Idaho Infant Toddler Program
Individualized Family Services Plan (IFSP)
Instructions

General Information

For each infant or toddler with a disability who participates in the Infant Toddler Program (ITP), ITP must ensure the development, review, and implementation of an IFSP. Prior to IFSP development, appropriate evaluations, child and family assessments, and team decisions regarding eligibility should be completed.

The development of an IFSP is a process in which a service coordinator, family members, and service providers work together as partners. In addition, parents should receive a copy of their rights and have procedural safeguards implemented to protect them. The IFSP must be based on the multidisciplinary evaluation of the child and the resources, priorities, and concerns of the family. Additionally, the IFSP outlines the services necessary to enhance the development of the child and the capacity of the family to meet the needs of the child.

The initial IFSP meeting should be completed within 45 days from the date the child was referred to ITP. The meeting must be scheduled at a time and location convenient to the family. The plan should be reviewed every six (6) months, or more frequently if conditions warrant, or if the family requests such a review.

All information contained in the plan should be easy for parents to read and understand. Avoid using technical jargon and medical terminology. Upon completion, a copy of the IFSP should be provided to the family and attached in ITP KIDS.

The IFSP Document contains two Parts: Part 1 – Assessment and Planning Tool and Part 2 – Plan Development.

Location and Heading	Instructions	Important Information and Examples
IFSP Part 1 – Part 1 of the IFSP should be completed as part of the intake process by the assigned Service Coordinator.		
Part 1: **Demographic Information**	• Enter child and family demographic information on specified lines. • Child's Name – Record the child's full name. (Put nicknames in parenthesis) • Date of Birth – Record the child's complete date of birth. (Month/Day/Year, e.g., 02/27/2013) • Gender – Check the appropriate box denoting whether the child is male or female. • Parent/Guardian – Record the full name of the child's parents, the legal guardian, and/or the appointed surrogate parent. • Relationship – Record the relationship of the parents/guardian identified above. • Address – Record the address of the person listed on the Parent/Guardian line. • City – Record the city of residence. • State – Record the state of residence. • Zip – Record the zip code of the residence. • Phone Number – Record the current phone number(s) of the person listed on the Parent/Guardian line and check the corresponding box to denote whether the number is a work(w), home(h), or cell(c) number. • Email Address – Record the e-mail address of the person listed on the Parent/Guardian line, if applicable. • 2nd Contact - Record the full name(s) of a second contact for the child. • Relationship - Record the relationship of the child's 2nd contact listed on the 2nd Contact line. • Address, City, State, Zip – Record the address, city, state, and zip code for the 2nd Contact. • Phone number and Email Address – Record the phone number and check the corresponding box to denote whether the number is a work(w), home(h), or cell(c) number and record the Email address of the 2nd Contact, if applicable. • Family's Primary Language – Record the family's primary language, which is the language normally/primarily used by the parents. • Child's Race/Ethnicity – Record the child's race/ethnicity using the guidelines in the Important Information column.	NOTE: Part 1 of the IFSP should NOT be given to the family to complete on their own. It is a vital part of the interview process and family assessment to gather information for the completion of Part 2 of the IFSP. <u>Child's Race/Ethnicity</u> 1. *Hispanic/Latino* – A person of Cuban, Mexican, Puerto Rican, South or Central American, Caribbean or any "New World " Spanish culture or origin, regardless of race, or a person of any mixed race in which Hispanic is a component. This includes, for ex: U.S., Mexico, Guatemala, Honduras, Panama, Columbia, Ecuador, Haiti, Dominican Republic, Virgin Islands, Cuba, Peru, Chile, Argentina, Bolivia, and White/Hispanic mix, Asian/Hispanic mix, Native American/Hispanic mix. 2. *American Indian or Alaska Native* – A person having origins in any of the original peoples of North and South America (including Central America) and who maintains a tribal affiliation or community attachment. (<u>Does not</u> include persons of Hispanic/Latino ethnicity.) This includes, for ex: any recognized "Indian" tribe or culture such as Shoshone, Flat Head, Blackfoot, U.S., Mexico, Guatemala, Honduras, Panama, Peru, Bolivia, and Brazil. 3. *Asian* – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. (<u>Does not</u> include persons of Hispanic/Latino ethnicity.) This includes, for ex: Cambodia, Laos, China, Mongolia, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, & Vietnam. 4. *Black or African American* – A person having origins in any of the Black racial groups of Africa. (<u>Does not</u> include persons of Hispanic/Latino ethnicity.) This includes, for ex: Chad, Sudan, Ethiopia, Congo, Kenya, Somalia, and Angola. 5. *Native Hawaiian or Other Pacific Islander* – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. (<u>Does not</u> include persons of Hispanic/Latino ethnicity.) This includes, for ex: Philippines, Indonesia, New Guinea, Solomon Islands, Fiji, and Micronesia. 6. *White* – A person having origins of the peoples of Europe, the Middle East, or North Africa. (<u>Does not</u> include persons of Hispanic/Latino ethnicity.) This includes, for ex: Russia, Spain, Portugal, Italy, Greece, Turkey, Syria, Lebanon, Jordan, Afghanistan, Iran, Iraq, Bosnia, Kuwait, Saudi Arabia, United Arab Emirates, Tunisia, Morocco, Libya, Algeria, Egypt, and Israel. 7. *Two or More Races* – A person having origins in <u>two or more</u> of the <u>five</u> race categories listed above. (<u>Does not</u> include persons of Hispanic/Latino ethnicity.) This includes, for ex: White/Black mix, Asian/Native American mix, and Pacific Islander/Black mix.

