



**Technical Assistance:
Document:**

The Individualized Family
Service Plan (IFSP)

Re-Issue Date:

November 2011

Purpose:

Guidance on developing
functional IFSPs that
support child
participation in family
and community life.

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Introduction

The New Mexico Family Infant Toddler (FIT) Program has revised this Individualized Family Service Plan (IFSP) Technical Assistance Document to include changes made to the IFSP forms. The IFSP TA document promotes the vision and values of the New Mexico Interagency Coordinating Council that:

All Infants and toddlers with or at-risk for developmental delay and their families receive quality early intervention supports and services, that are

- *Accessible* - to all groups and communities throughout New Mexico
- *Respectful* - of individual family choice, priorities and cultural diversity
- *Family-centered* - by working in partnership with families within their everyday routines, activities, and places

The IFSP TA document also promotes the core values of the FIT Program which are:

1. *Family Centered Practices*
2. *Relationship as the Focus of Work*
3. *Strengths-Based Approach*
4. *Reflective Practices*
5. *Ecological Framework*



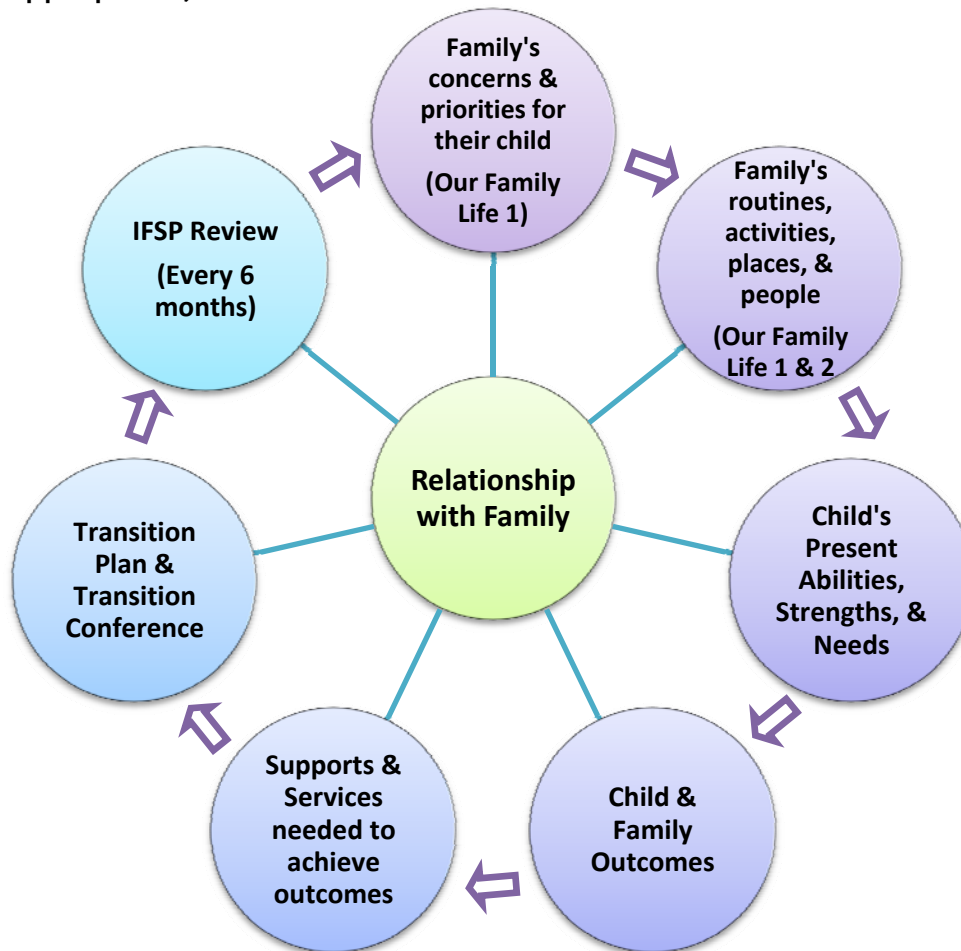
The FIT Program believes that:

- Parents are equal members of the IFSP team.
- The IFSP process is central to the delivery of early intervention supports and services.
- It is a process where the family and a team of early intervention personnel come together to decide on child / family outcomes based on the concerns and priorities of the family and the abilities and needs of the child.
- The team also decides on the supports and services and specific strategies that will be used to meet those outcomes.
- The IFSP document is simply the place to document those decisions. Decisions are made by the whole team - not one individual.
- It is a dynamic document that changes over time as the needs of the child and/or family change.

It's MORE than just Paperwork! It's a process...

IFSP forms are a way to document the discussions made by the team, including the parents...

- Consider completing the "Our Family Life 1 & 2" with the family ahead of the meeting - then review for accuracy with the family and the team at the IFSP meeting.
- Consider completing the "Child's Present Abilities, Strengths, & Needs" with the family and the evaluation team and utilizing the Comprehensive Multidisciplinary Evaluation (CME) report ahead of the meeting - then review for accuracy with the family and the team at the IFSP meeting.
- The team decides on the child and family outcomes to be addressed based on the concerns and priorities of the family and the developmental needs of the child. Strategies are then developed to address the chosen outcomes.
- The team then decides what supports and services will be provided to help the family meet the outcomes.
- Transition plan and conference decisions are recorded at the appropriate times.
- The IFSP is reviewed at least every 6 months and amended as needed.
- A new IFSP is developed annually (some of the pages can be carried forward as appropriate).



This technical assistance document and the accompanying IFSP forms have been developed to:

- Support effective working relationships between families and early intervention personnel as they promote the development of infants and toddlers;
- Promote recommended practices, including services and supports in everyday routines, activities, and places and interdisciplinary and transdisciplinary practice.
- Provide consistency for meeting regulatory requirements;
- Enhance consistent communication regarding expectations among IFSP team members, as well as among provider agencies; and
- Serve as a reference for ongoing training and professional development.

You can learn more about implementing the IFSP process by attending the training modules offered by the FIT Program. A link to the training calendar can be found on the FIT website.



The New Mexico FIT IFSP forms meet both state NMAC 7.30.8 Requirements for Family Infant Toddler Early Intervention Services and federal Individuals with Disabilities Education Act (IDEA) Part 'C' regulations. Both regulations can be found on the FIT website at www.fitprogram.org.

Also available is an **electronic IFSP** that can be downloaded from and uploaded to FIT-KIDS. Please see the FIT-KIDS online training for more information on this feature.

Note: If you use the electronic IFSP, please remember to complete the Our Family Life - Eco Map



Guidance

The IFSP consists of the following pages:

1. The IFSP Cover Page
2. Our Family Life (Part I);
3. Our Family Life (Part II);
4. Present Abilities, Strengths, and Needs pages (3);
5. Child/Family Outcome page - use as many of these forms as needed for each IFSP;
6. Transition Plan;
7. Transition Conference;
8. Transition Conference Signature Page;
9. Supports and Services Needed to Achieve Outcomes;
10. IFSP Signatures page - includes team Signatures and informed consent for services by parents/guardians;
11. Periodic Review of the IFSP page.

The guidance for each page or major section of the IFSP has been organized in the following manner:

1. General Purpose of this Page

Describes what each page is intended to cover and accomplish.

2. Tips for Completing this Page

- a. Offers succinct, practical suggestions for completing the various sections of the page as required.
- b. When appropriate, the "Tips" include examples of questions to ask families and other team members to elicit the required information as well as examples of ways to write these sections of the IFSP.
- c. The "Stop" sign-shape to the right of the "Tips" highlights special considerations and other information specific to that page or section.

Each IFSP must be **INDIVIDUAIZED**. The examples provided can be used to stimulate your thinking and conversations with team members. The examples **CANNOT** be used as a formula or prescribed way to write that section of the IFSP.

3. You will know you have completed this page correctly if:

This information is provided as a "quick check" to assure that you have completed the form as intended.



The IFSP Cover Page

General Purpose of This Page:

The IFSP cover page serves as the place to capture a variety of required demographic information about the child and family that will be entered into FIT-KIDS (Key Information Data System) as well as information on the IFSP dates, timelines and eligibility information.



Tips for Completing this Page:

The page is divided into 4 boxes:

Box 1: Child and Family Demographic Information

- **Child's name** - it is important for billing that the child's name is entered into FIT-KIDS as it is recorded by Medicaid. If Medicaid has the name wrong the Family Service Coordinator should work with the family and the Income Support Division to get it corrected
- **Date of Birth:** it is important that this is accurate as it is a data source that is used to match Medicaid eligibility
- **Referral Date:** The date that the provider received the referral (e.g. telephone call / written referral). If the child transferred from another FIT provider agency - enter the original referral date.
- **Referral From:** Enter who made the referral (e.g. Dr. Lovato, Mrs. Johnson (Kara's mom)). If the child transferred from another FIT provider agency - enter the original referral source.
- **Parent / Guardian + contact information** (address / phone etc.): Space is available for more than one contact e.g. if the parents are divorced / separated or for a grandparent or foster parent (may have to redact if biological parent cannot know who is the foster parent)
- **Primary Language:** Identifying the primary language used in the home helps identify if bilingual staff / interpreters will be needed. This is also helpful when sending out information and / or surveys. Note: the IFSP itself should be completed in the native language of the of the family, unless not feasible to do so.

Much of the information on this page can be completed upon referral or at anytime before the IFSP meeting. If the information is recorded before the IFSP meeting, it should be reviewed with the family for accuracy at the meeting.

Box 2: Ethnicity and Race

This information is required by the federal government.

This is a 2-step question. First ask the parent regarding the child's ethnicity, and then ask the child's race.

Check the appropriate boxes:

- **Ethnicity:** Mark Yes/No for Hispanic/Latino.
- **Race:** Mark the race of the child that the parent/guardian identifies (can be more than one).
- **How was this information obtained:** It is recommended that the parent/caregiver identify the ethnicity and race of the child. If the parent/caregiver refuses to identify, the Family Service Coordinator should support the family to understand that the team will have to complete this information since this is required by the federal regulations.

Box 3: This section indicates the type of IFSP.

- Check the appropriate box if this plan is:
 - Interim IFSP - ONLY to be used in rare cases when there is an immediate need for a service(s) prior to the completion of the evaluation. The use of an Interim IFSP does not waive the requirement for the developmental evaluation and Initial IFSP to be developed within 45 days from the date of referral.
 - Initial IFSP - is the family's first (non-interim) IFSP developed by the team, including the family.
 - Annual IFSP - IDEA Part C requires that a new IFSP form be completed annually. Each year, the IFSP must be reviewed and evaluated for effectiveness. It is the responsibility of the IFSP team to determine if progress is being made as expected on the outcomes, if services are appropriate to the needs of the child in accordance with the outcomes, and if revisions to the outcomes or services are needed.

Box 4:

- **Date of the IFSP Meeting:** The actual date of the IFSP meeting.
- **IFSP Start Date:** The start date of the IFSP will typically be the date of the IFSP meeting. The start date would differ from the date of the IFSP meeting if:
 - The existing IFSP has not yet expired e.g. if the IFSP meeting is held on March 16th but the existing IFSP doesn't expire until March 22nd - the IFSP Start Date can be entered as March 23rd.
 - Due to unforeseen circumstances (e.g. parent schedule, child illness, weather) the annual IFSP is held after the existing IFSP expired, then the IFSP start date can be backdated e.g. the IFSP meeting is held on Sept. 24th but the existing IFSP expired on Sept. 17th, the IFSP start date can be backdated to Sept. 18th. (Note: The parent puts the date they actually sign the IFSP i.e. they do not back date their signature).

- **IFSP End Date:** The end date of the IFSP cannot exceed one year from the IFSP start date.
 - **Initial IFSP held within 45 days:** Check the appropriate box if the initial IFSP was held within 45 days of the referral date (see above). If you checked "NO" enter the reason for the delay.
 - **Anticipated Date for IFSP Review:** The team chooses a date approximately 6 months from the IFSP start date. The "IFSP Review" refers to ANY review that takes place during the year. At a minimum, the IFSP must be reviewed within 6 months from the date the initial IFSP was written. A page titled **Periodic Review of the IFSP** is provided to document the decisions made at the review meeting.
 - **Anticipated date for Annual IFSP:** The team schedules a date a week or so before the IFSP end date. "Annual IFSP" requires that a new IFSP form be completed. Each year, the IFSP must be reviewed and evaluated for effectiveness. It is the responsibility of the IFSP team to determine if progress is being made as expected on the outcomes, if the services are appropriate to the needs of the child in accordance with the outcomes, and if revisions to the outcomes or services are needed.
 - **Designated Family Service Coordinator:** Name, agency, and telephone number of the Family Service Coordinator.

