



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:

EI Professional responsible for implementation of the IFSP:

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 each time eligibility is re-determined. It can be reviewed more frequently, and changes can be made at any time the family and program agrees it is necessary. The EI Service Coordinator is responsible for implementing the plan, preparing for ongoing IFSP meetings, and meeting federal timelines.

FAMILY PAGE

Child's Name:

Date of Birth:

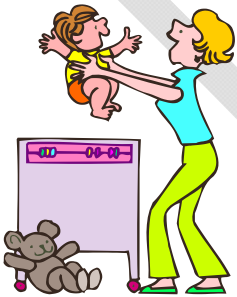
Every family is different and has its own priorities, concerns, and resources. This is your family's opportunity to tell other members of the team about your child and family, and your involvement with other community providers. The information on this page is confidential and will not be shared without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

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 medical or community services that your family receives?

Are there medical or community services that your family needs?

Provide a description of the steps the Service Coordinator or family may take in obtaining those other services and resources (details may also be reflected on the Family Outcomes page under strategies).



Information **Provided** By:

Date:

- Family Directed Assessment
- Interview

DEVELOPMENTAL PROFILE (Cont.)

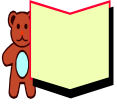
Child's Name:

Date of Birth:

Date of Assessment and Evaluation:

Child's Age: mos.

<p>Social Emotional/Personal Social/Interaction: Dev. Level:</p>	<p>Cognition: Dev. Level:</p>
<p>Motor Development including Gross Motor and Fine Motor: Dev. Level:</p>	<p>Adaptive/Self Care: Dev. Level:</p>
<p>Communication including Expressive and Receptive: Dev. Level:</p>	



OUTCOMES AND STRATEGIES

Child's Name:
Date of Birth:

*This page outlines the specific **measurable results, 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 **including pre-literacy and language skills, as developmentally appropriate for the child; and the degree to which progress toward achieving the results or outcomes identified are being made and whether modifications or revisions are necessary.***

Start Date:	Desired Family Outcomes and Strategies: For determining progress toward achieving measurable results and outcomes			
	Functional Outcome: (Measurable by observation)	Criteria: (What will this look like? i.e. how will you know when outcome is met)	Procedures: (What strategies will be used to achieve outcome)	Timeline:



SERVICE DELIVERY PLAN

Child's Name:

Date of Birth:

This page identifies the Early Intervention Services, based on peer reviewed research (to the extent practicable) that is necessary to meet the unique need(s) of the child and family to achieve the results or outcomes). These services 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 requires prior notification and parent/guardian signature and are recorded on the IFSP Review pages, and updated below. EI services are supported by the Department of Public Health through state and federal funds; Medicaid; private health insurance and fees for some families based on family size and income.

Start Date	1. Method/Type of EI Service 2. Location 3. Length (of time) and Frequency(# of days/sessions) 4. Intensity (Individual or Group) & Duration (of service) 5. Method of Delivery (how and by whom) Service Provider/Discipline					End Date
Example:	1.Method/ Type of Service: HV	2. Location Child care	3.Length/ Frequency 1hr/1 x/wk	4. Intensity & Duration Individual/ 6 months	5. Provider/ Discipline Jane Jones/OTL	

In what natural environments (where and with whom) will each service be provided? How will collaboration with individuals in these environments occur?

Individualized clinical justification on the IFSP for all EI services that do not occur in a natural setting (as determined by the parent and IFSP team) 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.

TRANSITION PLAN

Child's Name:

Date of Birth:

*EI services are available to eligible children until a child turns three, or until a child is determined ineligible. 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
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Provide explanation to family that transition planning activities occur for all children beginning at any time but no later than 30 months, and will be further discussed when appropriate.

Identify the options available to the child and family in the community. (For example, public school, Head Start, child care, preschools, library story hour, Family Networks, parent-child programs, recreational activities etc.) What are the steps to further explore these options? Who will be responsible for these steps?

Review training or informational opportunities available to parents on transition and future placements. These may include trainings and/or informational opportunities with school representatives offered through EI, the local Parent Advisory Council (PAC), Federation for Children with Special Needs Parent Training and Information Center, Family Networks etc.