	• Additional Info – Record any other pertinent information, such as if the parent prefers to be contacted by text, if directions are needed to their home, etc.	NOTE: In instances where parents are unwilling to provide the child's racial category, service coordinators should leave this field blank on the IFSP and use their best judgment to assign and enter the child's race/ethnicity identification into ITP KIDS. If the parent provides this information but does not want it listed on the IFSP, leave this field blank on the IFSP and enter this information into ITP KIDS.
Part 1: **Health Information**	• Enter health information for the child on specified lines. • Primary Care Physician – Record the first and last name of the child's Primary Care Physician. • Medicaid # - Record the child's Medicaid number. Enter NA if the child does not have a Medicaid number. • Clinic Name – Record the full name of the clinic/hospital where the Primary Care Physician is employed. • Address – Record the address of the Primary Care Physician. • City – Record the city of the Primary Care Physician's clinic/hospital. • State – Record the state of the Primary Care Physician's clinic/hospital. • Zip – Record the zip code of the Primary Care Physician's clinic/hospital. • Phone Number – Record the phone number of the Primary Care Physician's clinic/office. • FAX – Record the fax number of the Primary Care Physician's clinic/office. • Email Address – Record the Email address of the Primary Care Physician's clinic/office. • Healthy Connections – Circle "Y" for yes if the child is enrolled in the Medicaid Healthy Connections program and "N" for no if the child is not enrolled in the program. • Insurance Company – Record the full insurance company name of the primary insurance provider. • Policy # - Record the group and/or individual policy number for the primary insurance provider.	
Part 1: **Service Coordination Information**	• Enter Service Coordinator information on specified lines. • Service Coordinator – Record the full name of the child's service coordinator. • Agency – List the full name of the agency that employs the child's Service Coordinator. • Agency Address - Record the address of the agency the child's service coordinator is employed. • City – Record the city of the agency the child's service coordinator is employed. • State – Record the state of the agency the child's service coordinator is employed. • Zip – Record the zip code of the agency the child's service coordinator is employed. • Phone Number – Record the phone number of the child's service coordinator. • FAX – Record the fax number of the child's service coordinator. • Email Address – Record the Email address of the child's service coordinator.	
Part 1: **Child's Status in ITP**	• Check the appropriate box based on the child's status: intake, initial IFSP, 6 month review, or Annual IFSP, and enter the date of original IFSP. • Record the Date Completed in the footer line.	The Date Completed in the footer line is the date each page was completed. This date may be the same for some pages but will most likely not be the same for all pages in Part 1 of the IFSP.
Part 1: **Family Information** Concerns that brought you to ITP.	• Record the child's name and date of birth in the header line. • Record the parent's description of their concerns that the family would like to see addressed within the next year. All identified areas should be considered and/or addressed when planning interventions. Local resource and referral information should	This section is intended to identify any concerns a family may have regarding their child's development and what they would like to see happen for their child and/or family as a result of receiving Infant Toddler Program services. The concerns, what a family hopes to see for their child and/or family, and

AND What do you hope to see happen for your child and/or family within the next year? AND Additional questions	be provided as needed. Follow-up to issues/areas of concern should be planned through the development of related Outcomes in Part 2 of the IFSP. • Record information the family has discussed with their child's physician or other professionals and results of the discussion. • Record the parent's description of what they hope to see happen for their child and/or family within the next year. • Record the parents responses to the following eight questions: Child lives with? Other caregivers? Child typically spends the day with? Siblings/age? Pets? Other important people? Additional important information? Does the child like to use or need any assistive technology like hearing aids, orthotics, or positioning supports?	responses to the eight questions should be considered when writing Outcomes and identifying what strategies and resources will be used to meet the Outcome in Part 2 of the IFSP.
Part 1: **Health History**	• Check the appropriate boxes if medical records or a medical/social report is available to ITP. • Record parent's response to their child's current annual history and physical exam due date; dental, hearing, or vision providers; and other medical providers and medications. • Record parent's statements about the child's prenatal and birth history, birth weight/length, medical conditions, illnesses, injuries, hospitalizations, immunizations, allergies, sleep patterns, etc. Also record if there is a family history or physical or mental illness, disability, or vision or hearing loss. • Record the Date Completed in the footer line.	Birth history information can include but is not limited to the following information: overall health status, nutritional status or eating concerns, growth, vision concerns or any completed vision screening, and hearing concerns or any completed hearing screenings. If a child is unscreened at this juncture, it is appropriate to offer a vision or hearing screening. The Date Completed in the footer line is the date each page was completed. This date may be the same for some pages but will most likely not be the same for all pages in Part 1 of the IFSP.
Part 1: **Child/Family Routines & Activities** What are the things your child enjoys most or does very well? AND What does your family enjoy doing together? AND What activities/routines you do throughout the day?	Record the child's name and date of birth in the header line. Check the appropriate boxes if any of the related resources were completed as part of Part 1 of the IFSP. • Interest-Based Everyday Activity Checklist • ABC Matrix • RBI-SAFER Combo • SHoRE • Other Record the parent's description of what their child enjoys the most including but not limited to toys, people, places, activities, pets, etc. Record the parent's description of what their family enjoys doing together. Record the parent's description of the activities/routines of their child and family throughout the day. Parents should be guided to think about what an average day looks like for their child and	The Interest-Based Everyday Activity Checklist, ABC Matrix, RBI-SAFER Combo, and SHoRE are tools that provide high quality information regarding a family's activities, interests, and resources. This information assists the family and team in identifying those activities that provide high motivation and frequency of practice when writing functional and contextualized outcomes. These tools can be used in addition to Part 1 of the IFSP, developmental evaluations, and child and family assessments to gain a more complete understanding of the child and family. **Examples of the "parent's description of what the family enjoys doing together" include but are not limited to:** • Going to the park • Going to grandparent's house • Playing with the family dog • Going for walks • Going fishing • Going to church