The 6 month review does not require a new IFSP to be developed. Simply add to the existing IFSP. The annual IFSP does require a new form to be developed.



Box 5: Eligibility and ICD-9 Codes

Eligibility Information is included in an abbreviated form on the IFSP cover page to document the IFSP team's decision regarding the child's initial and ongoing eligibility for FIT Program supports and services.

- **Date Eligibility Determined:** For initial eligibility determination - this is usually the date of the completed Comprehensive Multidisciplinary Evaluation report or whenever the team determined the child to be eligible.
- **Date eligibility Re-determined:** For annual re-determinations of the child's ongoing eligibility this could be the date that assessments were completed or the date of the annual IFSP, if that is when the determination of ongoing eligibility was made.
- **Current Eligibility for the Family Infant Toddler Program:** Check the appropriate box; each child must have only one eligibility category marked. Recommendations regarding eligibility considerations will be documented in the Evaluation Report. The category of the child's eligibility needs to be entered based on the results of the Comprehensive Multi-Disciplinary Evaluation (CME).
- **Child not eligible / referred to:** If the child is determined to no longer be eligible for the FIT Program write the place of referral in this space. Remember that children can be referred to the Ages & Stages for Kids (ASK) program.

- **ICD-9 Code:** At least one ICD-9 Code is required for each eligible child. Code should correspond to the eligibility category determined. If a sub-classification code is available (having a one- or two-digit extension) the sub-code **MUST** be used. Note: a list of common ICD-9 codes is in FIT-KIDS.
- **Exit Date:** Enter the date that the child exits or transitions from the FIT Program
- **Exit To:** Enter where the child exited to e.g. transitioned to Head Start; transitioned to IDEA Part B; family moved out of state, etc.

You will know you have completed this page correctly if:

- ✓ You have focused on building a relationship with the child's caregivers.
- ✓ ALL the appropriate information is completed;
- ✓ The information is accurately recorded (e.g. correct dates, spellings etc.);
- ✓ The ethnicity/ race section is clearly explained to the parents regarding federal requirements.
- ✓ The information is written clearly in order for family and other team members to read and the data entry staff to enter into FIT-KIDS;
- ✓ The information is completed before the IFSP meeting and checked with the family.

Our Family Life (Part I)

The General Purpose of This Page:

The goal of the NM FIT Program is to support children to participate in the everyday routines, activities, and places that are important to them and their families. This page will serve as a guide to conversations with the family as they participate in a voluntary process to identify their:

Concerns = what the family is worried or wondering about;

Priorities = what the family feels is most urgent and should be addressed first;

Resources = are family, friends, groups, organizations and any other people that support the child and family in their day to day life

Tips for Completing this Page:

This page is **not** intended to be used solely as a checklist or to be handed to the family to complete on their own. IDEA regulations require that this information be based on a personal interview with the family.



First and Foremost:
Build a positive relationship with each family. Take the time necessary to get to know the family on your first visit. Sometimes we get so focused on filling out the paperwork, we forget what is meaningful for the family.

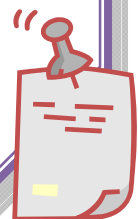
- The **Child's Name, Date of Birth and IFSP Date** is written at the top of each page of the IFSP.

Box 1: What does a typical day look like for you and your child?

This section is a place where the Family Service Coordinator can summarize the information obtained through a routines-based interview process. Key points might include: a description of where the child spends a typical day; child's favorite people, activities, or places; times of day that work well for the family and times of day that are more of a struggle. Anyone who reviews this page should be able to gain an understanding of the child's and family's life.

A routines-based interview helps the family and other team members identify routines (such as mealtime, shopping trips, playtime etc.) with which the family would like help.

NOTE: All Family Service Coordinators are required to take the FIT Service Coordination modules that describe how to gather the information for completing the IFSP pages, using a routines-based interview process and the Eco Map.



Example:

We wake up early, 6 am. Elijah gets up and goes to Mom's bedroom. He eats breakfast at the table, mostly watches and observes, does not make any sounds. Mom & Juan Ray take turns getting ready while one watches Elijah and gets him dressed. Rebecca drops off Elijah at child care before going to school. One of them picks him up at child care and sometimes runs errands. At home Elijah plays while dinner is prepared. Everyone eats at the table. Rebecca & Elijah play after dinner. Bath time is usually at 7:30. Juan Ray or Rebecca will read a story to Elijah before he goes to bed around 8 pm. Rebecca studies after Elijah is asleep.

Box 2: What concerns and questions do you have about your child's daily activities and routines?

This is the place where the Family Service Coordinator summarizes the concerns generated through the interview process. This will also help the IFSP team to focus the IFSP outcomes on the questions and concerns expressed here. Concerns identified through the interview can become the basis of the priorities used to develop outcomes for the IFSP, by providing valuable information that informs the initial and ongoing assessment process to support functional intervention planning.

Example:

*Elijah gets frustrated during play;
Bath time can be challenging;
Changing from one activity to another can be difficult;
Eating - he is sensitive to textures, stuffs his mouth;
He's not talking; prefers rough play, deep pressure, not a cuddly child; does not become upset when separating from Mom.
Mom is wondering about this.*

Box 3: What are your most important concerns that you would like addressed in this plan?

At the end of the interview process, the family is asked to prioritize their concerns. Record in this box what the family has indicated they would like to work on first.

Example:

Elijah's language - he is not using any words to express his needs and wants. We're not able to understand him. His frustrations/tantrums and how he handles his frustrations.

The IFSP team is responsible for working with the family to identify their concerns and priorities related to enhancing the development of their child. Sometimes families share concerns that are not directly related to the child's development, such as respite for the family or obtaining vouchers for food. These concerns will be addressed by the Family Service Coordinator who will provide information, help with referrals, and related support.

Example:

Alicia's parents want help with housing since they are living with an aunt.

You will know you have completed this page correctly if:

- ✓ You have focused on building a relationship with the child's caregivers.
- ✓ The family understands that this information is voluntary;
- ✓ The family's words are used as much as possible;
- ✓ The family understands that the information will be shared with other team members;
- ✓ You have used a routines- based interview with the family to gather and record this information;
- ✓ The team understands what a typical day looks like for this family, their concerns and what is most important for them to address in the IFSP;
- ✓ If the family chooses NOT to share their concerns, priorities, and resources, **the parent / guardian initials the statement at the bottom of the form;**
The IDEA regulations state that sharing their family's concerns, priorities and resources is voluntary.

Our Family Life (Part II)

The General Purpose of This Page: To provide a simple picture of the family's informal supports, including the entire family, friends, and community 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.

Tips for Completing this Page:

- The **Child's Name, Date of Birth and IFSP Date** is written at the top of each page of the IFSP.

Who provides support to your family?

- The eco-map (**sample on page 16**) focuses on the strengths and resources that the family has available to them. Eco-maps also reflect the strengths and challenges of relationships for the family and the people in their life.
- Answers to questions, such as: Who are the important people who participate in your child's life? Who are helpful in your child's care, and may also have activities and routines for teaching and learning (e.g., grandparents, big brother, neighbor, friend)?
- The eco-map is a visual representation of the nature of these relationships. The family and the Family Service Coordinator need to have a meaningful conversation about why the information requested on this page will be useful to evaluation/IFSP team members.

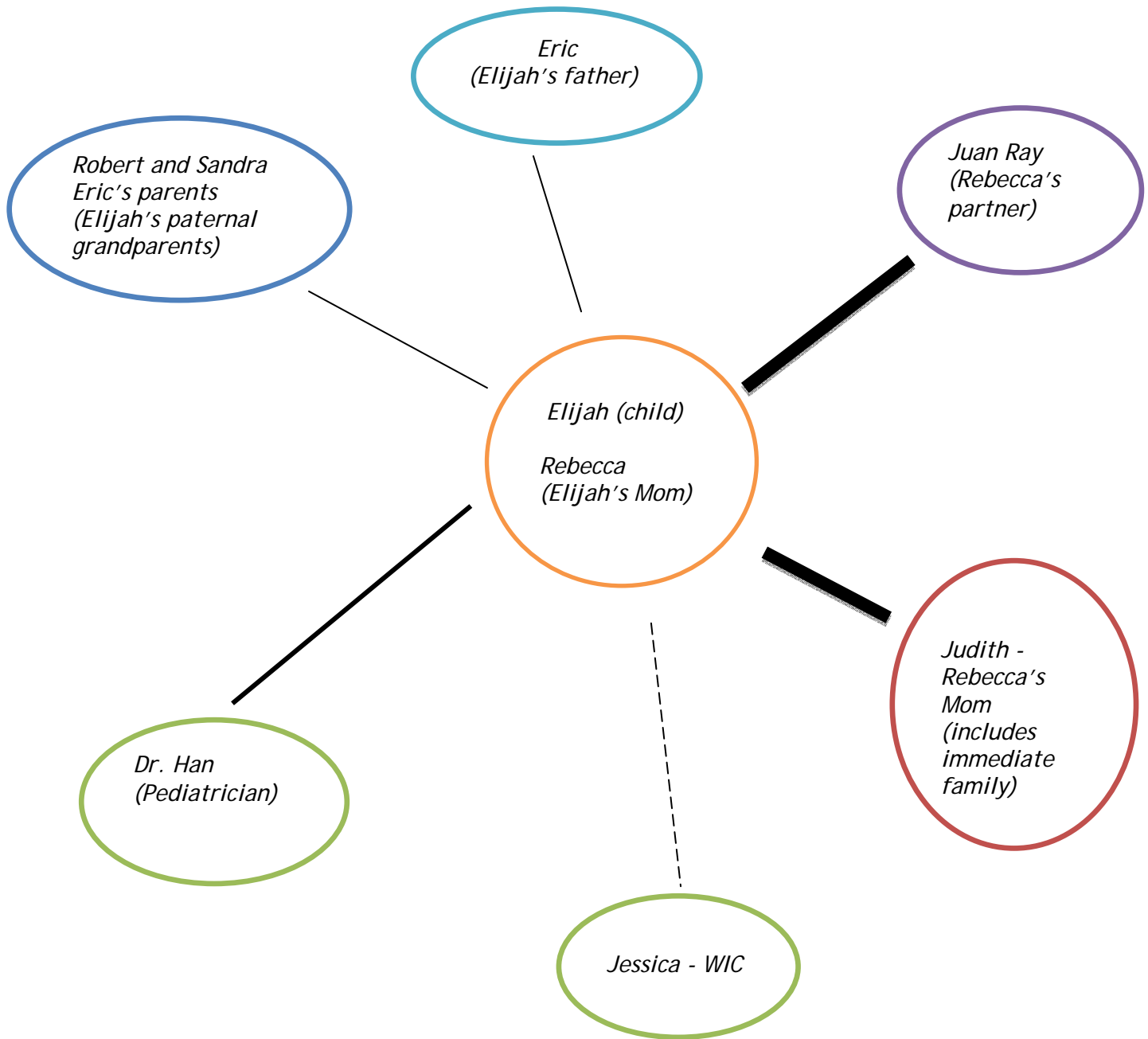
There is no one right way to draw an eco-map. Be creative and have fun helping the family tell their story visually.



You will know you have completed this page correctly if:

- ✓ If you complete the information at the top of the page: **Child's Name, Date of Birth and IFSP Date.**
- ✓ The family does not feel pressured to give information in each section of this page. Other information can be added later;
- ✓ You have focused on building a relationship with the child's caregivers.
- ✓ The team understands who provides support to this family, including more than just family members, i.e., community organizations, child care, neighbors, etc.
- ✓ You check back with the family to make sure what you wrote on the eco-map is what they had intended to include on the IFSP.
- ✓ If the family chooses NOT to share their concerns, priorities, and resources, the parent / guardian **initials the statement at the bottom of the form**; The IDEA regulations state that sharing their family's concerns, priorities and resources is voluntary.

Sample Eco-Map:



Note: In this example, the bold lines represent the strongest relationship with the family while the dotted lines represent lesser involvement with the family.

Present Abilities, Strengths, and Needs (Page 1)

The General Purpose of these Pages:

This section of the IFSP provides a picture of how this child's current abilities and challenges in all areas of development affect his/her ability to participate in family and community life. The description of the child's present abilities, strengths, and needs serves as the link between the child's functional abilities in day-to-day life and the most recent comprehensive developmental evaluation report and/or ongoing assessment information and the plan to address the IFSP outcomes.

Tips for Completing this First Page:

- The **Child's Name, Date of Birth and IFSP Date** is written at the top of each page of the IFSP.
- **Dates of Evaluation and Assessment**
Enter the date of the initial evaluation or ongoing assessments that have been completed.
- **Assessment Instruments Used:**
List each of the assessment tools and instruments used in either the initial evaluation or as part of ongoing assessments. Keep in mind that the Infant-Toddler Developmental Assessment tool (IDA) is required for the initial evaluation and at the annual IFSP to determine the child's continuing eligibility.
- **Child's Chronological Age:**

The IDA is NOT required for infants under one month of age (corrected). The Standards list other tools approved for infants.



