



# **INDIVIDUALIZED FAMILY SUPPORT PLAN (IFSP)**

**INSTRUCTIONS FOR COMPLETING THE  
EARLY STEPS IFSP FORM**

**REVISED APRIL, 2008**

## early steps

### Acknowledgements

Florida's Early Steps Individualized Family Support Plan (IFSP) form and IFSP Guidance document were developed with the assistance of families, Local Early Steps directors/coordinators, service coordinators, and service providers. Additionally, members of the Florida Interagency Coordinating Council for Infants and Toddlers (FICCIT), Agency for Healthcare Administration (ACHA)/Medicaid, and the Florida Department of Education provided valuable input. The Early Steps State Office gratefully acknowledges the important contribution of all the individuals involved in the review process and thanks them for their time and commitment.



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<http://www.cms-kids.com/Earlystepshome.htm>

# early steps

## Table of Contents

<i>Early Steps IFSP Team Process</i> .....	4
<b>Family-Centered Practice</b> .....	5
<b>Interactive, Integrated Teams</b> .....	6
<b>The Primary Service Provider</b> .....	6
<i>How to Use this Guidance Document</i> .....	8
<i>General Guidelines and Principles</i> .....	10
<i>Using the eIFSP –Electronic Version Notes</i> .....	12
<i>Form A</i> .....	16
Form A: Your Family’s Information.....	17
<i>Form B</i> .....	23
Form B: Planning for Your Child’s Evaluation/Assessment.....	24
<i>Form C</i> .....	29
Form C: Your Family’s Routines/Concerns/Priorities/Resources....	30
<i>Form D</i> .....	35
Form D: Your Child’s Eligibility Evaluation Information.....	36
<i>Form E</i> .....	42
Form E: Your Child’s Assessment Information.....	43
<i>Form F</i> .....	48
Form F: Your Family’s Outcomes .....	49
<i>Form G</i> .....	58
Form G: Your Family’s Supports and Services.....	59
<i>Form H</i> .....	66
Form H: Your Individualized Family Support Plan Team.....	67
<i>Form I</i> .....	70
Form I: Your Family’s Transition Plan.....	71
<i>Form J</i> .....	77
Form J: Your Family’s Individualized Family Support Plan Periodic Review .....	77

## early steps

### Early Steps IFSP Team Process

Early Steps understands and supports children's development from a holistic perspective that considers how children's developmental capabilities across domains impact the child's ability to (1) engage or participate; (2) develop social relationships; and (3) be independent. Conversely, Early Steps does not promote the provision of early intervention supports/services in a manner that supports development as a series of discrete, domain-specific steps, unaffected by the child's relationships, environment, and overall development.

Early Steps partners with families to understand their unique priorities, resources, concerns and interests related to their child's development and the activities and settings in which the child and family spend time. The Individualized Family Support Plan (IFSP) guides and documents this discovery process and ensures that the role of Early Steps in the life of each family is uniquely tailored to meet the priorities of each family. The IFSP process focuses on expanding the child's engagement, independence, and success in typical daily activities and routines by building on family and child resources and identifying the necessary services and supports to attain identified outcomes.

The IFSP process begins at the time of referral, when the family first shares their story. The family's identified resources, priorities, concerns, interests and daily activities are woven together throughout the process. Family identified outcomes guide the team in designing strategies to support the child's ability to function where the family learns, lives and plays. Supports and services to achieve outcomes are determined by the IFSP team through discussions based on their shared knowledge of the family's outcomes and existing resources as well as understanding of the child's strengths and interests.

Changes are a part of growing, learning and living. As the family's resources, priorities, concerns and interests change or shift, and as the child develops, so

## early steps

must the IFSP. The IFSP becomes a living document through on-going, family-centered, integrated team discussions and documentation of these changes.

The foundation of the Early Steps IFSP team process is built around family-centered practice, interactive, integrated teams, and a primary service provider for each child/family.

### **Family-Centered Practice**

- Family-centered early intervention places the whole family as the focal point for supports. Evaluation, assessment, planning, supports, and services are based on the uniqueness of each family and its culture.
- Family-centered practice reflects a partnership between and among family members and professionals. The success of this partnership depends upon mutual trust and respect.
- Families must be given the opportunity to share insights into their child's successes and challenges, and guide the professionals in sharing their expertise in a manner that is functional and relevant to the family's life.
- Professionals should acknowledge that families are the experts on their child, and they must explore with the family how and when their expertise relates to the priorities and interests of the family.
- Family-centered practice is often misinterpreted to mean that families are the sole decision makers and direct the identification and provision of early intervention services. While the family identifies their priorities, concerns and desired outcomes, which describe how and/or what they expect as a result of early intervention, all other aspects of the IFSP process rely on team discussion and decision-making.
- No single team member, including parents, service coordinator, or provider, have unilateral decision-making authority. The IFSP reflects a consensus of the team's decision. The family does, however, have the right to decline any or all of the supports and services identified on the IFSP.