AND Are there any routines you find difficult or frustrating for you or your child? AND Are there times in which you find it difficult to soothe your child?	family. Record the parent's description of any routines or activities they find difficult or frustrating for them or their child. Parents should be prompted to identify any routines/activities they are not doing but would like to do because of their child's needs and whether they are interested in doing them now or in the near future. If the parent answers "yes" to the question "Are there times in which you find it difficult to soothe your child?", record the parent's description of when they find it hard, such as when their child is crying uncontrollably. Also record what they are currently doing, and if they would like additional information about different ways to handle these situations. This section is filled out based on the family's needs and is **not** required. If the parent would like additional information, a soothing plan should be developed in the Outcomes for Service Coordination page under "Strategies to soothe yourself and your child".	**Examples of the "parent's description of the activities/routines of their child and family throughout the day" include but are not limited to:** • What does an average morning look like? • What does breakfast time look like? • What does play time look like? • What does bath time look like? • What does dinner time look like? • What does bed time look like?
Part 1: **Have you or your child participated in any of the following programs?**	• Check the appropriate boxes to indicate whether the family or child is currently participating in or has participated in the past in any Department of Health and Welfare, health services, or other programs. • Record the parent's description of any comments related to programs they or their child are currently participating in or has participated in the past. • Record the Date Completed in the footer line.	The Date Completed in the footer line is the date each page was completed. This date may be the same for some pages but will most likely not be the same for all pages in Part 1 of the IFSP.
Part 1: **Resource Development**	• Record the child's name and date of birth in the header line. • Check the appropriate box if an Ecological Family Mapping (ECO Map) has been completed as part of Part 1 of the IFSP. • Record the people, places, and things identified by the family as supports or resources the family can count on. These people and resources should be considered and utilized as part of the family's natural support system when planning interventions to assist this child and family.	This section applies to the family rather than specifically to the child. All families should be given the opportunity to answer this question. However, the information is voluntary; a family is not required to provide this information. If family requests information on possible resources, it should be identified in the Outcomes for Service Coordination page.
Part 1: **Concerns about meeting the needs of your child or family**	Check the appropriate boxes to indicate any concerns that apply to the family and/or child. Circle the boxes to indicate those that are of immediate concern.	Identify the areas of importance or concern that the family would like to see addressed within the next year. All identified areas should be considered and/or addressed when planning interventions. Local resource and referral information should be provided as needed. Follow-up to issues/areas of concern should be planned through the development of related Outcomes in Part 2 of the IFSP.

Part 1: **Psychological Stressors/Events**	Check the appropriate boxes to indicate any psychological stressors/events that apply within the past year.	
Part 1: **Description of Psychological Stressors/Events**	Record the parent's response to any descriptions of psychological stressors/events identified above. Also include any other resources that a family would like more information. Record the Date Completed in the footer line.	The Date Completed in the footer line is the date each page was completed. This date may be the same for some pages but will most likely not be the same for all pages in Part 1 of the IFSP.
Part 1: **Description of Child**	Record the child's name and date of birth in the header line. <u>Present Level of Development</u> Record the parent's description of their child's abilities (strengths to build on) and needs (potential areas for focus within the next year) in each domain. Parents should be guided to think about the following for their child: • How does your child learn/use knowledge and skills? • Does your child take actions to meet his/her needs? • Does your child have positive social relationships? Record a description from other data sources that may include direct observation, evaluation results, medical records, etc. Objective criteria (factual statements) in each domain should be noted by the professional in simple, easy-to-understand language.	As part of the parent interview, their input is gathered regarding the child's skills in all domains. This page is intended to identify the child's strengths and needs in each of the developmental domains: cognitive, receptive and expressive language, adaptive, gross and fine motor, social and emotional development. Both the strengths and needs of the child will be considered when selecting Outcomes to include in Part 2 of the IFSP. Statements should be jargon-free and emphasize functional skills. Sources for Objective criteria might include: direct observation, evaluation results, and medical records.
Part 1: **Vision/Hearing Screenings**	Check the appropriate boxes regarding any vision/hearing concerns, screenings requested, and screening results. Also record any information from parents regarding vision/hearing screening and any needed follow. Record the Date Completed in the footer line.	If a child is unscreened at this juncture, it is appropriate to offer a vision or hearing screening. The Date Completed in the footer line is the date each page was completed. This date may be the same for some pages but will most likely not be the same for all pages in Part 1 of the IFSP.
IFSP Part 2 – The Service Coordinator is responsible to ensure Part 2 of the IFSP is completed as the final part of the intake process and ongoing process.		
Part 2: **Plan Development** **&** **Status**	List the full names (first and last), role, agency, address, phone number, and email with the early intervention team working to provide services and supports to the family and child. Check the appropriate box for the child's IFSP status, and enter the date of the original IFSP (bottom of page).	If desired, the child/family photo can be attached or printed in the child/family photo box. If desired, the early intervention team photo can be attached or printed at the bottom of the page.
PART 2: OUTCOMES FOR CHILD (Record the child's name and date of birth in the header line.)		
Outcomes for Child What specifically do	<u>Outcome # and Functional Outcome</u> The Outcomes for Child page focuses on what the family would like	Child-focused functional outcomes are family priorities related to enhancing a child's participation within an existing or desired activity setting or routine of the

we want your child to do in the next few months? AND	their child to do using their child's interest and needs. Using information gathered from the evaluation, child and family assessment including Part 1 of the IFSP, ABC Matrix, Interest-Based Everyday Activity Checklist, etc., assist the family in identifying, prioritizing, and selecting the Outcomes to be addressed in the IFSP. Using the family's words, write a functional outcome for the child to do in the next few months in the designated box. Then assign a number to the Outcome. This will allow easy reference in the Summary of Early Intervention Services page. In order to develop child-focused functional outcome IFSP statements, the following should occur: 1. Gather information by identifying family priorities as they relate to child participation in everyday activity settings; 2. Observe families and their children engaged in real life, every day activities across settings and with important people in their lives; and 3. Document child-focused functional outcome statements on the IFSP.	family in order to promote child learning, growth, and development. Outcome statements that are child-focused and participation-based can target interest based activity settings or focus on new activity settings and situations that the parents are interested in the child experiencing. Tips to document quality functional outcomes for an IFSP: • Ensure IFSP outcomes are written so that they are discipline-specific free. For example, an IFSP should not contain separate occupational therapy, physical therapy, speech therapy, or education-based goals. The outcome statements are identified by family priority and based upon child participation in current or desired activity settings or a needed resource or support. • Ensure IFSP outcomes are written free of jargon. Outcomes need to be written in words that all team members can understand and as close as possible to how the parent actually stated the outcome. **Example of "IFSP child-focused functional outcome statements" include but are not limited to:** • Sally will be able to participate in playtime with her brothers by walking independently around the house to get to toys, places, and people she wants. • Jonny will join the family for meals at the dinner table on the weekends. • Laura will help her parents water the garden and houseplants. • Jamie will feed herself using her fingers and a spoon during mealtime and snack time. • Sam will enjoy his favorite activities of book reading and having snacks while riding in the grocery cart during shopping trips with his mother. • Mandy will gain weight so the she will be consistently healthy. • Jim will play in the water in the bathtub, at the sink, and backyard pool to strengthen his splashing, kicking, laughing, vocalizations, and ability to play with water toys. • Roger will have fun playing with his toys and his brother while positioned comfortably throughout the day in his floor chair, standing frame, and/or parents' laps. • Tommy will participate in social activities he enjoys, such as playing at the sand table at his child care center and playing with trucks both at home and in child care, in order to encourage his verbal communication with others. **Avoid** the following passive words when writing child-focused, participation-based IFSP outcome statements: tolerate, receive, increase or decrease, improve, and maintain. These words are not congruent with functional, meaningful outcome statements.

