

Family's IFSP

(Individualized Family Service Plan)



Child's Name:

Date of Birth:

Gender:

Address:

Phone: Home

_____'s Work:

_____'s Work:

Change of Address:

Primary Language:

Parent / Caregiver:

Relationship:

Parent / Caregiver:

Relationship:

Parent / Caregiver:

Relationship:

Service Coordinator:

Date Assigned:

Service Coordinator:

Date Assigned:

Service Coordinator:

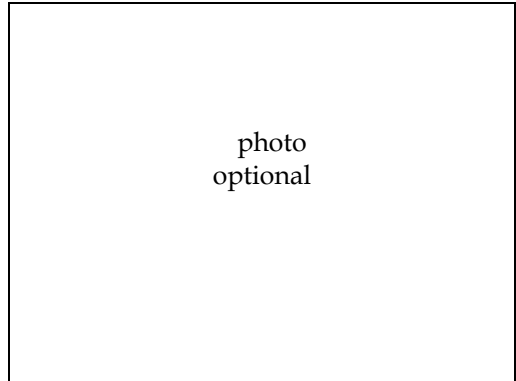
Date Assigned:

IFSP Duration: From:

To:

Review Date(s): _____

*The IFSP is a working document that outlines the Early Intervention services to be provided. The plan is developed collaboratively between families and professionals based on the findings of a multidisciplinary assessment and evaluation. The IFSP should be developed within 45 days of referral. It should be **reviewed every six months** and revised annually. It can be reviewed more frequently, and changes can be made at any time the family and program agree it is necessary*



FAMILY PAGE

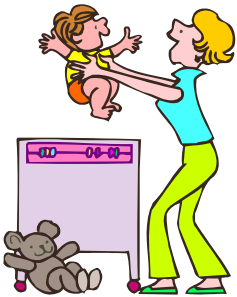
Child's Name:

Date of Birth:

Every family is different and has its own priorities, concerns, and resources. This is your family's opportunity to tell other members of the team about your child and family, and your involvement with other community providers. The information on this page is confidential and will not be shared without your permission. This page should be completed at least annually.

How would you describe your child and your family? What do you see as the strengths as well as the concerns and priorities of both your child and your family ?

Are there any other medical or community services that your family is receiving that you would like the Early Intervention staff to know about?



Information Given By:

Date:

Child's Name:
Date of Birth:

DEVELOPMENTAL PROFILE

The Child's Developmental Profile (pg. 3 & 4) summarizes the assessment and evaluation results and information gathered about your child's health and development. It may or may not include developmental levels depending on the desires of your family and other team members. This section is designed to be shared with insurance companies, physicians, schools, and others as designated by the parent(s)/guardian(s).

Date of Assessment and evaluation Age of Child: mos.
Parent/Caregiver Name(s):

Eligibility Evaluation Instruments Used:

Early Intervention Developmental Profile (Michigan)

Other Assessment and evaluation Input:

Parent/Caregiver Report

Clinical Observation

Other:

Participants and Disciplines:



MEDICAL HISTORY / HEALTH STATUS:

VISUAL AND HEARING STATUS:

SUMMARY AND RECOMMENDATIONS:

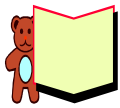
DEVELOPMENTAL PROFILE (Cont.)

Child's Name:
Date of Birth:

Date of Assessment and Evaluation:

Child's Age: mos.

Social Emotional/Interaction: Dev. Level:	Cognition: Dev. Level:
Gross Motor: Dev. Level:	Perceptual/Fine Motor: Dev. Level:
Communication: Dev. Level:	Self Care: Dev. Level:



OUTCOMES AND STRATEGIES

Child's Name:

Date of Birth:

*This page outlines the specific **Outcomes and Strategies** that have been developed with the family as part of the Early Intervention Team based on the concerns identified through the assessment and evaluation process and family priorities. The Service Coordinator should discuss with the family what they hope to achieve through their Early Intervention experience.*

Start Date:	Desired Family Outcomes and Strategies:



SERVICE DELIVERY PLAN

Child's Name:

Date of Birth:

*This page identifies the **Early Intervention Services** to be provided to the child and family and may include home visits, community child groups and EI only child groups, parent groups, transportation, specialty services, etc. The provider of each service should be identified by discipline; and the location should include natural settings such as home, child care settings, playgroups, and other community sites. Changes in specific Early Intervention services, frequency, or location require prior notification and parent/guardian signature and are recorded on the IFSP Review pages, and updated below.*

Start Date	Type of Service/Location/ Frequency/Duration/Service Provider/Discipline	End Date

In what natural environments (where and with whom) will services be provided? How will collaboration with individuals in these environments occur? Individualized clinical justification on the IFSP for services that do not occur in a natural setting must include the following: An explanation of why the IFSP team determined that the outcomes could not be met in the child's natural settings, an explanation of how services provided in this setting will support the child's ability to function in his/her natural environment, and a transition plan with timelines.

Child's Name:
Date of Birth:

TRANSITION PLAN

*This page outlines the **Transition Plan** process when Early Intervention services end. Planning may begin at any time, but no later than when your child is 2 years 6 months of age. The process includes activities and tasks performed by the family and EI staff and should include a review of options for families, information for parents regarding the process of transition, support available to parents, information to be sent to the LEA and/or other community providers, and the specific plan for how the child will successfully transition to the next setting.*

Start Date	Transition Activities/Strategies

Date of 90 Day Preplanning Team Meeting with
Local Education Agency (LEA) :
Anticipated date of Transition:



IFSP Review

Child's Name:

Date of Birth:

*The IFSP is a working document that should be reviewed every six months, and revised annually. It can be reviewed more frequently, and changes can be made at any time that the family and program agree it is necessary. However, eligibility for EI only needs to be determined once per year, unless the child is eligible under the category of "clinical judgement". Changes to **Outcomes and Services** will be updated on the appropriate pages within the IFSP document.*

Review Date: _____

Summary of Discussion:

Review of child's developmental progress; Outcomes; Changes in Services, etc

Parents must give written consent before early intervention services can begin. If the parents do not give consent for any early intervention service or if they withdraw consent after first giving it, that service will not be provided. The early intervention services that parents agree to by signing below must be provided.

____ I/We have been informed of and received a statement of our rights during the IFSP development and review process and I/We understand that any services I/We agree to will be provided.

I/We have participated in the development of our IFSP and :

____ I/We accept the services described in this plan.

____ I/We accept the services in this plan with the following exceptions:

Comments:

Parent Signature: _____

EI Staff Signature: _____

Parent Signature: _____

EI Staff Signature: _____

ANNUAL SIGNATURE PAGE

Child's Name:

Date of Birth:

This Signature Page must be completed in order to begin EI services. Participants in the development of the IFSP may include community representatives, extended family members, and others invited by the family. Once the IFSP document is signed please send/deliver a copy to the family.

Parents must give written consent before early intervention services can begin. If the parents do not give consent for any early intervention service or if they withdraw consent after first giving it, that service will not be provided. The early intervention services that parents agree to by signing below must be provided.

___ I/We have been informed of and received a statement of our rights during the IFSP development process and I/We understand that any services I/We accept will be provided.



I/We have participated in the development of our IFSP and :

___ I/We accept the services described in this plan.

___ I/We accept the services in this plan with the following exceptions:

Comments:

Signatures

Parent/Guardian _____ Date _____

Parent/Guardian _____ Date _____

Other Team Members:

Service Coordinator _____ Date _____

Other Team Member _____ Date _____

Other Team Member _____ Date _____

Other Team Member _____ Date _____

Director (Optional) _____ Date _____