

Address: Enter the address of the team member.

Telephone: Enter the telephone number of the team member.

Receive Copy of IFSP (Family Initial): The family initials the appropriate space indicating and giving their consent as to which IFSP team member(s) may receive a copy of the IFSP.

Note: If the ITDS is providing services to a child receiving Medicaid and using the IFSP as the Plan of Care, the appropriate Licensed Healthcare Professional(s) from the team must sign and date Form H indicating the IFSP/Plan of Care has been collaborated upon and face-to-face direction and support has been provided to the ITDS in the development of this plan. If the ITDS is not using the IFSP/Plan of Care, then the components and requirements of the Plan of Care, as specified in the Medicaid Early Intervention Services Coverage and Limitations Handbook, must be followed.

If the Licensed Healthcare Professional, who signs the initial IFSP/Plan of Care for the ITDS providing service to children receiving Medicaid, will not be the ongoing Licensed Healthcare Professional that directs and supports the activities of the ITDS, the name of the Licensed Healthcare Professional who will be providing support and direction for these activities must be stated on the IFSP.

Medicaid requires that support and direction of the ITDS must take place either through consultation at team meetings or by accompanying the ITDS on visits with the child and family, one of which must occur every six months and be documented in the child's progress reports. The IFSP team must ensure that each child, whether they are eligible for Medicaid or not, is supported by a team and that IFSP team members provide

support and direction to one another. Support and direction can be both planned (documented on the IFSP) and spontaneous opportunities for support and direction.

I/We received the following: Copy of procedural safeguards (*Summary of Family Rights*) for Part C or Part B of IDEA, as appropriate, and these rights and safeguards have been explained to me. Copy of Early Steps brochure with Central Directory phone number (initial IFSP only). Explanation of procedure for requesting new service coordinator. Copy of Individualized Family Support Plan or understand it will be mailed to me within 15 days. Copy of *Written Notice Related to Private Insurance and Medicaid*, and it has been explained to me. The family checks the appropriate boxes for information that has been explained and/or copied for them.

Informed Consent by Parents/Guardians: I participated fully in the development of this plan. I give consent for all of the services in this Individualized Family Support Plan (IFSP) to be provided as written. I do not provide consent for the following service(s) as described in this IFSP to be provided, however, I do give consent for all other services described in this IFSP to be provided. I give consent to bill private insurance. Bill only for Evaluation and/or Assessment Services I do not give consent to bill private insurance. N/A – no private insurance. I give permission for copies of this plan to be released to the individual(s) noted above as indicated by my initials beside each name. The family checks the appropriate boxes. Form H may be used instead of, or in addition to, the separate "*Informed Consent for the Use of Private Insurance* "form, but either/both and the "W*ritten Notice Related to Private Insurance and Medicaid* " must be discussed and signed by the parent(s) prior to checking "I do" or "I do not give consent" to bill private insurance. Note that when private insurance and Medicaid are both available, then Medicaid requires that private insurance is primary and must be billed.

Relationship: Others enter their relationship to the child/family.

Parent/Guardian Signature: The parent/guardian(s) attending the IFSP meeting provides their signature and date after the statement of understanding/consent indicating that the IFSP has been reviewed with them and they have indicated any denials of

consent in the space provided. Other individuals who participate on behalf of the parent/guardian(s) enter their signature.

Date: The individual(s) who sign(s) on the signature line enters the date of the signature.

Consent for Services for Children in Custody of Department of Children and Families (DCF) under Chapter 39 F.S.: I give consent for medical care and treatment per 743.0645 F.S. and described in this IFSP. In the circumstance when a parent other than a biological or foster parent is providing consent for Early Steps services, a DCF caseworker must consent for modified services. This consent should not cause a delay in the timely delivery of services. The participation of the DCF caseworker in the development of the IFSP should be documented by providing the name and signature in the top section of Form H of the IFSP. In cases in which DCF is working toward reunification, every effort should be made to include the child's parent or identified future caregiver in the development of the IFSP.

DCF Caseworker/ Designee Signature: The DCF caseworker or designee signs his/her name, indicating consent for medical care and treatment of the child as described in this IFSP.

Title: The DCF caseworker or designee enters his/her agency title.

Date: The DCF caseworker or designee who signs on the signature line enters the date of the signature.

How to Use this Information

Form H provides the "go ahead" to begin implementation of the services and supports identified on the IFSP and for which the parents have provided permission.