Chronologic

The age the child is according to the calendar.
That is, if the child was born on 2-25-10 and his evaluation was conducted on 4-28-11, his chronological age is 1 year, 2 months or 14 months.

- **Child's Corrected Age: (if applicable this section must be completed)**

Corrected

The age that is assigned to the child based on developmental expectations due to premature birth. A child is considered premature if he was born 3 weeks or more before his due date. For children who are born 3 weeks or more before their due dates, you should use the "corrected age" through the second birthday. For example, a child who was born 6 weeks early (at 34 weeks gestation) on 5-10-09, whose evaluation was completed on 4-2-10 will have an "corrected age" of 9 ½ months.

[11 months - 1 ½ months (or 6 weeks)] = 9 ½ months.

Summary of Health Status (Including Vision and Hearing)

- **Primary Care Provider Name / Address and Phone Number:**
Enter the name, address and phone number of the child's Primary Care Provider (PCP). The PCP may be a pediatrician, family practitioner, nurse practitioner, physicians assistant.
- **Child's Overall Health (physical, behavioral, emotional)**
Provide a summary of the child's health (including vision and hearing). For infants this may include giving a summary of their birth history (birthweight, Apgar score, etc.). For all children it should summarize their present health status including any current diagnosis and / or recurring issues (e.g. chronic otitis media, asthma etc.)
- **Eating, Nutrition, Dental:** Provide information on any challenges that the child exhibits with eating and / or nutritional issues. The American Dietetic Association recognizes that children with developmental delays have higher nutritional risk including: altered weight, underweight, obesity; altered energy needs; constipation / diarrhea; feeding problems; or other issues. Report on mealtime behavior, weight gain or loss, difficulties with eating, special feeding equipment (e.g., feeding tube) or special diets (e.g., food intolerance or allergy). Also, indicate if any dental issues have been identified. The American Academy of Pediatric Dentistry recommends a dentist visit by age 12 months of age.

As with all information, it is important to note where you obtained the information. (i.e., Medical records, parent report, WIC, etc.)



Example: Marissa's Mom reports that she is a picky eater and will only eat soft foods. It is difficult to get her to try different foods and she ends up crying. Parents are worried about her weight gain.

- **Sleep:** Provide information based on what the primary caregivers tell you about the child's sleep patterns and concerns.

Example:

Two year old Nick gets up often during the night; he only takes one very short nap, as reported by his mother and aunt who cares for him 4 days a week.

- **Vision:** Indicate the date of the vision screening, and the medical provider or agency. In the results/concerns box, indicate the results of the screening tool or medical provider exam. (Note: Vision screening / testing must occur as part of the Comprehensive Multidisciplinary Evaluation)

Example:

Date tested: 4-8-11

No concerns based on NMSBVI vision screening tool.

- **Hearing:** Indicate the date of the hearing screening, (Newborn, audiologist, tympanometer / OAE) and the medical provider or agency. In the results/concerns box, indicate the results of the screening tool or medical provider exam. (Note: Hearing screening / testing must occur as part of the Comprehensive Multidisciplinary Evaluation)

Example:

Date tested: 1-25-11

Agency Tympanometer / OAE: Three month old Rosie showed no concerns at this time based on this screening.

Present Abilities, Strengths, and Needs (Page 2 & 3)

The General Purpose of these Pages:

The next two pages cover descriptions of the five required developmental domains. These pages should not only describe routines and activities that the child and family are finding difficult, but also the routines and activities that are going well so that the planning process can build on existing skills, strengths, and natural learning opportunities

Tips for Completing these Pages:

- The Child's Name, Date of Birth and IFSP Date is written at the top of each page of the IFSP.
- **Developmental Level:** In these boxes record the developmental level of the child as determined by the assessment tool used with the child. Developmental Levels describe the age level where the child is functioning with respect to the particular domain. A performance age-range (as derived from the IDA) or age-equivalent must be listed in these spaces.



The Family Service Coordinator can gather and record this information from conversations with the family and from the CME. It must be reviewed for accuracy at the IFSP meeting.

Examples:

1. *Sensory Motor, Gross and Fine Motor Skills: IDA 15.5 - 18 months.*
2. *Communication: IDA 11.5 - 13 months.*
3. *Self-help or Adaptive: IDA 7 - 10 months.*

For children under 4 months of age (corrected) or when difficult to measure aspects of a child's development (e.g. scattered skills, quality of skills, length of time to complete skills) make it difficult to obtain a score, Informed Clinical Opinion may be used (see ICO definition in FIT regulations 7.30.8). In these cases the team will describe the child's developmental level.

Examples:

1. *Cognitive: Within normal age range expectations.*
2. *Sensory Motor, Gross and Fine Motor Skills: Slightly below the level of expectations for the child's age range.*
3. *Self-help or Adaptive: Functioning at the corrected age.*
4. *Communication: Significant atypical development.*
5. *Motor: Typical development for newborn.*

Federal and state regulations require descriptions of skills in these five developmental domains:

- ✓ Sensory Motor, Gross & Fine Motor Skills
- ✓ Communication
- ✓ Cognitive
- ✓ Social and Emotional
- ✓ Self-help or Adaptive

Keep in mind that the IFSP team needs this information on each of these domains in order to develop the outcomes and strategies for an over-all effective plan. The child's current status in each required developmental area needs to be described functionally, including strengths and needs relevant to challenges and what is working well in everyday routines and activities.

Record the appropriate information in all boxes for each domain:

- **Areas where child does well:** The Family Service Coordinator summarizes the information related to each specific domain which is derived from the parents/primary caregivers and the members of the evaluation team. This information is meant to create a picture of the child's ability to function in everyday life and describes the child's interests and motivations. It is NOT for restating how the child performed during the evaluation. Team members are responsible for contributing this important information.



Example:

Mateo loves to take a bath washing his face, hands and feet all by himself.

- **Areas where the child needs help:** Record information on some of the challenges observed in specific developmental areas that interfere with the child's ability to participate in everyday activities and routines. This information is meant to create a picture of the child's ability to function in everyday life and describes the child's fears and dislikes. It is NOT for restating how the child performed during the evaluation. If there are no concerns in a particular area, it is sufficient to write "no concerns at this time" or to list developmental skills that may be appearing next so that the parent is more informed.

Example:

13 month old Javier sits down and cries when he is frustrated; he does not seek out help nor comfort from his parents.



You will know you have completed these pages correctly if:

- ✓ You have focused on building a relationship with the child's caregivers;
- ✓ All developmental information should be written in family-friendly language, avoiding the use of professional jargon;
- ✓ You have recorded a performance age range or age-equivalent;
- ✓ The status of current abilities includes sufficient information on people, places, and things that interest and motivate the child to participate in everyday routines and activities;
- ✓ There is information on how the child's fears or dislikes impact successful participation in everyday routines and activities;
- ✓ The information on this page is linked to information from the routines-based interview captured on "Our Family Life" page, as well as evaluation and assessment information.

Child & Family Outcomes

The General Purpose of this Page

This page supports the IFSP team to pull together all of the information the family has shared so far, along with the expertise of the other team members. The initial IFSP is developed over time during the first contacts and is finalized at the IFSP meeting.



Outcomes address the hopes, dreams, concerns, priorities and resources that the family has reported; supports and services are assigned to address these outcomes.

Tips for Completing these Pages:

- The Child's Name, Date of Birth and IFSP Date is written at the top of each page of the IFSP.

Box 1: Outcome number and statement.

- Outcome statements are developed during the IFSP meeting
- All outcomes must be numbered (use as many pages as needed). (Check box if this outcome addresses preschool readiness skills)

PRESCHOOL
at pppst.com



Preschool readiness skills are the skills and knowledge that lay the foundation for future learning. Language, pre-literacy and pre-numeracy skills are developed from birth across all domains and in everyday routines activities and places.

Online training for this topic can be accessed at
http://cdd.unm.edu/ec/trainings/trainings_ECN.htm

- **Outcome Statement:** What we want to see for our child/family as a result of early intervention supports and services?
Take one concern that the family has identified (see Our Family Life Part 1, Box 3) and write a positive statement of the change the family wants to see. This statement should be functional and meaningful to the family. The family's words should be used as much as possible. It is fine to suggest wording to the family e.g. "what I hear you saying is that you both would like Sam to be able

to adjust to transitions such as when you stop one activity and move to another - is that right...?"

Example of outcome statements:

- *Bella will use gestures and simple words to tell us what she wants.*
- *Johnny will walk independently.*
- *Betsy will play with other children in her childcare classroom.*
- *Going out to eat at a sit-down restaurant will be fun for Jose and his family.*

- **How will we know we've made progress?**

Describe what progress will look like. What will team members see, hear or feel that will let them know the outcome has been met? Indicate who will observe/report the progress? Choose a date or preferably an event that is meaningful for the family, not OUR timeline.

Examples of progress:

- *By Jose's Dad's birthday, (May 5) the family will go to a restaurant and eat a whole meal there. Parents will report that Jose stayed interested, behaved well and they all enjoyed themselves.*
- *By Bella's second birthday, she will be able to tell us that she wants "more" with a gesture, and will say "up" when she wants us to hold her.*

Box 3: Our Strategies (Check each box if the strategy addresses preschool readiness skills)

- The team decides who would be the most appropriate person on the team to implement this strategy and indicate this in the statement.
- Using verbs, describe the way the service will be delivered (i.e., consult, provide, assess, design, support, work with, explore) and in which every day routines of the family.
- Does this strategy have high child interest (is it fun)?
- If the team decides that co-visits, telehealth and/or consultation will be used to meet the outcome, this needs to be included in the strategies.

The decision about who will implement a strategy must be based upon the individual needs of the child and family and NOT on the availability of service providers.



- The strategies should be written clearly in order for all team members to understand what is being done.
- If assistive technology is needed, it needs to be included as a strategy in order to meet the outcome and support the child's participation in typical family routines and in community settings.

Examples of strategies (who does what in which every day routines, activities):

1. Parents will bring a few favorite books/small toys for the children to play with while waiting for their food. Developmental Specialist and parents will talk about the types of "restaurant food" that Jose is likely to eat and manage on his own.
2. The Developmental Specialist (Debbie) and the Speech Therapist (Joyce) will make a joint home visit to explore use of sign language with Janelle's family as a way to enhance her ability to communicate. The family will suggest the best routines and activities to observe so that the other team members get a good idea of how things are going for Janelle right now.
3. While watching Jenni move around and play in the living room, the Physical Therapist will provide information to the family and the Developmental Specialist about what hip, leg, and foot positions to watch for now that Jenni is up on her feet more.
4. The Occupational Therapist will work via telehealth with Nolan's parents to figure out how to make bath time a more enjoyable and safe activity.
5. The Developmental Specialist will work with the childcare staff to help them make the toys and activities available during free play easier for Carlos to use on his own with the other children and not need so much adult help. The DS will consult with the OT for ideas.



NOTE:

As the team plans the strategies, you are encouraged to address the following factors:

- **Accommodations** - How can we make slight changes to the activity, what's asked of the child, or the interaction of caregivers to support the child's optimal participation?
- **Adaptations** - What physical changes could be made to the setting, toys and other objects, or the use of assistive technology that would support the child's optimal participation?
- **Change in Skills** - What skills could be developed in the child and/or his interaction partners (adults and peers) to support the child's participation?

Box 4: If for some reason the outcome cannot be achieved in a natural environment, you will state the reason why in this box. If services are already in a natural environment, enter N/A in this box.

Examples:

- 1. Child needs to participate in signing environment in order to promote communication skills.*
- 2. Mother temporarily living at women's shelter that is closed during the day and services have to be provided at the center.*

Box 5: If the outcome cannot be met in a natural environment, you will also include a plan and a timeline on how you will provide supports and services in order to *move* supports and services to a natural environment.

Examples:

- 1. Team will monitor child's progress in the group setting until June and will simultaneously provide services in the family home.*
- 2. Service Coordinator will assist family to find housing by December.*

You will know you have completed these pages correctly if:

- ✓ You have focused on building a relationship with the child's caregivers;
- ✓ You have listened to the parents describe what they want for their child;
- ✓ Outcomes are written in clear language using the parent/caregiver's words as much as possible;
- ✓ Information relates to the family's concerns and priorities in " Our Family Life" section of the IFSP;
- ✓ Outcomes and strategies build on child and family strengths;
- ✓ Outcomes are implemented in natural environments;
- ✓ A reason is given if supports and services will not be provided in a natural environment; a plan and timeline are written to show what will be done to move services to a natural environment as soon as possible.
- ✓ Outcomes are functional and related to participation in everyday routines;
- ✓ Strategies are connected to the outcome;
- ✓ A separate strategy is listed when the team utilizes co-visits, consultation, telehealth, and assistive technology;
- ✓ The team will know when expected progress is made towards the outcomes;
- ✓ It is clear who will be doing what to support progress towards the outcomes.