Explore support options available to parents. These may include working with your Service Coordinator, Family TIES, PAC, parent-to-parent programs, public benefits or respite programs or other local, state and national resources.

Start Date	Transition Activities/Strategies
	<p><input type="checkbox"/> Describe the steps to prepare the child for a transition. What will support the child's adjustment or transition to a new program? (For example, visiting a new classroom or community setting, providing information to the new program, providing parents with information about early childhood development or community resources, etc.)</p> <p><input type="checkbox"/> Convene a transition planning conference. A transition planning conference is a meeting to review the child's services, discuss possible program options with community providers, if applicable, and establish transition activities.</p> <p><input type="checkbox"/> Transition Plan not completed for the following reason(s):</p>

Child's Name:

TRANSITION PLAN

Date of Birth:

There are specific activities and timelines to be followed when your child may be eligible for special education or related services according to Part C of the IDEA (34 CFR 303.148) This page outlines the steps and procedures that the EI program must follow.

Start Date	Transition Activities/Strategies
	<p><input type="checkbox"/> Date of Referral and notification to the Local Education Agency (LEA): _____ With a parent's written consent, a referral must be made at least six months before the child's 3rd birthday (MA Special Education Regulations (603 CMR 28.00, section 28.04 (1) (4) and the MDPH Early Intervention Operational Standards.)</p> <p><input type="checkbox"/> Date of Notification to the State Education Agency (SEA): _____ Notes: OR</p> <p><input type="checkbox"/> Parent has chosen to Opt Out. No personally identifiable information will be sent to the SEA until consent is obtained to release information.</p> <p><u>Determine the information that will support the child's transition.</u> Written consent must be given before the EI program releases any information to the school system (for example, information from your child's IFSP, evaluations/assessments, etc.)</p> <p><input type="checkbox"/> IFSP (specify sections of IFSP to send): _____ <input type="checkbox"/> Evaluations or Assessments <input type="checkbox"/> Other Information: _____</p> <p>Notes:</p> <p><u>Convene a transition planning conference.</u> A transition planning conference is a meeting to review the child's services, discuss possible program options with the LEA and establish transition activities. With parent's permission, the LEA is notified and invited to this meeting.</p> <p>Date Invitation sent to LEA _____ Date of Transition Planning Conference _____ (known as the 90 day meeting with Local Education Agency (LEA). New federal language notes this meeting may occur up to 9 months before a child's third birthday.</p> <p>Did the LEA attend the Transition Planning Conference? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Notes:</p>

Review Date: _____

Child's Name: _____

Date of Birth: _____

Six-Month Review

IFSP Review Page

*The IFSP is a working document that should be reviewed every six months, and revised each time eligibility is re-determined. It can be reviewed more frequently, and changes can be made at any time that the family and program agree it is necessary. Changes to **Outcomes and Services** will be updated on the appropriate pages within the IFSP document.*

Summary of Discussion:

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

I/We have received the **Individualized Family Service Plan Meeting Notice** for an IFSP review meeting.

I/We have been informed of and received a copy of my family rights. I/We have participated in the development of this IFSP and:

I/We agree to the **changes in service** described **above**.

I/We would like to have an IFSP Meeting with other team members to review the IFSP.

I/We agree to the services in this plan with the following exceptions:

I/We consent to access insurance for payment for any added early intervention service(s) noted above.

Parents must give written consent before early intervention services can begin. Parents may choose to give consent to some changes in service and not others. Your consent means that you have been made aware of any changes and that you agree to them. The IFSP services that a parent(s) agrees to must be provided.

Parent Signature: _____

EI Staff Signature(s): _____

Parent 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. Please ensure the parent identifies that they have been given rights and accept services.

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 received the Individualized Family Service Plan Meeting Notice for the IFSP meeting.

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:

I/We consent to access the following funding sources for payment of early intervention services described in this plan. In Massachusetts, I understand any services provided will be funded through the following:

- MassHealth
Private Insurance
DPH
Annual Fee

Comments:

Signatures

Parent/Guardian Date

Parent/Guardian Date

Other Team Members:

Service Coordinator Date

Other Team Member Date

Other Team Member Date

Director (Optional) _____ Date _____

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