Form I

Name: _____ DOB: _____ IFSP Date: _____

ID#: _____ Service Coordinator: _____

I

Form I: Your Family's Transition Plan **Page____ of Form I**

Transition Planning Steps (Check all boxes that apply)

1. Notification:
   a. ☐ The *Understanding Notification* brochure was provided. Date Provided: _____
   b. ☐ The family opted out of notification. Date: _____
   c. ☐ Notification to the school district and Department of Education was provided. Date Provided: _____

2. Program Options:
   a. ☐ Program options available within the community (e.g., local school district, Head Start, Agency for Persons with Disabilities, other early care and education programs, etc.) were discussed.
   b. ☐ At this time, the family is interested in the following options:

3. Referral:
   ☐ With family consent, a referral packet was provided to the school district and/or other agencies and community providers as follows:
   a. Agency/Program to which child is referred: _____ Referral Date: _____
   b. Agency/Program to which child is referred: _____ Referral Date: _____

4. Transition Conference: Date of Conference: _____
   a. ☐ Concerns of the family related to transition were discussed. Those concerns are listed below. If there are no concerns, please indicate "none."

   b. ☐ Ustactivities to address the above concerns, if applicable.

   c. ☐ School district information was provided regarding services to preKindergarten children with disabilities. This information should include the district's evaluation/eligibility process and how the Individual Educational Plan (IEP) is developed.
   Comment:

   d. ☐ Services/activities to support our child's transition into a new setting/environment: (Agency/program visitations, parent training, transportation issues, assistive technology needs, immunizations, additional evaluations needed, etc.)

   Services/Activities | Person(s) Involved | Time frame(s)

We attended the transition conference and participated in the development of this transition plan. We provide consent to the steps and services related to transition.

Parent/Guardian | Parent/Guardian | Date

We attended the transition conference and participated in the development of this transition plan.

Service Coordinator | IFSP Team Member/Title | Local School District Representative/Title

Community Representative/Agency/Title | IFSP Team Member/Title | Other/Title

Rev. 4/18/2012

Form I: Your Family's Transition Plan

Purpose

This section of the IFSP

- documents the steps that will be taken to support the transition of the child and family from Part C services to the Preschool services under Part B, to the extent that those services are appropriate or other services that may be available, if appropriate, and
- documents the date and participants of the transition conference.

Process

The service coordinator is the key player in ensuring a smooth transition and is responsible for initiating and coordinating transition planning. There is a need to ensure a seamless transition for children at age three and their families with timely access to appropriate services. Families need to move smoothly from one program or system to another with continuity of services. By helping the family to identify their child's needs within his/her daily routines and assisting the family to build on their competencies and use natural supports throughout their early intervention experience, they will be more prepared for the transition out of Early Steps.

Note: Form I is only required for transition at age three. To plan for transitions other than the transition at age 3 (i.e., hospital to home, home to childcare, LES to LES, etc.), identify the concerns/priorities of the family/IFSP team and develop outcomes on Form F, as appropriate. Record other transition activities in the case notes. Closure of the child to Early Steps prior to age 3 because the child is no longer eligible should be recorded on the bottom of Form D.

<u>Instructions for Completing Form I</u>

Transition Planning Steps (Check all boxes that apply)

1. **Notification:**

a. **The *Understanding Notification* brochure was provided.** Check the box to verify the *Understanding Notification* brochure was provided to the family.

   Date Provided: Enter the date the brochure was provided. This should match the date in the case notes and the Early Steps data system.

b. **The family opted out of notification.** Check the box only if the family opted out of notification.

   Date: Enter the date the family opted out. This should match the date on the Notification Opt-Out Form, in the case notes and the Early Steps data system.

c. **Notification to the school district and Department of Education (DOE) was provided.** Check the box if notification to the school district and DOE was provided.

   Date Provided: Enter the date notification to the school district and DOE was provided. This should match the date in the case notes and the Early Steps data system.

2. **Program Options:**

   a. **Program options available within the community (e.g., local school district, Head Start, Agency for Persons with Disabilities, other early care and education programs, etc.) were discussed.** Check the box to verify program options were discussed with the family.

   b. **At this time, the family is interested in the following options:** List the various programs or options in which the family is interested at this point in time. Explore all potential options with the family. Take into account the family's need, if any, for full- or part-time child care.