Transition Plan

General Purpose of These Pages:

The Transition Plan will help the team ensure that each child and family experience a smooth and effective transition as a result of careful planning and informed decision-making. Through discussions with the family, specific steps and actions are determined that facilitate the family's transition from early intervention to other needed supports and services. The family's service coordinator is responsible to guide, coordinate and facilitate this process. The transition plan is a "to do list" - who will do what by when in order to make sure transition happens smoothly and effectively. The IFSP transition pages must be included and attached to the rest of the IFSP.

Tips for Completing this Page:

You can begin to complete the top section of this page at the initial IFSP.

- The **Child's Name, Date of Birth and IFSP Date** is written at the top of each page of the IFSP.
- **Date of 3rd Birthday:** this date enables the team to calculate the earliest possible date the child is eligible to transition. Transition planning must begin at least six months before the child is eligible to transition.
- **Parent(s) choice regarding when their child will transition:** Children eligible under biological or environmental at risk must transition by the end of the month in which they turn three (3).

This page is part of the IFSP and may be completed and updated by the service coordinator and the family.



For children eligible under developmental delay or established condition the following applies:

Children turning three before July 1, 2012:

The family can choose if their child will transition at the beginning of the school year in which he/she turns three; at the beginning of the school year after he/she turns three; or at some other point in between that the family chooses.

Discussion should occur with the family about when it makes most sense for their child to transition. Check the appropriate box after the parent/guardian has indicated their preference.

Children turning three after July 01, 2012:

Children must transition by the end of the month in which they turn three.

- **Planned date for Transition:** record the projected date that the child will transition.
- **Date this Transition Plan initiated:** this is the date that the Family Service Coordinator developed the plan with the family. (Note: Transition planning must begin by 24 months of age and at least 6 months prior to the school year in which the child turns three).
- **Planned date for Transition Conference:** no later than 90 days prior to the child's third birthday. The specific date for the transition conference is determined through discussions with the family and relevant parties (LEA, Head Start etc.).

For children turning three before July 1, 2012:

If the family chooses to have their child transition at the beginning of the school year in which the child turns three, the transition conference will need to be at least 90 days prior to the school district start date.

- **Determined eligible for IDEA Part B:** Check the appropriate box, yes or no, once the child's eligibility has been determined for special education preschool services (Part B). **If YES:** record the date of eligibility determination by Local Education Agency (LEA).
- **Priorities and goals for my child's transition:** write a brief statement of the family's priorities and goals for their child's transition e.g. "I want Brittany to be ready for Kindergarten", "Our family does not want Roberto to have to travel back and forth between child care and a special school".

Transition Plan Table: record the steps in this table that will support transition, paying attention to the issues that are important to the parent/guardian about their child's transition.

- **Column 1: Transition Planning Requirements:** this column lists activities that are required as part of the transition planning that occurs with the family.
- **Column 2: Action Steps / Activities:** this column is where the Family Service Coordinator and the parents decide what will be done to support the child's transition out of early intervention. The action steps should also include the following:

Support the family to make decisions about what's best for their child and family during the transition process... Families will have to be strong advocates for their child in the school system.



- a) At this early stage the Family Service Coordinator describes all potential options that have been or will be discussed with the family based upon their interests, child's needs and available community options.
 - b) The Family Service Coordinator is responsible for making sure the parents understand their options regarding when their child may transition and describe the transition timeline in this space.
 - c) Describe the steps that the family may have and the supports they may need to visit preschools, Head Starts, play groups, etc. This is very important if a child is not eligible for Part B services.
 - d) This step is **ONLY** required for those with the eligibility category of Developmental Delay or Established Condition. If a child is eligible child under the "at risk" category, write: **"N/A due to eligibility of biological / environmental at risk"**.
 - e) A Transition Conference must be scheduled for ALL children exiting from Part C. Participants are determined by the IFSP team. If a child is referred to Part B, a representative from the local education agency (LEA) must be invited. Representatives from other organizations are also listed here.
 - f) If the child has been referred to Part B the **Transition Assessment Summary Form** must be completed and sent to the LEA. If a child is not referred to Part B, record: **"N/A due to eligibility of biological / environmental at risk"**.
 - g) List those persons and organizations that the IFSP team would like to be in attendance at the transition conference. The invitation must be sent 30 days prior to the transition conference and a copy kept on file.
- **Column 3: Person(s) responsible:** Write who will carry out this step.
 - **Column 4: Date to be completed:** in this column record the date with the month, day and year (e.g. 2/10/11) for each activity/action step listed. These dates may change as the desires and/or needs of the family change over time.
 - **Signatures:** At a minimum the Family Service Coordinator and parent must sign the Transition Plan.



You will know you have completed the Transition Plan Page correctly if:

- ✓ The team has enabled the family to make informed decisions about transition;
- ✓ The top portion of this page is completed regarding parent choice and IDEA Part B eligibility.
- ✓ The team has addressed all the activities that will need to occur in order to ensure a smooth and effective transition;
- ✓ Specific action steps are described for each transition planning requirement;
- ✓ Team members know who is responsible for which activities;
- ✓ Page is legible for all team members to read.
- ✓ The target dates to complete the activities are established.

Transition Conference

General Purpose of This Page:

This page, which documents the decisions made at the Transition Conference, must be completed by the Family Service Coordinator, the family and all parties involved in the child's transition. It is encouraged that all IFSP team members participate in the Transition Conference. If the child is referred to Part B, a representative from the Local Education Agency (LEA) must be invited.



*Where do I go
when I leave the
FIT Program?*

All children and
families are
required to have
a Transition
Conference:
State Rule
7.30.8.13

Tips for Completing this Page:

- The Child's Name, Date of Birth and IFSP Date is written at the top of each page of the IFSP.
- Enter the date the conference was held.
 - Check the appropriate box, **YES**, if the transition conference was held no later than 90 days prior to the child's third birthday or 90 days prior to the start of the school year in which the child will be transitioning, whichever is first.
 - Check the appropriate box, **NO**, if the conference was held after the deadline. A reason must be written here.


Transition Conference Table:

- **Column 1: Transition Conference Requirements:** this column lists the required activities that must be addressed at the transition conference by the multi-agency team including the parents.
- **Column 2: Action Steps / Activities:** this column addresses the activities that the team and family decide should occur before the child transitions. The action steps should also include the following:


TRANSITION

Offer CHOICES, Explore POSSIBILITIES

And make sure parents understand terms, such as,
LEA: Local Education Agency (public school district)
IEP: Individualized Education Plan.



- a. Write the family's choice of where their child will transition to, based on the options reviewed with the family. Enter the planned date for transition.
- b. Write a description of how and when the child's information will be shared with the receiving agencies.
- c. Review updated evaluation/assessment information with all team members. Write information regarding any additional testing that may be required by the LEA or will be updated or shared by the FIT provider agency.
- d. Outline the activities that must take place before the child moves to the next setting and where appropriate how and when this information will be provided to the new service setting. These may include things such as enrollment procedures, transportation needs, etc.
- e. Document that the LEA has provided the family a copy of their procedural safeguards. Write "N/A due to (insert reason)" for those children not referred to Part B.
- f. Document that the family signed the consent to conduct an initial evaluation, if this is the case. Document if the family wishes to wait to sign with a date for making a decision. If the family refuses to sign the consent, remind the family that Part C services will end on the child's third birthday. Write "N/A due to (insert reason)" for those children not referred to Part B.
- g. Document here the date of the IFSP review to include the preschool readiness components of language, pre-literacy, and numeracy. This step is only for those children who turn three prior to July 1, 2012 and who will remain in Part C after their third birthday (under eligibility category of Developmental Delay and Established Condition).
- h. Document the potential date that the Individualized Education Plan (IEP) may be held. For those children not referred to Part B, write "N/A due to (insert reason)".



Remember to include future supports for the parents, such as, Child Care, respite; DD waiver; parent support groups; CMS and/or SALUD Case Management etc.

- i. Describe the follow-up activities that may be needed based on the family's needs. Follow-up may include service coordination to see how transition is going and/or direct service consultation for the new staff working with the child.
 - j. Describe how and when the family will be contacted to determine the effectiveness of the transition process.
- **Column 3: Person(s) responsible:** list who will carry out the specific action steps and activities. (Refer to the Transition Process Flowchart as necessary in the Transition Guidance Document for timelines). Activities may be shared between the early intervention provider, the LEA or other community organizations and the family.
 - **Column 4: Date to be completed:** in this column record the date with the month, day and year (e.g. 2/10/11) for each activity/action step listed.

You will know you have completed the Transition Conference page correctly if:

- ✓ The Family Service Coordinator has discussed with the family ways to help the child with transition;
- ✓ The family is aware of their rights and of all the services and options that are available after the child leaves the FIT Program;
- ✓ The team has addressed all the activities that will need to occur in order to ensure a smooth and effective transition;
- ✓ Specific action steps are described clearly and team members know who is responsible for which activities;
- ✓ The target dates to complete the activities are established;
- ✓ The family understands that their evaluation of the transition process is important to the FIT Program to insure smooth and effective transitions for all families.

Transition Conference - Signature Page

General Purpose of This Page:

This page documents:

- Who participated in the Transition Conference;
- How each person participated; and
- The informed written consent of the parents/guardian, agreeing to the action steps and activities.

Tips for Completing this Page:

Signature table:

- **Column 1:** Enter the name and role / discipline of each person who participated in the transition conference.
- **Column 2:** Have each person sign that they participated in the transition conference.
- **Column 3:** Enter the date that the person participated.
- **Column 4:** Enter the method by which each person participated e.g. "attended meeting", "submitted written report and recommendations".
- **Column 4:** Enter the name of the agency where the participant works and the telephone number where they can be reached.

Additional copies: If the family gives permission for the transition conference to be sent to other individuals, record their names in the area under the signatures table.

Rights and Consent: Have the parent(s) sign that they have been explained their rights and procedural safeguards and whether they agree to the action steps and activities documented in the transition conference.

You will know you have completed the Transition Conference

Signature page correctly if:

- ✓ You have clearly entered the names and role, titles of all individuals who have participated in the transition conference;
- ✓ The team including the family has a clear record of the personnel who participated in the conference, their agencies and contact information;
- ✓ You have given to the parents/caregivers a written copy and verbal explanation of the Family Rights.
- ✓ The parents/caregivers have signed and dated the transition conference if they agree to the action steps and activities documented.

Supports & Services Needed to Achieve Outcomes

General Purpose of this Page:

This is the page where the IFSP team summarizes the service information from all of the Outcome pages in a format that should be easy to see who is providing what services, to address which outcomes, for how long, when, and under what payment arrangements. It is important to look across all outcomes to see what *services* are being described. IFSP team members are encouraged to discuss early intervention services using the same service descriptions that are provided in the FIT Family Handbook.

Tips for Completing this Page:

- The **Child's Name, Date of Birth and IFSP Date** is written at the top of each page of the IFSP.

Column 1: IFSP Supports and Services

- List the service to be provided using the same service titles that are used by the FIT Program, found in the FIT Family Handbook. Family Service Coordination (FSC) is already listed, as all families in the FIT system receive service coordination.
- The service should be listed more than once if provided in a different setting or using a different method.

A single service (e.g. occupational therapy) should be listed more than once if more than one service delivery method will be used or if the service will be provided in more than one location. For example if a child were receiving the following services:

- Occupational Therapy at home (co-visit with DS), individually, 1x/mo. for 60 minutes; and
- Occupational Therapy at Early Head Start, individually, 2x/mo. for 45 minutes.

Include "other services that the child / family is receiving, for example, childcare, Early Head Start, WIC, etc.



Example:

IFSP Supports & Services	Outcomes #s addressed	Service Type	Setting	Method	Frequency	Period	Intensity
Occupational Therapy	2	O	H	I	1	Mo.	60 min.
Occupational Therapy	2	O	CBS	I	2	Mo.	45 min.

Up to 12 hours of consultation between early intervention personnel can be provided for each discipline listed on the IFSP. Therefore, consultation does not need to be listed on the Supports and Services page - but must be listed as a strategy on the Outcomes page. Note: If a discipline will be providing consultation to another member(s) of the team - they must provide direct services to the child / family at least quarterly e.g.

IFSP Supports & Services	Outcomes #s addressed	Service Type	Setting	Method	Frequency	Period	Intensity
Nursing	2	E&A	H	I	4	Yr.	60 min.