		The IFSP may contain multiple Outcomes with related strategies to achieve each Outcome. Record only one Outcome per page. Additional Outcomes should be addressed using additional "Outcomes for Child" pages.
Outcomes for Child What is your child doing now? AND	<u>Child's Current Level of Function Related to Identified Outcome</u> Using the family's words, record what the child is currently doing as related to the identified functional outcome. This is your baseline statement. At ongoing reviews, an assessment tool is updated to reflect the child's current functioning and progress being made towards the identified outcome. This section should include a statement that refers to the tool used to track the child's status, or shows a timeline to map out the child's current and previous level of functioning.	**Examples of "what is your child doing now":** • Sally is able to crawl around the house and get to places she wants. She is pulling up to furniture, and is hesitant to take any steps on her own. • Kane enjoys playing on the floor, and has difficulty getting in or out of sitting on his own. If he gets stuck when rolling around, he squeals to get help. • Jamie currently tries to feed herself using her fingers, but she misses her mouth when she tries to get the food in. A tool that measures progress should be used to provide a picture for parents to see how their child is functioning compared to previous reviews. The tool should be updated at every review and should start with the child's baseline functioning. The tool should capture information from previous IFSP's if the outcome extends over several IFSP years. **An example of referring to a tool to show progress toward a child's outcome:** • Refer to the "HELP" for Sally's current level of functioning, **Examples of assessment tools include but are not limited to:** • Hawaii Early Learning Profile (HELP) Checklist • Carolina Curriculum for Infants and Toddlers with Special Needs • Assessment, Evaluation, and Programming System (AEPS) Another way to map out the child's progress is to create a timeline that compares data points from each review to capture the child's current and previous level of functioning. This can be obtained through an assessment tool or a structured observation. **Example of a timeline:** Jimmy's outcome states – Jimmy will have fun playing with his toys and his brother while sitting on the floor next to his brother. After Jimmy's current level of functioning is documented, a timeline could be added to this section as follows: • Child's baseline: Jimmy is wobbly when sitting propped on the floor. • 6 mo. review: Jimmy is sitting balancing himself with both hands on the floor. • 2nd Annual IFSP: Jimmy is sitting independently while watching his brother play with toys.

Outcomes for Child How will we know we are making progress? What will be different? When do we hope to have this completed? AND	Progress Statement/Criteria for Success Determine and record using the family's words what progress towards the identified functional outcome will look like. Based on the identified outcome and the current functioning level of the child related to the outcome, how will the team know when the outcome has been achieved? How will the family know when progress is being made? What will be different as a result of working on the outcome? When does the team/family hope to have the outcome completed? The progress statement must be measured within the context of everyday learning activities.	The parent measures progress on the IFSP outcome statements. When writing quality IFSP outcome statements, the parents determine whether or not the IFSP outcome has been achieved. When developing the outcome statement, it is important to discuss the outcome in such a way that everyone involved feels comfortable with how progress will be measured. **Example of a "Progress Statement/Criteria for Success":** • Kyle will hold the rail with only one hand and be able to step down forward or up forward. His mom will report he is safe on the steps and she will not worry about him on the deck. We hope to have this accomplished before grandma comes to visit in 3 months.
Outcomes for Child What strategies and resources will we use to make this happen? AND	Strategies and Resources Using the family's words, determine and record what strategies and resources will be used to complete/make progress on the outcome. When determining strategies, ensure the family identifies **who** will do **what** during **which** regular activities and routines, and **where** will it occur. Strategies should include the type of evidence-based practices (EBP) used. When a child is receiving multiple services that involve co-visits, strategies should discuss how professionals identified on the child's IFSP will provide training to one another to address the child's outcome.	**Examples of "Strategies and Resources":** • Parents work with Sally by standing her up and hold her hand when she takes steps. Family will place objects that interest Sally on the couch with support to facilitate pulling to a stand and cruising along the furniture. The therapist will visit the family during their regular activities in the home to observe Sally by providing information, coaching, and modeling techniques. • Kelly will experiment with games and techniques to make solid foods more appealing during meal times in the kitchen. (example of parent-implemented EBP) • Julie and DS use picture cues to support play skills during afternoon play time at the child care center (example of Visual Supports EBP) • The DS will coach the OT on behavior techniques during Amy's transition from play time to meal time. (example of co-visit strategy). • Coaching will occur between the PT and DS to support the DS on gross motor and balance techniques, to educate and enhance the DS's knowledge and ability to work with Sally and her family. **Examples of "evidence-based practice strategies" include but are not limited to:** • Prompting • Reinforcement • Task Analysis • Time Delay • Visual Supports • Discrete Trial Training • Picture Exchange Communication System (PECS) • Parent-Implemented Intervention • Naturalistic Intervention Resource: http://autismpdc.fpg.unc.edu/content/briefs (See Evidence-Based Practice Briefs and Learning Modules)
Outcomes for Child Who will be involved?	Who will be involved Determine and record the names of all who will be involved with	**Examples of listing "who will be involved":** • Mary Smith, Parent;