3. **Referral: With family consent, a referral packet was provided to the school district and/or other agencies and community providers as follows:** Check the box to confirm that a referral packet to an agency/program was provided.

    a. **Agency/Program to which child is referred:** Enter the agency/program to which child is referred during the transition process.

    Referral Date: Enter the date the service coordinator makes the referral.

    b. **Agency/Program to which child is referred:** If there is more than one referral, enter the agency/program to which child is referred during the transition process.

    Referral Date: Enter the date the service coordinator makes the referral.

4. **Transition Conference:**

Date of Conference: Enter the date of the actual transition conference. This date and any reason for delay in meeting the timeline requirement must be documented in the case notes and the appropriate barrier code entered in the Early Steps data system.

a. **Concerns of the family related to transition were discussed. Those concerns are listed below. If there are no concerns, please indicate "none."** Check the box if concerns of the family, related to transition, were discussed. The IFSP team, which includes the family, may have concerns about the child's ability to adjust and function in the new setting and the parents may identify training and information needs. List concerns addressed by the family. If family has no concerns at this time, indicate "none."

Examples:

- We need to learn more about the IEP process.
- Darien won't be able to follow simple directions like the other children.

b. **List activities related to the above concerns, if applicable:** Check the box to confirm activities related to the family's concerns were addressed. List the activities.

Example:

- Sadie, the ITDS, and Darien's mother will work on ways to increase Darien's response to simple directions throughout his day.

c. **School district information was provided regarding services to prekindergarten children with disabilities. This information should include the district's evaluation/eligibility process and how the Individual Educational Plan (IEP) is developed.** Check the box to confirm information was provided regarding school district services for the prekindergarten program for children with disabilities, the district's eligibility process, and how the Individual Educational Plan (IEP) is developed.

Comment: Enter information if the family declined participation of the school district (LEA), the LEA did not attend, or the LEA attended but family declined referral to school district.

d. **Services/activities to support our child's transition into a new setting/ environment: (Agency/program visitations, parent training, transportation issues, assistive technology needs, immunizations, additional evaluations needed, etc.)** Check the box to confirm that services/activities to support the child's transition into a new setting/environment were discussed.

Services/Activities: Enter the services/activities that the team identifies as needed to be completed to facilitate a smooth transition into a new setting/environment.

Example*:*

- Parents will contact the Family Network on Disabilities to connect with other families whose children have already transitioned.

Person(s) Involved: Enter the name(s) of the person(s) who will be involved in completing the identified services/activities.

Timeframe(s): Enter the date when each step should be completed.

We attended the transition conference and participated in the development of this transition plan. We provide consent to the steps and services related to transition.

Parent/Guardian: By obtaining the parent/guardian's signature, they are agreeing that they attended the transition conference, participated in the development of the transition plan, and provided consent to the steps and services related to transition. In the event that the parent/guardian participated in the transition conference by telephone call, the service coordinator may write on the signature line, "Parent participated per "TC."

Date: Enter the date the signature(s) was obtained, or per telephone participation.

We attended the transition conference and participated in the development of this transition plan. By obtaining signatures of those attending the transition conference, they are agreeing that they participated in developing the transition plan. In the event that the school district or community/agency representative participated in the transition conference by a telephone call, the service coordinator may write on the signature line "Participated by TC."

How to Use this Information

Form I will guide the child's and family's transition from Early Steps and help the team ensure the transition experience is smooth and effective as a result of careful planning in informed decision-making. Prior planning for changes in service providers or service programs will facilitate these changes, lessen any potential stress for the child and family, and assist in continued progress toward achieving desired outcomes.

Form J

Name: _____ DOB: _____ IFSP Date: _____
ID#: _____ Service Coordinator: _____

Form J: Your Family's Individualized Family Support Plan Periodic Review **Page ____ of Form J**

Outcome #	Date Reviewed	Describe Progress / Modification (If these modifications result in a change of service, please complete the *Modifications of Services* section on Form G)	Status (Check One)
			☐ Outcome reached ☐ New outcome developed (# ___) ☐ Outcome continued ☐ Outcome modified
			☐ Outcome reached ☐ New outcome developed (# ___) ☐ Outcome continued ☐ Outcome modified
			☐ Outcome reached ☐ New outcome developed (# ___) ☐ Outcome continued ☐ Outcome modified
			☐ Outcome reached ☐ New outcome developed (# ___) ☐ Outcome continued ☐ Outcome modified
			☐ Outcome reached ☐ New outcome developed (# ___) ☐ Outcome continued ☐ Outcome modified
			☐ Outcome reached ☐ New outcome developed (# ___) ☐ Outcome continued ☐ Outcome modified