If the child / family will receive a onetime consultation e.g. the nutritionist will attend the initial IFSP, but will not be providing ongoing services, then this would need to be included on the Supports and Services page.

Column 2: Outcomes #'s addressed

- Write the number of all the outcomes the service will address.

Column 3: Service Type

- Write whether this service is:
 - **Ongoing (O)** - Services provided on a regular basis as part of an IFSP. These services must be listed on the IFSP;
 - **Evaluation and Assessment (E & A)** - Services to be provided to assess the

NOTE: If personnel from a particular discipline attend the IFSP meeting, but will not be providing ongoing services, this service must be added to the IFSP as a one-time consultation, e.g. the nurse plans to attend the initial and/or the annual IFSP to consult about the child's health.

child's development in a particular area, e.g. the team wants a nutritionist to conduct a one-time assessment, or the team wants an OT to conduct an assessment of the child's sensory needs twice a year. E & A does not have to be listed for on-going services for which the early interventionist will conduct on-going assessment of the child.

- **Consultation (C)** - Discussion between professionals for the purposes of planning effective early intervention strategies, usually without the child or family present (used for one-time consultation where service is not ongoing);
- **Follow-up (F)** - Services provided after the child has exited the FIT Program and after the end of the IFSP.

Column 4: Setting

- Use the setting codes at the bottom of this page:
 - **H = Home:** the principal residence of the child's family and caregivers.
 - **CBS = Community Based Setting:** A setting where children without disabilities typically are found. These settings include but are not limited to child care centers (including family day care), preschools, Early Head Start, regular nursery schools, early childhood center, libraries, grocery stores, parks, restaurants, and community centers (e.g., YMCA, Boys and Girls Clubs).
 - **DDP = Developmental Delay Program:** An organized program provided on a regular basis for a group of children with developmental delay; the program is usually directed toward the facilitation of several developmental areas (less than 50% typically developing children)
 - **IPL = Inclusive Provider Location:** An inclusive child care center operated by the FIT Program provider. "Inclusive" is defined as having 51% or more children enrolled who are typically developing.
 - **OS = A setting that is not home or community-based.** These settings include, but are not limited to, services provided in a hospital, residential facility, or a clinic.

Column 5: Method

- Mark the service provided as
 - **Individual (I)** - provided to one single child at a time;
 - **Group (G)** - provided to two or more children at the same time;
 - **Consultation (C)** - Discussion between professionals for the purposes of planning effective early intervention strategies, usually without the child or family present (for one-time consultation where the service is not provided ongoing;



NOTE:

In order to make changes to frequency, intensity, location or method of a service, or to end a service:

- a) strike out the existing end date;
- b) enter the new end date;
- c) enter the staff's initial;
- d) add the revised service on a new line.

Changes can only be made with Prior Written Notice of the parent(s)

Column 6: Frequency

- How often the service is provided: 1x, 3x, etc. Frequency must be listed at its lowest denominator e.g. 1x week not 12 times a quarter

Column 7: Period

- State the period of time in which the service will be provided: a week, month, year, quarter.
(Example: 2 x a month - two is the frequency, month is the time period)

Column 8: Intensity

- State the length of the visit in minutes - 30, 60, 90 minutes.

Example:

If "Developmental Instruction" is a service needed to address Outcomes # 2, 3 & 5, and the IFSP team decides that, in order to do this effectively, that the service will be provided for 60 minutes one time each week, frequency will be listed as 1X, period will be listed as "week", and intensity will be listed as 60 minutes.

This process must be applied for each service listed as necessary to achieve the outcomes.

Column 9: Provider

- List the name of the **person** who will be providing this service along with the agency responsible for that particular service.

Example:

Barbara Smith, DS II, (The Family Place).

Column 10: Start Date

- Date of the IFSP, or a later date, if a service is provided only once or a few times a year.

Column 11: End Date

- Date service will end, usually the date the IFSP expires. If a service is provided for only 3 months, record the date it will end (e.g. The OT will provide massage therapy for 3 months, end date: 5-16-11).

Column 12: Funding Source

- Insert the funding code from the list at the bottom of this page.
 - M = Medicaid (fee-for-service): Funding under the Early Periodic Screening, Diagnosis and Treatment Program (EPSDT) of Medicaid (Title XIX of the Social Security Act)
 - DOH = Department of Health, State General Funds.
 - O = Other: Funding under any other source (private pay, private insurance, etc.) for the provision of early intervention services by non-FIT Program providers to either Medicaid eligible children or Medicaid ineligible children. (e.g. WIC, Head Start, CYFD, etc.)

Bottom of Table:

- **Total FIT Hours per Month:** List the total number of hours provided per month excluding service coordination, Evaluation and Assessment and any one-time consultation to attend the IFSP meeting (and any 'other' services e.g. respite, Early Head Start, childcare WIC, etc.).
Note: If the total exceeds 14 hours, the Family Service Coordinator needs to submit a Prior Approval form to their FIT Regional Manager.
- **Primary Location of Services:** If more than 50% of services are provided in one location, this should be listed as the primary location. Enter the total hours per month for each location, using the "Setting Codes".

You will know you have completed this page correctly if:

- ✓ All sections of the table are completed for each service listed;
- ✓ The team including the family has a clear record of the services and supports to be provided;
- ✓ You clearly printed the name of the person providing the service and their agency.
- ✓ You record the total number of FIT hours and
- ✓ You determined and recorded the primary location of services.

IFSP Signature Page

General Purpose of this Page:

This page documents:

- Who participated in the IFSP development and meeting;
- How each person participated; and
- The informed written consent of the parents/guardian, agreeing to the services as described on the IFSP.

Tips for Completing this Page:

The **Child's Name, Date of Birth and IFSP Date** is written at the top of each page of the IFSP.

- **Column 1:** PRINT the **NAME** of each person who participated in the development of the IFSP. After that person's name list his/her role (parent, physical therapist, developmental specialist, social worker, etc.) using language that is understandable to all team members. Also include the team member's credentials in terms of licensure or certification.
 - **Example:** Suzanne Smith, OTR/L, Occupational Therapist
- **Column 2:** Everyone who participated in the meeting needs to sign the IFSP. The parent(s) **Signature** here only represents their participation in the meeting. It does not constitute permission for agreement with the supports and services.
- **Column 3:** Record the **Date** the meeting was held.
- **Column 4: Method of Participation.** Usually this is actual attendance at the meeting, occasionally this might be by phone, especially for medical personnel.
 - **Example:** "attended meeting", or "provided input to parents and Family Service Coordinator during home visit on (date)", or "participated by telephone", etc.
- **Column 5: Agency/Contact information** - name of agency where each person works, if applicable and a phone number.

Additional copies: If the family gives permission for the IFSP to be sent to other individuals, record their names in this area which is directly under the signatures table.

Informed Consent by Parents/Guardians: Parents/guardians must be informed of their rights regarding the IFSP process and other aspects of their participation in the FIT Program. At this point in the process it will be helpful to review the family rights in the FIT Family Handbook and to answer any questions the parents/guardians have. (Refer to the *Notice of Family Rights and Safeguards* as necessary).

- **First Box:** Parents are asked to **initial this box** to indicate that they have received both written and verbal information regarding their rights under the FIT system;
- **Second Box:** Parents check this box to indicate they had the opportunity to fully participate in the development of the IFSP;
- **Third Box:** Parents check this box if they agree to the services as listed and give consent for those services to be implemented;
- **Fourth Box:** Parents check this box if they do not accept the entire IFSP to be carried out as written, but do consent for the child to receive one or more of the services that they list. Parents must be informed that they can choose not to consent to some services and still receive the other needed services to which they consent.

Signature: The parent(s) or guardian(s) sign and date the IFSP indicating their consent for the services listed on the IFSP.



NOTE: If the parents/guardians do not agree with the entire IFSP as it is written, and the IFSP team is not able to make changes to the IFSP so that the parents/guardians do agree, then the IFSP should NOT be signed by the parents or guardians. The family should be informed of their right to Mediation and a Due Process Hearing outlined in the document, *Notice of Family Rights and Safeguards*, found on the FIT website (www.fitprogram.org).



All team members, including subcontractors and those from other agencies, need to be informed of IFSP meetings. Input should be sought from all team members so that an integrated approach to service delivery is maintained. If a team member cannot attend the IFSP meeting, his/her input should be sought before the meeting. All team members should receive information about any changes to the IFSP.

You will know you have completed the Signature Page correctly if:

- ✓ You have clearly printed the names and role, titles of all individuals who have participated in the development of the IFSP and will assist in carrying it out;
- ✓ The team including the family has a clear record of the personnel providing services, agencies and contact information;
- ✓ You have given to the parents/caregivers a written copy and verbal explanation of the Family Rights.
- ✓ The parents/caregivers have signed and dated the IFSP if they agree with the services as listed.

Finalizing the IFSP

- ✓ Discuss with the parents who should receive copies of the completed IFSP. Have the parents/guardians sign the appropriate Authorization to Release Information forms.
- ✓ Summarize who will be doing what as part of this IFSP in the coming days and weeks.
- ✓ Remind all team members that the IFSP will be reviewed in at least 6 months and that their input to this review will be essential. Also, discuss the process for making changes to the IFSP if needed before the scheduled 6-month review, including procedures for keeping all team members informed of any changes.
- ✓ Parents/guardians should be asked to sign an IFSP indicating informed written consent **ONLY** when the IFSP is complete, with strategies described for all outcomes and service decisions, including frequency, intensity and duration, clearly and completely documented.
- ✓ The IFSP should be kept as current and accurate as necessary to:
 - ensure effective and integrated supports and services that meet the family's needs;
 - ensure effective communication among all team members.
- ✓ The IFSP needs to be kept intact. Sections cannot be pulled out and placed in separate areas of the child's file.
- ✓ Information from the IFSP needs to get to the person who enters data into FIT-KIDS following the agency's policy and procedures.

The Family Service Coordinator and parents/guardians should be involved in any discussions regarding changes to the IFSP and ALL team members should be informed of any changes made.



Periodic Review of the IFSP

General Purpose of this Page:

This page provides a place for the IFSP team to document the decisions made as a result of each periodic review conducted between initial and annual IFSPs. Federal and state regulations require that the IFSP be reviewed for effectiveness **at least every six months**. This review should include the Family Service Coordinator, parents/guardians and other appropriate family members and caregivers, as well as appropriate service providers. The periodic review **MUST** include revisions to outcomes, strategies and/or services if the expected progress is not occurring and/or if one or more of the outcomes is no longer applicable.

Tips for Completing This Page:

- The **Child's Name, Date of Birth and IFSP Date** is written at the top of each page of the IFSP.

Box 1: New Concerns/Significant Events:

In this box record the changes that have occurred with the family.

Examples:

1. *Ramon is now sitting up and feeding himself.*
2. *The family has found permanent housing.*



Box 2:

Column 1: Outcome Number - write the Outcome number from the current IFSP.

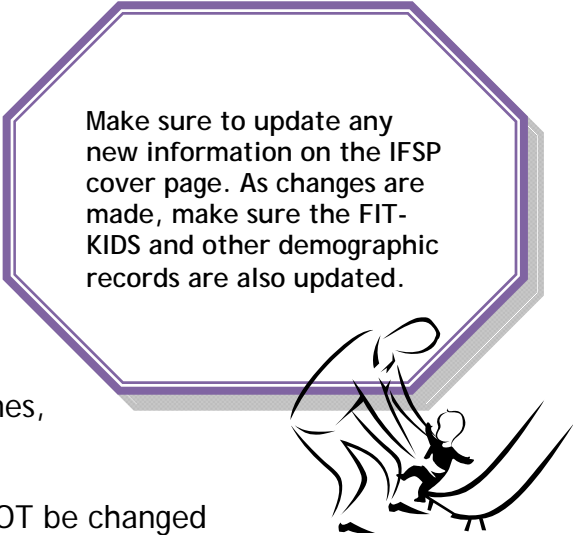
Column 2: Describe Progress - describe in a sentence or two what observable changes have taken place. Information recorded should describe how well strategies are working toward achieving outcomes. If the outcome needs to be modified, information should be provided to explain the need for these modifications.

Column 3: Status - check **one status box**

The family and the team decide which outcome has been met and if they want to continue with a particular outcome and/or modify it.