	the strategies in achieving the outcome. This should at a minimum include the family, child, primary service provider and those who will work with the family and primary service provider.	• Sally Jones, Service Coordinator; • Joe King, Speech-Language Pathologist; and • Donna White, Developmental Specialist.
Outcomes for Child Review of Progress Statement/Criteria for Success	Review of Progress Statement/Criteria for Success At six (6) month, annual, or progress reviews, identify how the family and team did to accomplish the corresponding outcome's progress statement/criteria for success. Check the appropriate checkbox (Achieved, Continued, Discontinue, or Revise) and record the date. Describe why progress or lack of progress occurred. Include in detail what components of the therapy, such as antecedents, environment, and reinforcers contributed to progress or lack of progress. Record any additional comments the family or team may have in the comments section.	At the review, if there has not been progress toward the outcome's progress statement/criteria for success, you should consider revising the progress statement, strategies and resources, or developing a different outcome that will more effectively address the family's/child's needs. At the review, the assessment tool or timeline should be updated and results recorded under the "child's current level of function" section to show where the child is at on the outcome. This is a good visual for the family. **Example of documenting "why progress/lack of progress occurred":** • Revise Outcome – Initially the strategy was to work on bathing in the bath tub. Amy tensed up and screamed when placed in the water, so we were unable to achieve this outcome as written. The strategy will be revised to start with bathing in an infant/toddler tub so it is not as scary for Amy.
Outcomes for Child Updated Outcome	Updated Outcome At six (6) month, annual, or progress reviews, if an outcome is added or an existing outcome is modified, check the "New or Modified Outcome/Addendum Date" checkbox, record the date the outcome was added/updated, and obtain the parents initial to indicate agreement with the changes noted to the outcome. This process is considered an Addendum to the IFSP.	This section should be completed and initialed by the parent any time the outcome page is modified, or a new outcome page is added. When the change also requires an addendum to the Summary of Services page (i.e. change in service type, amount, frequency, provider, etc), the parent's signature must be obtained on the IFSP Summary of Services Page.
PART 2: OUTCOMES FOR PARENT/CAREGIVER (Record the child's name and date of birth in the header line.)		
Outcomes for Parent What specifically do we want to accomplish? AND	Outcome # and Functional Outcome The Outcomes for Parent/Caregiver page focuses on what the family would like to achieve in order to support their child's development. Using the family's words, write a functional outcome for the family to focus on in the designated box. Then assign a number to the Outcome. This will allow easy reference in the Summary of Early Intervention Services page.	Using information gathered on previous pages and/or other conversations with the family, assist the family in identifying, prioritizing, and selecting the family Outcomes to be addressed in this IFSP. A family Outcome is a goal the family wants to see happen for their child and/or themselves. **Example of "IFSP family outcome statements" include but are not limited to:** • Phyllis would like to learn basic signs to be able to communicate with Bill. • Holly wants Scott to stop using the pacifier. • Mary would like Amy to sleep in her bed at night.
Outcomes for Parent What is happening now? AND	What is happening now? Using the family's words, record what is currently happening as related to the identified functional outcome.	**Example of "what the family is doing now":** • Phyllis is currently using general gestures and Bill does not understand what she is trying to say.
Outcomes for Parent	Progress statement/criteria for success	**Example of the "Progress Statement/Criteria for Success":**

How will we know we are making progress? What will be different? When do we hope to have this completed? AND	Determine and record using the family's words what progress towards the identified functional outcome will look like. How will the family know when progress is being made? Include what will be different as a result of making the progress and when the family anticipates completing the identified progress.	• Holly will feel comfortable using different ways to distract or comfort Scott rather than give him the pacifier when he becomes upset. Scott will no longer ask or look for the pacifier when he is upset. We hope to have this completed within 3 months.
Outcomes for Parent What strategies and resources will we use to make this happen? AND	<u>Strategies and Resources</u> Using the family's words, determine and record what strategies and resources will be used to complete/make progress on the outcome. When determining strategies, ensure the family identifies **who** will do **what** during **which** regular activities and routines, and **where** will it occur. Incorporate strategies that describe the type of training used, such as feedback and coaching, modeling, role playing, behavioral rehearsal, etc.	**Examples of "strategies and resources":** • Holly will put the pacifier away when Scott wakes up in the morning so he is not reminded of it during the day. • The primary coach will show Phyllis basic signs to use with Billy to let him know it is time to stop playing on the floor and go to the kitchen for lunch.
Outcomes for Parent Who will be involved?	<u>Who will be involved</u> Determine and record the names of all who will be involved and their phone numbers with achieving the outcome.	
Outcomes for Parent Review of Progress Statement/Criteria for Success	<u>Review of Progress Statement/Criteria for Success</u> At six (6) month, annual, or progress reviews, identify how the family did to accomplish the corresponding outcome's progress statement/criteria for success. Check the appropriate checkbox (Achieved, Continued, Discontinue, or Revise) and record the date. Describe why progress or lack of progress occurred. Discuss how the training impacted the child's progress, what techniques were learned by the family, what barriers may have been encountered, and what the parent's level of satisfaction is with the services. Record any additional comments the family or team may have in the comments section.	At the review, if there has not been progress toward the outcome's progress statement/criteria for success, you should consider revising the progress statement, strategies and resources, or developing a different outcome that will more effectively address the family's needs. **Example of documenting "why progress/lack of progress occurred":** • Achieved Outcome: Phyllis learned 5 signs to use with Billy so that he understood when she wants him to go to the kitchen for lunch. Phyllis learned this by the primary coach modeling signs with Billy. Additionally, Phyllis enrolled in a basic sign language class and continues to learn more signs to use with Billy. Phyllis is satisfied with this progress.
Outcomes for Parent Updated Outcome	<u>Updated Outcome</u> At six (6) month, annual, or progress reviews, if an outcome is added or an existing outcome is modified, check the "New or Modified Outcome/Addendum Date" checkbox, record the date the outcome was added/updated, and obtain the parents initial to indicate agreement with the changes noted to the outcome. This process is considered an Addendum to the IFSP.	This section should be completed and initialed by the parent any time the outcome page is modified, or a new outcome page is added. When the change also requires an addendum to the Summary of Services page (i.e. change in service type, amount, frequency, provider, etc), the parent's signature must be obtained on the IFSP Summary of Services Page.

PART 2: OUTCOMES FOR SERVICE COORDINATION (Record the child's name and date of birth in the header line.)		

Outcomes for SC
What do we want to accomplish?
 	
AND
	Service Coordination is provided to all families enrolled in the Infant Toddler Program. A Service Coordinator's role is to help a family and child access resources and supports.
	