Team Member Signatures

Print Name / Credentials *Indicates a LHCP providing direction and support to / TOS, if applicable	Signature	Date

Rev. 10/1/2011

Form J: Your Family's Individualized Family Support Plan Periodic Review

Purpose

This section of the IFSP

- documents the dates of the periodic reviews of the IFSP and the IFSP team members participating,
- documents the modifications or revisions to the outcomes or services that are needed as a result of the review, and
- documents support and direction of the ITDS.

Process

A periodic review is intended to review the plan with the family to address:

- the degree in which progress toward achieving the outcomes is being made,
- whether or not additional needs have been identified based on ongoing assessment/observation, and
- whether or not modification or revision of the outcomes or services is necessary.

Instructions for Completing Form J

Outcome #: Enter the number of the outcome you are reviewing.

Date Reviewed: Enter the date of review.

Describe Progress/Modification (If these modifications result in a change of service, please complete the *Modifications to Services* section on Form G): This is where the team reviews progress on the outcome from the perspective of those involved and a brief statement of progress is written. As a result of this discussion, one of the following boxes is checked:

Resource Post-it #6

When Do You Modify Outcome Strategies?

When they

- have not lead to anticipated progress
- have not been consistently implemented and therefore are not working
- are no longer appropriate given the child's interests and abilities
- no longer fit well within the child's and family's everyday routines, activities, and places

Status (Check One):

Outcome reached: In this case, the team explores with the family if there are other priorities they would like to address at this time. If so, a new outcome is developed. If an outcome is deemed achieved as a result of a periodic review and a service is terminated, the *Modifications to Services* section of Form G must be completed.

New outcome developed (# __): If a new outcome is written, a new Form F is added to the IFSP and the outcome numbered. If a new outcome is written as a result of a periodic review and requires new services, the *Modifications to Services* section of Form G must be completed.

Outcome continued: The team decides that no changes or modifications need to be made to the outcome.

Outcome modified: The team decides that based on their discussion the outcome should be modified. Modifications include changes to the outcome statement, short-term goals and strategies.

Describe Modification. If the **outcome modified** box is checked, please describe the modifications, or reference that you made the modifications directly to the corresponding outcome page. If the modifications are made on the outcome page, they must be dated to correspond with the review date and the original information must stay intact.

If these modifications result in a change of service, please complete information on Form G. If the modifications require changes to services, the *Modifications to Services* section of Form G must be completed. If a new outcome is written as a result of a review and requires new services, or a service is terminated, the *Modifications to Services* section of Form G must be completed.

Team Member Signatures:

Print Name / Credentials *Indicates a LHCP providing direction and support to ITDS, if applicable: Enter the name and credentials of each team member participating in the review. If a Licensed Healthcare Professional (LHCP) is providing direction and support to an ITDS, enter an asterisk (*) beside the name.

Signature: Each team member participating in the review must sign to validate their participation. If the review was conducted by telephone, the service coordinator may write, "Participated per TC."

Date: Fill in the date signatures were obtained.

Note: If the IFSP is being used as the Plan of Care:
#1: the signature of the Licensed Healthcare Professional who prepares and reviews the IFSP must be included. For a Medicaid eligible child who is receiving early intervention sessions from an ITDS, it must be signed by the appropriate Licensed Healthcare Professional and the ITDS for whom they are providing support and direction. If the IFSP is not being used as the Plan of Care, then the components and requirements of the Plan of Care, as specified in the Medicaid Early Intervention Services Coverage and Limitations Handbook, must be followed.
#2: each Medicaid provider who signs the IFSP, is also accepting responsibility that any service billed to Medicaid meets/will meet the Florida definition of "medically necessary" as described within Medicaid Coverage and Limitations Handbooks.

How to Use this Information

The family, service coordinator, and current service providers discuss the degree to which progress toward achieving the outcomes/goals is being made, and whether modifications or revisions to the outcomes or services are necessary. At this time, any other changes regarding child or family information should be documented on the appropriate pages of the IFSP.