REMEMBER:

- Outcome strategies should be modified if they:
 - Have not led to the expected progress; or
 - Have not been consistently implemented and therefore are not working; or
 - Are no longer appropriate given the child's interests and abilities; and/or
 - No longer "fit well" within the everyday routines, activities and places of the child or family.
- The service provided by a team member should NOT be changed (methods, location/setting, frequency/intensity, start/end dates, etc.) without the participation of that team member in a discussion about the proposed change.
- If there was a justification for providing services in some setting other than a natural environment, the plan and time line for moving services into a natural environment must be reviewed for effectiveness and revised as needed so that the move to natural environments happens within or before the expected time line.
- Consider whether there should be any changes to the transition plan. For example, the family would like to explore their child's option to attend an inclusive setting at Head Start
- The **Supports and Services needed to achieve the outcomes** must be changed if the IFSP Review results in any of the following modifications:
 - A service or specific service delivery method (SLP-DS co-visit) is no longer needed and is discontinued; or
 - An additional service or specific service delivery method (SLP-DS co-visits) is added to achieve a new or revised outcome; or
 - The setting, frequency/intensity, or provider of one or more services is changed; or
 - A change in funding source for one or more services has occurred; or
 - A change in start/end dates is necessary for one or more services; or
 - The primary location of services has changed.
- Additional **Supports and Services needed to achieve the outcomes** pages can be added as needed.



Make sure to update any new information on the IFSP cover page. As changes are made, make sure the FIT-KIDS and other demographic records are also updated.

Box 4: Team Member Signatures (Including Parents/Guardians):

Each team member who participated in the Periodic Review, including parents/guardians and other care givers, is required to:

- Print his/her name, indicating role, discipline and licensure/certification;
- Sign the Periodic Review;
- Write the date;
- Describe how he/she participated (attended meeting, written suggestions, etc.);
- Write in the name of the agency he/she works for and contact information that other team members can use to reach him/her.

When the Periodic Review of the IFSP has been completed, the Family Service Coordinator should assure that all team members are informed of any changes and that copies of the Periodic IFSP Review have been mailed to the appropriate parties, with written parent authorization.

Documentation of the Periodic Review becomes part of the current IFSP and should be maintained in the child's record.

You will know you have completed the Periodic Review Page correctly if:

- ✓ You have listed new concerns and significant events that occurred within the last 6 months;
- ✓ If you have adequately described the progress of each outcome and the status;
- ✓ If you have all participants in this review sign and date, including their method of participation.

Sample IFSP



**"The Family Place"
Camino Alegre
New Town
1-888-123-1234**



INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP)

Child's Name: Jose Benevidez Female Male
 Date of Birth: 9/17/08 Referral Date: 11/10/10 Referral from: Mother & Dr. Trujillo
Maria Elena
 Parent/Guardian Name: Jose Benevidez Parent/Guardian Name: Benevidez
 Relationship: Father Relationship: Mother
 Mailing Address: 1201 Tree St Same
New Town, NM 87000
No phone (contact
 Telephone: grandparent) Telephone: 962-0062 (Sophie Benevidez)
 Physical Address: 1201 Tree St.
 County of Residence: Norte Primary Language Spoken in Home: English

Ethnicity: Hispanic/Latino? Yes No
 Race: American Indian/Alaskan Native - Tribe: _____ Asian
 Black or African American Native Hawaiian or Other Pacific Islander White
 How was this information obtained?
 Parent or Family Identification (preferred method) Team Identification Combination of both

This plan is the: Interim IFSP OR Initial IFSP OR Annual IFSP

Date of IFSP Meeting: 1/17/11 IFSP Start Date: 1/17/11 IFSP End Date: 1/16/12
 If Initial IFSP - was it held within 45 days of referral date? Yes No
 If no - what was the reason for exceeding the 45 days? Child was sick
 • Anticipated Date for IFSP Review: 07/15/11 • Anticipated Date for Annual IFSP: 01/09/12

Designated Service Coordinator: Jane Chavez, The Family Place 962-0320
 (Service Coordinator's Name, Agency) (Phone number)

Date Eligibility Determined: 01/10/11 Date Eligibility Re-determined: N/A

Current Eligibility for the Family Infant Toddler Program (check one):

Developmental Delay Established Condition Biological/Medical Risk Environmental Risk

Child is NOT eligible. Referred to: _____

ICD-9 CM Code 1: 315.5 ICD-9 CM Code 2: 343.9 ICD-9 CM Code 3: _____

Exit Date: N/a Exit to: N/a

Our Family Life (Part I)

Our everyday routines, activities, places, and people in our life

Young children learn best through routines and activities that they are interested in and that they participate in often. It is helpful for us to know where your child regularly spends time so that together we can plan for early intervention supports and services for your family.

What does a typical day look like for you and your child? (beginning with how your day begins, meal-times, child care, playtime, naptime, sleeping, etc.)

Mom is first to get up around 5:30 am. Mom gets as much done as possible before Jose wakes up around 6 am. She gets clothes for sister "Izzy" for pre-school and prepares breakfast. Everyone is usually up by 6:30. Dad helps with feeding Jose and getting ready for work. Mom and Jose walk Izzy to school and home every day. Jose is sad to see Izzy stay in school. Mom plays with Jose and they read books together. Jose enjoys his bath and plays with toys; he also likes "doing chores" with mom. After lunch, Jose takes a nap because he is so tired from not sleeping well at night, Jose loves to pick up Izzy from school and they watch videos together. Jose waits for dad at the window; they eat dinner together and the whole family usually goes to the park in the evening for 1 hour in good weather. On the weekends, they go to church, visit relatives and friends, and have dinner at Grandparent's house.

What concerns / questions do you have about your child's daily activities and routines?

We want Jose to tell us what he wants.

Mom is worried that Jose does not sleep enough at night; he wakes up quite often. Parents are exhausted and wonder about the daytime nap? He usually falls asleep if he is left alone because he can't reach for new toys or tell you what he wants.

Jose needs more ways to play with others kids at the park. It is hard for Jose when other kids at the park go play away from him and he can't move on his own to go with them.

We would like to go to a sit-down restaurant and enjoy ourselves.

Go to the community pool this summer with Izzy and all the cousins.

What are your most important concerns that you like addressed in this plan?

That Jose is able to tell us what he wants and play with other kids.

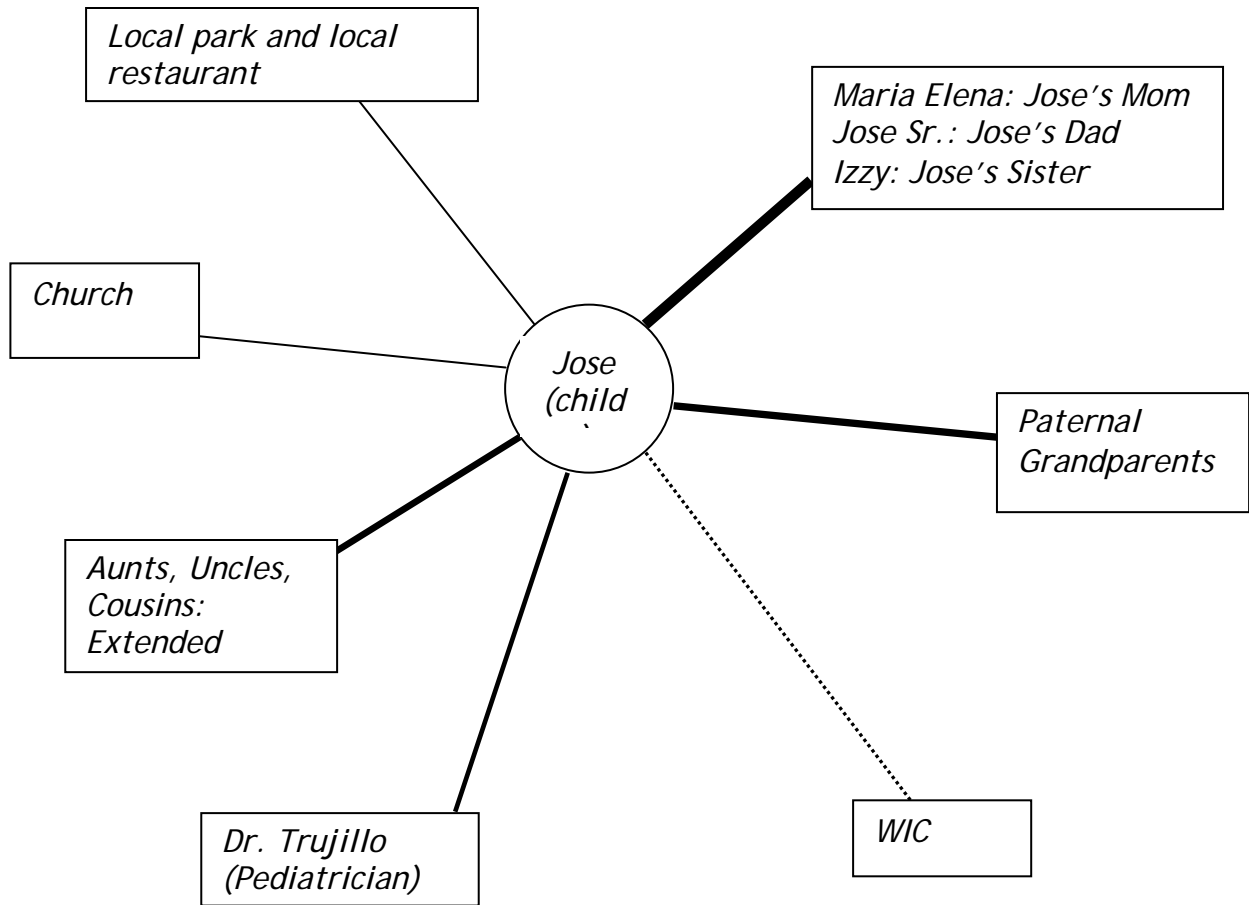
I choose NOT to share information about our everyday routines, activities & places. Parent Initials []

Our Family Life (Part II)

Our everyday routines, activities, places, and people in our life

Who provides support to your family? This can include: family (e.g. grandparents, aunts, uncles), friends, groups / organizations (e.g. child care, WIC, parent groups, community or religious groups), and other people (e.g. baby sitter, doctor, nurse)?

(Teams may list these supports or create a family eco-map with the child / family in the middle)



I choose NOT to share information about our everyday routines, activities & places. Parent Initials []

Present Abilities, Strengths, and Needs

A developmental evaluation/assessment was recently completed with your child and/or ongoing assessment information has been 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 is able to participate in family and community activities. This is the place where we SUMMARIZE what we have discovered so that our plan fits well with your child's developmental strengths and needs.

Date of evaluation/assessment: 1/10/11 Based on: Initial Evaluation Ongoing Assessment

Assessment Instruments Used: IDA

Child's Chronological Age: 26 months Child's Corrected Age (if applicable): months

Summary of Relevant Health Status (Including Vision and Hearing)

Primary Care Provider Name: Dr. Trujillo Phone: 962-0062

Address: 111 Bajo St, Norte, NM

Child's Overall Health (physical, emotional, behavioral) May include well-child visit information, medical/developmental diagnosis, medications, specialists, temperament, other interventions, etc.
Born 2 weeks early, weighing 4 lbs, 12 oz. remains in 15 percentile for height and weight. Overall health is pretty good, except movement. He was recently seen by a neurologist and was diagnosed with infantile cerebral palsy. Jose uses hearing aids. Jose's 2 year old well-child check up was delayed by 3 months, but his immunizations are all up to date. He recently had the flu and was hospitalized for 3 days.

Eating, Nutrition, Dental:

Occasional difficulties with constipation. Mom wonders about food allergies. She and Izzy have a few food allergies.

Sleep:

Jose wakes up several times a night and takes a good nap every afternoon.