	The Outcomes for Service Coordination page will outline steps and activities to support the coordination of services for the child and family. Service Coordination activities carried out by a Service Coordinator assist and enable a child and family to receive: Multidisciplinary evaluations, IFSP development, rights, procedural safeguards, and services that are authorized to be provided by ITP. In addition, Service Coordinators coordinate all services across agency lines and serve as a point of contact in helping children and families obtain needed services and assistance. The plan should include specific Outcomes related to the access and coordination of services.
	
	Service coordination outcomes should also describe transition activities that the family can participate in over the next several months. Transitions are big changes that occur in a family's life. It is important to develop a plan to explore options the family is interested in for their child to meet any transition-related needs while participating in the ITP. Things like: bringing your child home from the hospital, starting or changing a child care provider, moving to a new home, or transitioning from ITP prior to age 3.
	
	Using the family's words, write a desired outcome for the service coordinator to be accomplished in the next few months in the designated box. Then assign a number to the Outcome. This will allow easy reference in the Summary of Early Intervention Services page. Identify and record the start date of the Outcome and the target date to accomplish the Outcome.
	
	Required Outcomes - For children receiving developmental disabilities for Medicaid reimbursement, the service coordinator must have the following outcomes identified:
	• Verify services were delivered in accordance with Medicaid requirements. Strategies/activities:
	  ○ Review billing records to ensure services were delivered as indicated on the IFSP and in accordance with the child's DD budget.
	• Complete provider reviews in accordance with Medicaid
		Using information gathered on previous pages and/or other conversations with the family, assist the family in identifying, prioritizing, and selecting the Outcomes to be addressed in this IFSP. An Outcome is a goal the family wants to see happen for their child and/or themselves.
		Examples of "SC Outcomes and Strategies/Activities":
		• To access therapies requested by family, physician, or ITP for the purpose of assisting child's continual progress and developmental growth.
		  ○ Service coordinator will make phone calls, provide written and oral information.
		  ○ Facilitate meeting support as requested, provide referrals, and arrange meetings with other providers as needed.
		  ○ Parent will access service coordinator to request assistance.
		  ○ As requested by parent, do research regarding therapies or developmental resources.
		
		• Provide the family with information about community resources (housing, employment, etc.) or information on DHW services and other information/ topics at their request throughout the year.
		  ○ Family will let service coordinator know they would like information about community resources or particular topics and be available to problem solve barriers.
		  ○ Service coordinator will provide family with written and/or oral information, assist with referrals, phone calls, arrange meetings and provide support when requested.
		  ○ Service coordinator will assist the family with forms and paperwork and create models of forms so that they can work independently in the future.
		  ○ As requested by parent, do research regarding therapies, developmental, community resources. Parent wants information regarding the gluten free diet.
		
		• Family will understand how ITP works and how to engage with coaching model fully.
		  ○ Service coordinator, family, and coach will develop IFSP to reflect priorities and needs.
		  ○ In the event family adjusts priorities or needs, IFSP will be amended to stay current with needs.
		  ○ Service coordinator will provide family with information regarding coaching practices and be available to answer any questions.
		
		• Family will be skilled at resource development within the Medicaid community as well as natural community supports.

	requirements. Strategies/activities: ○ Ask ITP and DDA providers if they experienced any barriers to service provision. ○ Follow the provider status review process for DDA's outside of ITP. **NOTE:** Transition Outcomes for when the child is exiting the program at age three are recorded on the "Plan for Transition from the ITP" page.	○ Service coordinator and family will review needs within and outside of the ITP and identify ways to access supports. ○ Family will let service coordinator know if new resource needs develop. ○ Service coordinator will engage ITP team as needed and will advocate with the family for finding community based resources. **Examples of SC Outcome related to transitioning while in ITP include but are not limited to:** • Applying for Medicaid children's developmental disability services • Starting child care • Change in child care provider • NICU to home • Child exits program prior to age three
Outcomes for SC Who will do what?	Using the family's words, record who will do what for the strategies/activities that will be completed to accomplish the desired outcome. Identify and record the date the strategies/activities will be reviewed. When completing the review, record progress code that best reflects the status of the strategies/activities (N=New, C=Continue, A=Achieved, R=Revised, D=Discontinued) and any comments associated with the review.	
Outcomes for SC Strategies to soothe yourself and your child	<u>Strategies to Soothe Yourself and Your Child:</u> Using the family's words, record the soothing strategies for the family and child. NOTE: This section is filled out based on the family's needs and is not required.	When a baby cannot stop crying, what can a family do? All babies cry. It is how they tell you they need something. A crying baby may be hungry, have a wet or soiled diaper, be sick or in pain, or be lonely. Sometimes babies cry for no apparent reason. Sometimes babies can't stop crying no matter what a family tries. Having a plan to cope with crying can help. To soothe a baby, a family can: • Check if he is sick or in pain • Feed her slowly and burp her often • Change his diaper • Take her for a walk • Wrap him in a blanket • Play soothing music • Run the vacuum • Gently massage his tummy or back • Snuggle her against your chest • Gently rock him • Sing, read or talk softly • Put him in a baby swing • Carry her in a carrier or sling • Give her a warm bath • Encourage him to suck • Reduce noise, light and movement To soothe themselves, a family member can: • Concentrate on something like a crossword puzzle • Listen to music • Call a friend or relative • Take a shower or bath • Exercise • Do housework, shake a rug • Write down the five best things about baby • Close my eyes and take deep breaths • Count to 100 • Ask a friend to come and help • Talk to someone about my feelings • Read