Vision:	Date Tested	<u>12/18/10</u>	Results/concerns: <i>No concerns based on doctor's report. No concerns reported based on the NMSBVI vision screening tool administered on 1/10/11.</i>
	Tested by (doctor or agency)	<u>Dr. Trujillo & Family Place</u>	
Hearing:	Date Tested	<u>9/14/10</u>	Results/concerns: <i>Report from audiologist: Mild moderate bi-lateral hearing loss. 30-35 db loss at lower frequencies; 50-55 db loss at higher frequencies.</i>
	Tested by (doctor or agency)	<u>Dr. Frommer</u>	

Present Abilities, Strengths, and Needs

Sensory Motor, Gross and Fine Motor Skills (sitting, rolling, standing, crawling, walking, hand skills, sensory regulation)		Developmental Level: <i>IDA: 7 - 8.5 months</i>
<p>Areas where child does well. <i>Jose rolls ball and pushes small cars in sand. Splashes and plays w/balls and boats in tub. Strollers are fun; he sits well with seat belt/harness. Pushes big trucks on kitchen tile floor. Mostly uses fist and forearm to move toys.</i></p>	<p>Areas where child needs help. <i>Can't pick up toys on own and really wants to. Can sort of scoop food onto a spoon when spoon is placed in hand. Cannot get spoon/food to mouth. Hates messy face. Cannot get into sitting without help. Needs support to sit and balance. Takes long time to scoot/roll/move from one place to another. Gets mad, tired and stops trying. Does not like Lego's, veggies or being alone.</i></p>	

Communication Skills (preverbal, nonverbal, talking, understanding language, speech)		Developmental Level: <i>IDA: 7-8.5 months</i>
<p>Areas where child does well. <i>Likes to play w/Chaco (dog). Smiles, giggles, laughs with Izzy and cousins. They act silly to make him laugh. Uses some gestures - pointing and lifting arms. Makes some sounds for words like "ba" for bottle/drink; "Ma" for mom. Mostly likes hearing aids; hears TV and music better. Shows understanding of simple directions: "Give me your cup.", "Let's go get Izzy."</i></p>	<p>Areas where child needs help. <i>Needs other ways to tell us what he wants, needs or does not like. For example, when eating veggies, he spits them out or turns head away to communicate "No." He gets confused / bothered when too many people talk at once.</i></p>	

Cognitive Skills (playing, thinking, problem solving)		Developmental Level: <i>IDA: 7 - 8.5 months</i>
<p>Areas where child does well. <i>He likes car rides - looking out the window at cows, goats, horses. Makes a good engine noise "Vroom" when driving cars in sand and boats in tub. Likes to play with Izzy and Chaco. He laughs when Izzy laughs at funny tv/video. Likes music, stories, and cartoons on TV.</i></p>	<p>Areas where child needs help. <i>Does not like blocks, lego's, puzzles or any toys like this. Izzy liked these toys a lot at this age. It is too hard for Jose to pick up and do things with these kinds of toys. Painting is too messy and coloring is not fun. Jose is not moving well enough to "get into things" like most 2 year olds. He needs help to find different ways to figure things out. He does not feel safe and gets scared on swings and merry-go-rounds.</i></p>	

Present Abilities, Strengths, and Needs

Social and Emotional Skills (Self awareness, expressing and responding to feelings and interacting with others)	Developmental Level: IDA: 8.5 - 10 months
<p style="text-align: center;">Areas where child does well.</p> <p><i>Smiling and laughing. Jose cries and has a tantrum when he wants attention and feels left out. He is learning to pout.</i></p> <p><i>He is friendly and curious with new people and gets a special expression in his eyes.</i></p> <p><i>He is shy when new people move in too quickly.</i></p> <p><i>Watches people all the time and seems to know who is "kid-friendly" and nice. Really likes other children.</i></p>	<p style="text-align: center;">Areas where child needs help.</p> <p><i>He cries and pouts when left alone or feels left out.</i></p> <p><i>Sometimes does not like meal times - too messy or too much happening all at once.</i></p> <p><i>When very upset, only mom can comfort him. Dad wants to be able to calm Jose, too. Jose Sr. thinks Maria Elena reads Jose's body language better than he does.</i></p>

Self-help or Adaptive Skills (self feeding, washing, toileting)	Developmental Level: IDA: 8.5 - 10 months
<p style="text-align: center;">Areas where child does well.</p> <p><i>Plays with laundry just out of dryer.</i></p> <p><i>Starting to drink from the "sippy cup". Beginning to give up the bottle.</i></p> <p><i>Eats some finger foods, like French fries, graham crackers, all by himself, not messy stuff.</i></p> <p><i>He pulls arms out of sleeves if shirt is held for him.</i></p> <p><i>Starting to notice 'poopy' diaper.</i></p>	<p style="text-align: center;">Areas where child needs help.</p> <p><i>A "fussy eater", likes graham crackers, but not saltines or chocolate chip cookies.</i></p> <p><i>Spoon to mouth is hard for him</i></p> <p><i>Gets very upset when wet or sticky foods get on his hands or face.</i></p> <p><i>Has no interest in the potty. (not a concern for the family right now).</i></p> <p><i>Wakes up a lot at night and does not like being alone in the dark. Hard to get back to sleep.</i></p>

Child / Family Outcome

Outcome # 1 Does this outcome address preschool readiness skills? Yes
 (What we want to see for our child/family as a result of early intervention supports and services).
Jose will play more with other children at the park.

How will we know we've made progress?
 (Include the date, what the child/family will do, and how you will know it is happening. For example "By his first birthday (1/1/09) his parents report Johnny crawls on hands and knees from his bedroom to living room")
By July 4th family picnic, Jose will be observed by his parents to play with 1 or 2 children for 10-15 minutes at a time.

Our Strategies: (*Who will do What in Which Everyday Routines, Activities and Places to meet this outcome?**)
 Below if strategy addresses preschool readiness skills.

Family will bring enough toys to park for other children to play nearby.

Developmental Specialist (DS) (The Family Place) will consult with Physical Therapist (PT) to help Jose's parents find things in their house that they can easily bring to the park to help support Jose's sitting while playing in the sand.

Developmental Specialist from NMSD Step-Hi will work with Jose and his family at home and at the park on occasion to further assess Jose's communication strategies and build on those as he interacts with other children.

*DS, in consultation with NMSD STEP-HI Developmental Specialist, will help Jose and his parents identify and use more gestures when he plays with other children. Izzy and cousins will practice using these gestures with Jose.
 (Preschool Readiness Skills: early language)*

DS will make some visits to the park with Jose and family; and will consult with PT and STEP-HI developmental specialist about Jose's positioning, communication and interaction skills.

* 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 achieve an outcome in a natural environment, we need to describe how we made that decision and what we will do to move services and supports to natural environments as soon as possible.

This outcome cannot be achieved by providing supports and services in natural environments because: *N/A*

We will work toward providing supports and services in natural environments to achieve this outcome by (describe plan and timeline): N/A

Child / Family Outcome

Outcome # 2 Does this outcome address preschool readiness skills? Yes
(What we want to see for our child/family as a result of early intervention supports and services).

Going out to eat at a "sit-down restaurant will be fun for Jose and his family".

How will we know we've made progress?

(Include the date, what the child/family will do, and how you will know it is happening. For example "By his first birthday (1/1/09) his parents report Johnny crawls on hands and knees from his bedroom to living room")

By May 5th, Dad's birthday, the family will report that Jose stayed and did not tantrum during the meal and that they all enjoyed themselves.

Our Strategies: (Who will do What in Which Everyday Routines, Activities and Places to meet this outcome?)*

Below if strategy addresses preschool readiness skills.

Family will take along crayons and paper for Jose to scribble on during the meal. (PRS: pre-writing-part of literacy)

Jose and his big sister will look at pictures in a magazine and talk about going to a restaurant before the trip, they will talk about favorite foods, colors and count objects in the pictures (PRS: Literacy/numeracy)

At restaurant, Jose will use words and gestures to name the item he wants to eat. The family will model using "please and thank you" for Jose and encourage him to use his words during the conversation and also use simple signs in a fun way. (PRS: language)

DS and parents will explore types of "restaurant foods" that Jose is likely to want to eat and able to manage on his own.

DS will videotape Jose eating at home in his highchair and consult with PT to address positioning needs at both home and restaurant.

* 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 achieve an outcome in a natural environment, we need to describe how we made that decision and what we will do to move services and supports to natural environments as soon as possible.

This outcome cannot be achieved by providing supports and services in natural environments because:

N/A

We will work toward providing supports and services in natural environments to achieve this outcome by (describe plan and timeline):

N/A

Child / Family Outcome

Outcome # 3 Does this outcome address preschool readiness skills? Yes
(What we want to see for our child/family as a result of early intervention supports and services).

Jose will have more ways to let people know what he is thinking and wanting and he will start using his voice more. (PRS: Language)

How will we know we've made progress?

(Include the date, what the child/family will do, and how you will know it is happening. For example "By his first birthday (1/1/09) his parents report Johnny crawls on hands and knees from his bedroom to living room")

By the beginning of summer (June), Jose's parents will describe 5 new sounds/words and 5 new gestures/signs that José routinely uses with clear meaning.

Our Strategies: (Who will do What in Which Everyday Routines, Activities and Places to meet this outcome?)*

Below if strategy addresses preschool readiness skills.

DS (The Family Place) and STEP-HI DS will provide the family with resources on learning one new sign each visit.

Parents, with Service Coordinator's support as needed, will take Jose to the Audiologist for a hearing exam and hearing aids check every 3 months, as recommended by the Audiologist.

At the pool, family will encourage Jose to use his voice to express his pleasure during water play.

As Jose picks up his toys, mom and Jose will sing the "Clean Up" song.

DS (The Family Place) and STEP-HI Developmental Specialist will make co-visits 2 x each month to share information and expand communication skills, looking for opportunities, (bath, meals, video watching) to offer choices and wait until he communicates his preferences.

* 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 achieve an outcome in a natural environment, we need to describe how we made that decision and what we will do to move services and supports to natural environments as soon as possible.

This outcome cannot be achieved by providing supports and services in natural environments because:

N/A

We will work toward providing supports and services in natural environments to achieve this outcome by (describe plan and timeline):

N/A

Child / Family Outcome

Outcome # 4 Does this outcome address preschool readiness skills? Yes
(What we want to see for our child/family as a result of early intervention supports and services).

Jose will sleep for at least 5 hours straight each night, without waking or needing attention.

How will we know we've made progress?

(Include the date, what the child/family will do, and how you will know it is happening. For example "By his first birthday (1/1/09) his parents report Johnny crawls on hands and knees from his bedroom to living room")

By Mother's Day, parents will report that Jose is sleeping for longer periods and they feel less exhausted.

Our Strategies: (Who will do What in Which Everyday Routines, Activities and Places to meet this outcome?)*

Below if strategy addresses preschool readiness skills.

Parents will note sleep wake patterns of 3 days/nights

DS will explore current approaches to managing Jose's bedtimes and nightly awakenings in order to get a better idea of how things are going.

DS and parent will find toys that Jose can have safely within reach during the night, so that he can use the toys (musical, soft lights) to help get him back to sleep.

Parents will try to have Jose sleep less during the day. As José's play and communication skills get better, he should be busier and sleep less during the day.

DS will consult with OT if after 4 months this has not improved.

* 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 achieve an outcome in a natural environment, we need to describe how we made that decision and what we will do to move services and supports to natural environments as soon as possible.

This outcome cannot be achieved by providing supports and services in natural environments because:

N/A

We will work toward providing supports and services in natural environments to achieve this outcome by (describe plan and timeline):

N/A

Transition Plan

Date of child's 3rd birthday: 9/17/11

Date this Transition Plan Initiated: 09/11/10
 (By 24 months or at least 6 months prior to the school year in which the child turns 3, whichever comes first)

Parent(s) choice regarding when their child will transition:

- School District start date before 3rd birthday
- Child's 3rd birthday
- School District start date after 3rd birthday
- Other

Planned date for Transition Conference: 5/02/11

(No later than 90 days prior to the child's third birthday, or 90 days prior to the start of the school year in which the child will be transitioning)

Determined eligible for IDEA Part B? Yes No

If Yes, date of eligibility determination by Local Education Agency (LEA) 5/25/11

Planned date for Transition: 8/16/11

Priorities & goals for my child's transition: *We want Jose to be in a place where he can make friends & communicate his needs*

<i>Transition</i>	<i>Action Steps / Activities</i>	<i>Person(s) Responsible</i>	<i>Date to be Completed</i>
Planning Requirements	Activities		
a) Inform the parent(s) about possible preschool options (incl. preschool special education services (Part B); NMSBVI; NMSD; Head Start; child care and other community services).	SC discussed options for transition: Local Head Start program, Part B preschool options. SC informed parents of the referral requirements for Part B Special Ed preschool	Service coordinator (SC)	2/1/11
b) Inform the parent(s) of the options regarding when their child may transition, including the Extended Part C Option	SC informed parents of their option of when Jose will leave early intervention: 8/16/11, if transitioning for this school year or first day of school for 2012 school year. Parent understands that José can also transition anytime in-between.	SC	2/1/11
c) Provide opportunity for the parent(s) to visit and receive information from preschool providers	Visit Head Start and Part B preschool program in April.	SC and parents	4/30/11
d) Send the Transition referral Form to the Local Education Agency.* (at least 60 days prior to the Transition Conference, and if possible 6 months prior to the child's third birthday)	SC will ask family to sign consent to refer to Part B preschool and send referral forms to school.	SC and parents	3/1/11
e) Schedule transition conference with input from the parent(s) and preschool providers	Tentative date for the transition conference will be set to accommodate everyone's schedules.	SC and parents	No later than 5/2/11
f) Coordinate the completion and submission of the Transition Assessment Summary Form to the LEA (at least 30 days prior to the Transition Conference)	SC will send updated information and completed Transition Assessment Summary Form to the Part B preschool.	SC	4/1/11
g) Send written invitation of the transition conference to the parent(s) and appropriate parties (at least 30 days prior to the transition conference).	After date of conference has been decided, SC will send written invitation to everyone based on parent's choice of transition.	SC	4/1/11

*required for children eligible under Developmental Delay or Established Condition

Parent Signature: _____ Service Coordinator's Signature: _____

Transition Conference

Date of this Transition Conference: 5/4/11

Was the Transition Conference held at least 90 days prior to the child's third birthday, or 90 days prior to the start of the school year in which the child will be transitioning? Yes No

If no - what was the reason for exceeding this timeline? _____

(Note: Use Transition Conference Signature Page to document attendance/participation of team members).