		• Gently put their baby where he will be safe, like his crib, and leave the room • Write down the five best things about myself • Use positive self-talk, like "I can calm myself" and "the baby knows I am trying" • Remember, it's more important to stay calm than stop the crying.
Outcomes for SC Progress Review	At periodic, six (6) month, or annual reviews, identify how the service coordinator did to accomplish the strategies/activities for each corresponding desired outcome. Check the appropriate checkbox (Achieved, Continued, Discontinue, or Revise) and record the date. Record any additional comments the service coordinator or family may have in the comments section.	At the review, if there has not been progress toward the desired outcome strategies/activities, you should consider revising the strategies and resources, or developing a different outcome that will more effectively address the family's needs.
Outcomes for SC Updated Outcome	Updated Outcome At periodic, six (6) month, or annual reviews, if an outcome is added or an existing outcome is modified, check the "New or Modified Outcome/Addendum Date" checkbox, record the date the outcome was added/updated, and obtain the parents initial to indicate agreement with the changes noted to the outcome. This process is considered an Addendum to the IFSP.	This section should be completed and initialed by the parent any time the outcome page is modified, or a new outcome page is added. When the change also requires an addendum to the Summary of Services page (i.e. change in service type, amount, frequency, provider, etc), the parent's signature must be obtained on the IFSP Summary of Services Page.
PART 2: PLAN FOR TRANSITION FROM THE ITP (Record the child's name and date of birth in the header line.)		
Plan for Transition from ITP Hopes and Concerns	Discuss with the parent what they envision for the future, what they are interested in learning more about or participating in, and any concerns they may have regarding next steps as they exit the program. Check the programs the family is interested in learning more about or participating in. NOTE: The Plan for Transition page may be left blank if the child is not within transition age (no fewer than 90 days, and at the discretion of all parties, not more than 9 months before a child turns three years of age).	The ITP must ensure a transition plan is established within a child's IFSP no fewer than 90 days, and at the discretion of all parties, not more than 9 months before a child turns three years of age. The transition plan must include steps for the child with a disability and their family to exit from ITP. NOTE: Referrals received with less than 90 days, but more than 45 days prior to the child's third birthday do not fall within the above timeframe but must be completed as soon as possible. If a child is referred with less than 45 days prior to the child's third birthday a transition plan is not required. An automatic referral is made to the child's local school district.
Plan for Transition from ITP School District Transition Timeline Dates	If the family is interested in Part B services, discuss the Part B transition process with the family. Address any special concerns they may have about the transition or other relevant information that should be taken into account when planning the transition. Record the projected start date and completion date of the steps. The transition steps include: • Notify school district and State Department of Education of	The ITP notifies the SEA and LEA not fewer than 90 days before the child's birthday if the child is potentially eligible for preschool services. If a child is potentially eligible for preschool services, with the approval from the family, ITP convenes a conference with the family and school district not fewer than 90 days, and at the discretion of all parties, not more than 9 months before a child turns three years of age.

	potentially eligible children • Schedule and hold transition conference (between 9 months and 90 days before child's 3rd birthday). • Provide transition documentation at transition conference (obtain parental consent) At the bottom of the page, record the child's School District number and contact information.	NOTE: Referrals received with less than 90 days, but more than 45 days prior to the child's third birthday do not fall within the above timeframe but must be completed as soon as possible. If a child is referred with less than 45 days prior to the child's third birthday, the LEA and SEA notification and transition meeting is not required. An automatic referral is made to the child's local school district. In developing the IEP, the IEP team shall consider the content of the IFSP including the: • Natural environment statement • Education component that promotes school readiness, pre-literacy, language, and numeracy skills The IFSP may serve as the IEP of the child, if: • It is agreed by the district and the child's parents • A detailed explanation of the differences between the IFSP and IEP is provided to the parents • A parental written informed consent is obtained • It is developed according to the IEP procedures outlined in Chapter 5, of the *Special Education Manual*. If the district elects to use an IFSP, the district is required to implement only the educational components of the IFSP. Any additional steps related to school district transition should be recorded in the "what will help prepare for what's next" section of the transition plan.
Plan for Transition from ITP What will help to prepare for what's next	Discuss and document any actions or activities to prepare the child and family when transitioning from ITP. This could include a wide array of activities to help support transition from ITP to school district, as well as other community-based program the parent expressed interest in learning more about in the plan for transition.	Examples of actions or activities: • Schedule family visits at school and/or community settings, as determined during transition planning • Identify transportation options • Identify plan for adaptive equipment needs • Complete evaluations as determined at transition conference • Complete post transitional activities including completion of exit early childhood outcomes • Transition conference to other community-based programs outside of the school district
PART 2: SUMMARY OF SERVICES (Record the child's name and date of birth in the header line.)		
Summary of Services Summary of Services and Physician's Recommendation Checkboxes	The Summary of Services page is completed when an IFSP is created (initial or annual) or an addendum is needed to the SOS. The Summary of Services page is signed by the parents to indicate that they were involved in the development of the plan and give consent for the services written in the plan. Check the Physician's Recommendation box when this form is used	A physician's recommendation and signature may be obtained prior to getting the parent's signature on the Summary of Services page. In those instances, the Physician's Recommendation box would be checked and sent to the physician for signature to expedite the physician's recommendation process. In the meantime, the parents would sign the Summary of Services page to give consent for services. It may be helpful to complete this page as Objectives are written. Intervention

Early Intervention Services AND Intensity AND Person(s)/Agency(ies) Responsible AND Start Date/End Date (Duration) AND Length, Frequency, Method, and Location AND Funding Source AND Natural Environment (NE)	a physician's signed recommendation for services prior to obtaining a parent signature on the Summary of Services page. List the service coordinator's name at the top of the page to identify who is coordinating services and who to contact with questions. List the specific services to be provided to meet the unique needs of the child and family to achieve the identified Outcomes and the intensity of each service. Intensity – List if the service will be provided on an individual or group basis. Person(s)/Agency(ies) Responsible - List the full names (first and last) and employing agency (if applicable) of the people who will provide the services. Duration - Start Date and End Date of the service. Services should be written for a 6-month period, with the exception of service coordination which can be written annually. Length – The length of time the service is provided during each session of that service (such as an hour or other specified time period). Frequency – The number of days or sessions that a service will be provided. Method – How a service is provided. (e.g. direct intervention, co-visit, consultation, assessment/evaluation) Location – The actual place or places where a service will be provided. Funding Source - Record the source of payment for the service listed in the IFSP. Whenever possible explore use of natural supports and other non-traditional resources as payment options. Natural Environment – Record "Y" for yes if the service is being provided in the child's natural environment and "N" for no if it is not being provided in a natural environment. If a service(s) is not being provided in the child's natural environment, complete the Justification for Services Outside a Natural Environment page in the IFSP.	strategies to be implemented by the family may be included. Part C Early intervention services include the following: • Assistive technology device • Audiology (includes IESDB) • Family training, counseling, and home visits • Health services • Medical services (Diagnosis and evaluation only) • Nursing services • Nutrition services • Occupational therapy • Physical therapy • Psychological services • Respite care • Service coordination • Service coordination services • Sign language and cued language service • Social work services • Special Instruction (Family Education) • Speech/Language pathology • Transportation and related costs • Vision services (includes IESDB) Reimbursement through third party insurance, including Medicaid requires a physician's recommendation for medically necessary services. Reimbursement through Part C is available only for the above listed early intervention services as "payer of last resort". Authorization from a designated representative of the lead agency (Department of Health and Welfare) is required. **Examples of listing length, frequency, method, and location on the SOS:** **Length** (time service provided): L = 15 minutes or L = 60 minutes **Frequency** (# of days or sessions): F = 144 sessions or F = 16 sessions **Method** (how service provided): M = Direct or M = Direct, Co-Visit **Location** (place of service): Lo = Home or L = Child Care Center
Summary of Services Other Services The	Record any services the child or family is receiving through other supports that are NOT required or funded by the Infant Toddler	Examples of other services not required or funded by the Infant Toddler Program (Part C of IDEA) include but are not limited to:

Child Or Family Needs Or Is Receiving Through Other Supports That Are Not Required Or Funded By The Infant Toddler Program (IDEA Part C)	Program (Part C of IDEA).	• Habilitative Supports • Habilitative Intervention • Interdisciplinary Training • Family Training • Therapeutic Consultation • Crisis • Early Head Start • Maternal, Infant, and Early Childhood Home Visiting (MIECHV) It is very important to record any service the child and family may be receiving in this section to delineate that ITP is NOT required or funded to provide under Part C of IDEA. The ITP is "payer of last resort" for all early intervention services. For example, if a child has Medicaid and meets DD eligibility, any Medicaid DD services the child is receiving must be funded by Medicaid before Part C funds can be used.
Summary of Services Diagnosis Description	Record a description of the child's diagnosis. This section is also used to document anticipated outcomes when a Physician's Recommendation is being requested for any services and/or evaluations the ITP plans to provide and bill a third-party payer (Medicaid, Insurance, etc.)	A new physician's recommendation must be obtained anytime there is a change to the service type, amount, or frequency by sending the IFSP Summary of Services Page to the physician with the requested services for a dated signature. In order to continue billing third party payers, a new physician's recommendation must be in place prior to the expiration of the current recommendation as indicated by the duration of services listed in this Individualized Family Service Plan, **Examples of "anticipated outcomes" may include but are not limited to:** • Speech therapy is needed to address Joey's receptive and expressive language delay. • Matt's developmental measurements show typical development, however clinical observation and/or parent report show potential motor or sensory delay. Occupational therapy is needed to address Matt's motor and sensory concerns. • Occupational therapy evaluation needed to address Jim's fine motor concerns.
Summary of Services ICD-10 Code	Record the ICD-10 code(s) applicable to the child's delay or established medical condition.	The ITP must use ICD-10 codes to bill any third-party payer.
Summary of Services Parent/Guardian Signature and Date	Request the parent(s)/guardian(s) to review, sign, and date the IFSP. A parent's signature represents the effective date of the IFSP.	Parent's signatures indicate that they were involved in the development of the plan and that they want and provided consent for the services to be provided that are outlined in the plan. ITP ensures Procedural Safeguards, System of Payment policies, and an explanation of ongoing assessment is discussed with the family. A parent may discontinue any service at any time without jeopardizing the continuation of other early intervention services.

Summary of Services Service Coordination Signature	A service coordinator's signature and date represents that they have established the plan	The ITP must have the signature and date of the service coordinator to bill Medicaid.
Summary of Services Physician's Signature and Financial Authorization	A physician's signature on the IFSP represents the physician's order that is required prior to billing when Medicaid or insurance is the designated payment source for services identified in the plan. The Physician Signature and Date represents the physician's recommendation for new or modified services and/or evaluations. Examples include: • Initial and Annual IFSP • Addendum adding a new service • Modifying an existing service type, amount, or frequency • Requesting a new evaluation The Physician Name (Printed or Typed) and Clinic help ITP identify which physician signed the IFSP, and locate which clinic the physician is affiliated. An authorized representative of the ITP should review, sign, and date the IFSP in the Lead Agency Authorizing Signature and Date section.	The Physician's signature represents the physician's recommendation. The order indicates that the physician has reviewed the listed health-related services, believes that continued care is necessary for the child, and authorizes the services as medically necessary. The physician's signature does NOT have to be from the child's primary care physician, however it is preferred Signature by an authorized representative of the ITP verifies that the listed early intervention services (as defined in IDEA, Part C), will be provided at no out-of-pocket expense to the family. If alternative funding sources are not identified for the listed early intervention services (does not include "other services"), payment for those services will be made using Part C funds.
PART 2: JUSTIFICATION FOR SERVICES OUTSIDE A NATURAL ENVIRONMENT		
Services Outside NE Early Intervention Services	Record the following information: • Service(s)/support(s) being provided outside of the child's natural environment as determined by the parent and IFSP team. • Corresponding Outcome #(s) being addressed during the service being provided outside of the child's natural environment. • Setting of service(s) occurring outside of the child's natural environment. • Explanation of why the outcome cannot be achieved satisfactorily in a natural environment. • Plan and time for moving the service(s) and/or support(s) into natural environments. • Projected review date.	Natural environments are settings that are natural or typical for a same-aged infant or toddler without a disability and may include the home or community settings. As required by IDEA, Part C, ITP services to the maximum extent possible must be provided in a child's natural environment or in settings other than the natural environment that are most appropriate, as determined by the parent and the IFSP team, only when early intervention services cannot be achieved satisfactorily in a natural environment. The determination of the appropriate setting for providing early intervention services to an infant or toddler with a disability, including any justification for not providing a particular early intervention service in the natural environment must be made by the IFSP team (which includes the parent and other team members) and be based on the child's outcomes identified by the IFSP team.
Services Outside NE Date of Review	Record the date the IFSP team reviewed the services being provided outside of the child's natural environment, who participated in the review, and recommendations.	Justifications for services being provided outside of the natural environment should be reviewed at least every six months, or more frequently if the timeline for moving service(s) and/or supports into natural environments is sooner.