<i>Transition Conference Requirements</i>	<i>Action Steps / Activities</i>	<i>Person(s) Responsible</i>	<i>Date to be Completed</i>
a) Assist family to decide where their child will transition to and when. Review with parents the preschool options for their child (including preschool special education services (Part B); Head Start; NMSBVI; NMSD; child care and other community services).	<i>Child will transition to: Los Niños (Head Start) with special education & related services for El Norte school district</i> <i>Planned Date for transition: 8/16/11</i>	<i>Parents & SC</i>	<i>5/4/11</i>
b) With parental consent, transfer records (incl. Recent assessment information and current IFSP).	<i>Parents signed release form and information sent. Family will give records to Head Start in Fall, 2011</i>	<i>SC</i>	<i>4/1/11</i>
c) Review current evaluation and assessment information.	<i>Everyone reviewed current assessments; no further testing required.</i>	<i>SC, LEA, Head Start Reps.</i>	<i>5/4/11</i>
d) Decide what other activities need to be completed before the child moves into the new service setting (incl. enrollment; immunizations; transportation issues, medical needs etc.).	<i>Parents will provide Part B and Head Start with copy of updated immunizations. Special Considerations for Deaf & Hard of Hearing Students form to be completed prior to IEP mtg.</i>	<i>SC, parents, Part B, Head Start and STEP HI reps.</i>	<i>Ongoing through 3/28/11</i>
e) LEA will provide the parents a copy of the procedural safeguards under the IDEA	<i>LEA gave copy of procedural safeguards to parents.</i>	<i>LEA</i>	<i>5/4/11</i>
f) LEA will obtain parental consent to conduct an initial evaluation (Eligibility for Part B must be determined by age 3)*	<i>LEA will get consent from parents. Date by which eligibility for Part B must be determined 7/04/11</i>	<i>LEA</i>	<i>5/4/11</i>
g) If child is to remain in the FIT Program after age 3 - plan for a date to revise the IFSP to address preschool readiness skills (incl. Pre-literacy / pre-numeracy)	<i>Planned IFSP Revision Date: N/A</i>	<i>N/A</i>	<i>N/A</i>
h) Discuss potential date for the Individualized Education Program (IEP) meeting (no later than 15 days prior to the child's entry into the preschool program).	<i>Planned IEP Date:5/31/11</i>	<i>SC, LEA & Head Start reps</i>	<i>5/31/11</i>
i) Decide if there is a need for post transition follow-up (including service coordination, consultation with new staff).	<i>FSC will follow up regarding Head Start enrollment and potential need for consultation with new providers</i>	<i>SC</i>	<i>9/16/11</i>
j) Decide how to evaluate if the transition was smooth and effective.	<i>FSC will contact parents first week in Sept. and send or deliver transition survey.</i>	<i>SC</i>	<i>9/16/11</i>

*required for children eligible under Developmental Delay or Established Condition

Transition Conference - Signature Page

The following individuals participated in this Transition Conference:

Print Name (Role/discipline <i>Licensure/Certification</i>)	Signature	Date	Method of Participation	Agency/Contact Information
<i>Maria Elena Benevidez, mother</i>		<i>5/4/11</i>	<i>Attending meeting</i>	<i>962-0062</i>
<i>Jose Benevidez, father</i>		<i>5/4/11</i>	<i>Gave input at HV</i>	<i>962-0062</i>
<i>Jane Chavez, DSII / Service Coordinator</i>		<i>5/4/11</i>	<i>Attended meeting</i>	<i>The Family Place 962-0320</i>
<i>Randy Munoz, Physical Therapist</i>		<i>5/4/11</i>	<i>Attended meeting</i>	<i>The Family Place 962-0320</i>
<i>Jim Smith, EC Coordinator</i>		<i>5/4/11</i>	<i>Attended meeting</i>	<i>El Norte School 962-1500</i>
<i>Pilar Valdez, Head Teacher</i>		<i>5/4/11</i>	<i>Attended meeting</i>	<i>Los Niños Head Start 962-3500</i>
<i>Paula Baca, MS, DS III</i>			<i>Gave input on 5/2/11</i>	<i>NMSD Step-HI 982-1123</i>

In addition to the individuals listed above, this Transition Conference information should also be mailed* to:

Primary Care Provider: Dr. Ben Trujillo

Other: Smith, El Norte Community School, P. Valdez, Head Start

* Complete authorization to release form

Informed Consent by Parents/Guardians

I have received a written copy of and verbal explanation of my rights in the FIT Program including the right to:

Participate An evaluation Give consent A plan within 45 days	Confidentiality Prior written notice of meetings Review your records Understand information (in native language)	Submit a complaint Help to resolve Disagreements
-----------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------

I participated fully in the Transition Conference and development of the action steps and activities.

Parent/Guardian Signatures: _____

Date: 5/4/11

Parent/Guardian Signatures: Did not attend

Date: _____

Child's Name:

Child's DOB:

IFSP Date

Supports and Services Needed to Achieve Outcomes

Below are the supports and services decided upon by the IFSP team to achieve ALL Outcomes.

IFSP Supports and Services	Outcome #s addressed	Service type (Ongoing / Consult / E&A / Follow-	Setting (See codes below)	Method (Consultation / Group / Individual)	Frequency (For example 1x, 2x)	Period (Day/Week/Month/Quarter/Year etc.)	Intensity (# of minutes)	Provider (Name)	Provider (Agency)	Start Date	End Date	Funding Source (See codes below)
Family Service Coordination	All	O	H	I	1x	Mo.	60	Jane Chavez	The Family Place 962.0320	1/17/11	12/1/11	M
Developmental Instruction	All	O	H	I	1x	Wk.	60	Pilar Valdez	The Family Place 962.0320	1/19/11	8/28/11	M
Audiology	3	E&A	OS	I	1x	Quart.	30	Martin Falconi	Presbyterian Salud	1/31/11	8/28/11	O
Physical Therapy	1-2	O	H	I	1x	Quart.	60	Randy Munoz	The Family Place 962.0320	1/19/11	8/28/11	M
Developmental Instruction	1,2,3	O	H	I	2x	Mo.	60	Paula Baca	NMSD Step-HI	1/19/11	8/28/11	M
Total FIT hours per month (excluding SC & respite and Medicaid SALUD and other funded services)*							6.5 hrs.	Primary Location of Services (setting where >50% of service hours occur) <i>Home</i>				

*Submit a prior authorization request if over 14 hours

[Note: Up to 12 hours per year of consultation between personnel may be provided for each of the above services]

Service Codes:	Setting Codes:	Funding Source Codes:
AT = Assistive Technology	H= Home (may include some services outside of the home)	M = Medicaid (fee-for-service)
Aud = Audiology		DOH = Dept. of Health (State General Funds)
DI = Developmental Instruction	CBS = Community Based Setting (child care, Early Head Start, park etc.)	O = Other (SALUD,WIC; Head Start; CYFD; Optum Health)
FSC = Family Service Coordination	DDP = Developmental Delay Program (< 50% typically developing children)	
FTC&T = Family Therapy, Counseling & Training	IPL = Inclusive Provider Location (> 51% typically developing children)	
HS = Health Service (to support EI services)	OS = Other Setting	
MS = Medical Services (to support EI services)		
Nur = Nursing Services		
Nut = Nutrition Services		
OT = Occupational Therapy		
PT = Physical Therapy		
Psy = Psychological Services		
SW = Social Work Services		
SLP = Speech Language Pathology		
Trans = Transportation (to receive EI services)		
VS = Vision Services		

Individualized Family Service Plan - Signature Page

The following individuals have participated in the development of this ISFP and/or will assist in carrying it out.

Note: The IFSP team must include parent(s)/guardian; service coordinator; person(s) directly involved in conducting the evaluations and assessment; others as requested by parents (family, friends, advocates); and personnel providing services to the child and family.

Print Name (Role/discipline <i>Licensure/Certification</i>)	Signature	Date	Method of Participation	Agency/Contact Information
<i>Maria Elena Benevidez, mother</i>		<i>1/17/11</i>	<i>Attended meeting</i>	<i>Mother 962-0062</i>
<i>Jose Benevidez, father</i>		<i>1/17/11</i>	<i>Attended meeting</i>	<i>Father 962-0062</i>
<i>Jane Chavez, BS, DS II, Service Coordinator</i>		<i>1/17/11</i>	<i>Attended meeting</i>	<i>The Family Place 962-0320</i>
<i>Randy Munoz, Physical Therapist</i>		<i>1/17/11</i>	<i>Attended meeting</i>	<i>The Family Place 962-0320</i>
<i>Paula Baca, MS, DS III</i>		<i>1/17/11</i>	<i>Attended meeting</i>	<i>NMSD Step-HI 982-1123</i>

In addition to the team members listed above, this IFSP should also be mailed* to:

Primary Care Provider: Dr. Ben Trujillo

Other: _____

* Complete authorization to release form

Informed Consent by Parents/Guardians

I have received a written copy of and verbal explanation of my rights in the FIT Program including the right to:

Participate An evaluation Give consent A plan within 45 days	Confidentiality Prior written notice of meetings Review your records Understand information (in native language)	Submit a complaint Help to resolve Disagreements
-----------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------

I participated fully in the development of this plan; and

I give consent for this Individualized Family Service Plan (IFSP) to be carried out as written; or

I do not accept this ISFP to be carried out as written however I do give consent for the following service(s) to begin: _____

Parent/Guardian Signature(s): _____

Date: 1/17/11

Parent/Guardian Signature(s): _____

Date: 1/17/11

Periodic Review of the IFSP

Date of IFSP Review: 6/18/11

A review of the IFSP must occur at least every six months. Revise the **Child/Family Outcome** page and the **Supports and Services** page if: 1) the strategies or services need to be changed; 2) an outcome is being modified; or 3) a new outcome is being added.

Note: The periodic review of the IFSP must include the parent(s)/guardian and the service coordinator and others as appropriate.

New Concerns/Significant Events		
<i>"Jose will be attending Los Ninos Head Start and receive additional services from El Norte school district beginning in mid-late August."</i>		
Outcome #	Describe Progress	Status (Check One)
1	<i>Jose signs "move", "come", and "stop" with other children at the park. Other children are playing near Jose at the park.</i>	<input type="checkbox"/> Outcome reached <input checked="" type="checkbox"/> Continue with outcome <input type="checkbox"/> Modify outcome
2	<i>Jose & family go to new neighborhood diner, which is very friendly, seating is still a problem. PT will schedule a session at restaurant.</i>	<input type="checkbox"/> Outcome reached <input checked="" type="checkbox"/> Continue with outcome <input type="checkbox"/> Modify outcome
3	<i>New signs for: come, stop, move; "Papi" for Dad; "Ish" for Izzy; "Co" for Chaco and slaps thigh (ASL: dog). Makes choices from 2 object options by reaching.</i>	<input type="checkbox"/> Outcome reached <input checked="" type="checkbox"/> Continue with outcome <input type="checkbox"/> Modify outcome
4	<i>Jose now sleeps for 6-7 hours a night without waking, or puts self back to sleep on his own. Uses "Glo-Worm" to comfort self in bed.</i>	<input checked="" type="checkbox"/> Outcome reached <input type="checkbox"/> Continue with outcome <input type="checkbox"/> Modify outcome
		<input type="checkbox"/> Outcome reached <input type="checkbox"/> Continue with outcome <input type="checkbox"/> Modify outcome

Team Member Signatures (Incl. Parents/Guardians)

Print Name (Role/discipline)	Signatures	Date	Method of Participation	Agency/Contact Information
<i>Licensure/Certification)</i>				
<i>Maria Elena Benevidez, mother</i>		<i>6/15/11</i>	<i>Attended meeting</i>	<i>962-0062</i>
<i>Jane Chavez, BS, DS II, Family Service Coordinator</i>		<i>6/15/11</i>	<i>Attended meeting</i>	<i>The Family Place 962-0320</i>
<i>Randy Munoz, Physical Therapist</i>		<i>6/15/11</i>	<i>HV w/DS 6/7/11</i>	<i>The Family Place 962-0320</i>
<i>Paula Baca, MS, DS III</i>		<i>6/15/11</i>	<i>Attended meeting</i>	<i>NMSD Step-HI 982-1123</i>