## early steps

### **Interactive, Integrated Teams**

- Once the child is determined to be eligible, the IFSP team is formed. The parent(s) and the family's service coordinator are always members of the IFSP team. In addition, the IFSP team shall include (1) other family members, if requested by the parents, (2) professionals directly involved in evaluations and assessments, (3) an advocate or any person outside the family, if requested by the parents and, (4) professionals who will be providing services, if appropriate.
- The IFSP must be developed by a multidisciplinary team that has the capacity to incorporate information about (1) the family's priorities, resources, concerns and interests, (2) the child's development and interests, and (3) the family's routines and how the routines influence and are influenced by the child's development.
- The role and level of participation of each team member must be clearly defined. Team members share and build upon each other's observations and information. The professionals rely on their conversations with the family and care providers, and observations of the child to come to an understanding of how to support the family.
- All team members (professionals and family members) work together to develop the IFSP, reviewing what they have learned to develop and prioritize outcomes.
- The family, based on their resources, priorities, concerns and interests, as well as information gathered throughout the initial planning process, determines the outcomes for their child and family.
- The IFSP team identifies the strategies, activities, supports and services that will be used to achieve the outcomes. The completed IFSP is a result of information sharing and consensus building.

### **The Primary Service Provider**

- The Early Steps team based primary service provider approach requires the IFSP team to select a primary service provider for each child and family. This person can be a therapist, other licensed healing arts

## early steps

- professional, EI Provider, or an Infant Toddler Developmental Specialist (ITDS).
- The primary service provider, e.g., an ITDS, Non-licensed Provider, or LHCP, with the exception of therapy assistants, may also serve in a dual role as the service coordinator when this individual meets the qualifications and is approved as both a service coordinator and in a separate provider class.
  - The identification of the primary service provider is made by the IFSP team and is determined based on the presenting needs of the child and family, the IFSP outcomes, relationships with the family/caregivers, and expertise in the areas of support needed by the child and family/caregivers.
  - The same person does not always have to be in the role of the primary service provider and can change based on the changing needs of the child or family/caregivers or the focus of the current functional outcomes being addressed.
  - Each provider will interact with all other service providers to discuss progress, areas of need, specific observed behavior, and how the primary service provider and the other professionals can consistently reinforce certain movements or interactions to further the broad developmental goals of the child and achieve the identified outcomes.
  - If a therapist is the primary service provider and another therapy service provider is providing guidance on the family's use of techniques, it is appropriate for the therapist in the primary service provider role to be knowledgeable of those techniques and activities through consultation and coaching during joint visits.
  - The frequency and intensity of joint visits depends on child and family/caregiver needs. This results in less intrusion into the family, increased communication between team members, and consistency in the implementation of the intervention plan (Shelden & Rush, 2001).

# early steps

## How to Use this Guidance Document

This guidance document is divided into the following sections:

### **I. General Guidelines and Principles**

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

### **II. Using the eIFSP Form-Electronic Version Notes**

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

### **III. Form by Form Instructions**

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

A- Your Family's Information

B- Planning for Your Child's Evaluation/Assessment

C- Your Family's Routines/Concerns/Priorities/Resources

D- Your Child's Eligibility Evaluation Information

E- Your Child's Assessment Information

F- Your Family's Outcomes

G- Your Family's Supports and Services

H-Your Individualized Family Support Plan Team

I- Your Family's Transition Plan

J- Your Family's Individualized Family Support Plan Periodic Review

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

- Purpose

## early steps

- Process
- Instructions
- How to Use this Form



**Note:** In this document, the terms “family” and “parent” are used interchangeably and include legal guardians.

## early steps

### General Guidelines and Principles

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

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

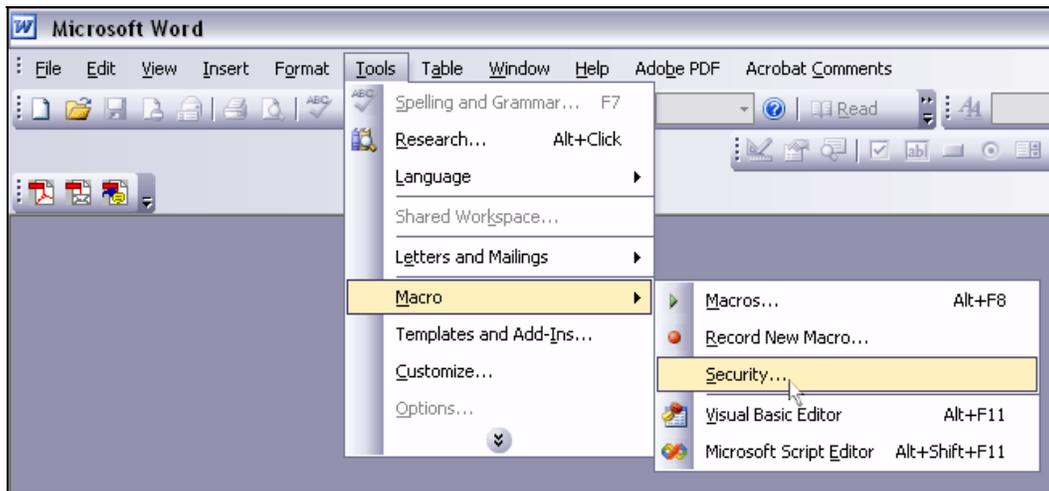
## early steps

- The service coordinator is responsible for ensuring that updated copies are provided to the family and other IFSP team members.
- Prior to obtaining signature on the IFSP, the service coordinator is responsible for checking with the family to make sure what is written on the IFSP is what they had intended to be included.
- IFSP team members should use the family's words as much as possible or words/phrases that reflect what the family has said.
- IFSP team members should avoid the use of technical jargon and acronyms, both in writing the IFSP and in conversations with the family to develop the IFSP.

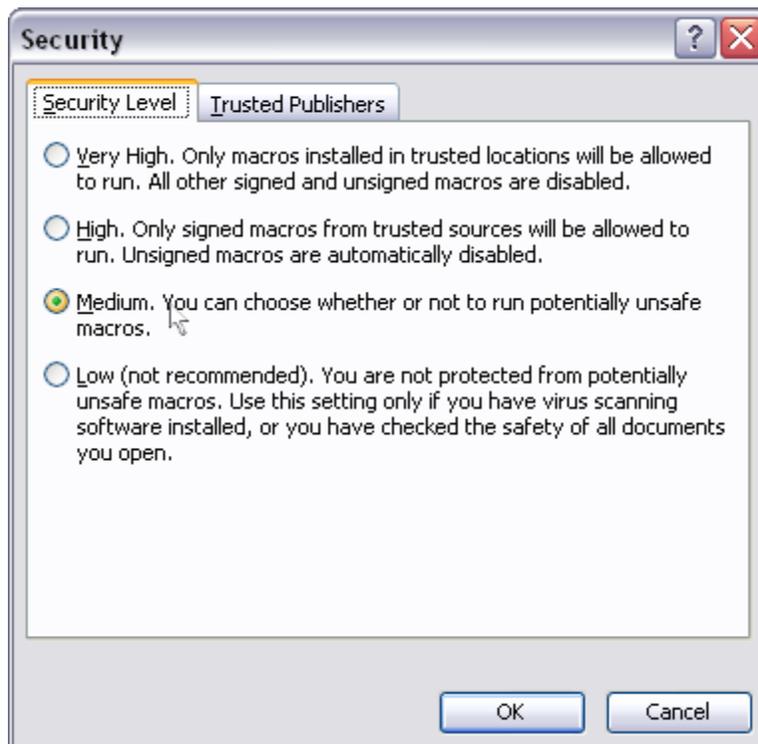
## early steps

### Using the eIFSP –Electronic Version Notes

Before you begin to use the electronic version of the IFSP for the first time you must set Word's security level to enable macros. Open Word and select **T**ools, **M**acro, then **S**ecurity... from the dropdown menus.



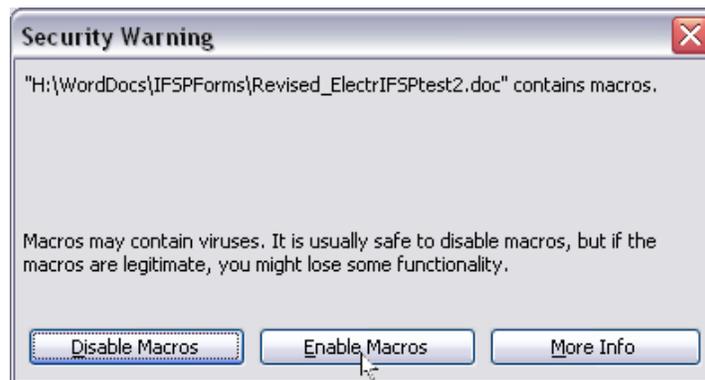
The Macro Security window will appear. On the **S**ecurity Level tab, set security level to **M**edium.



## early steps

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

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



### Added Features

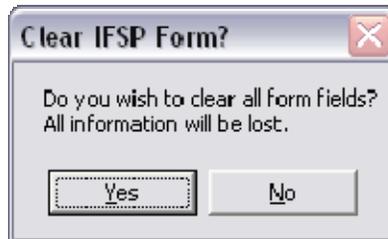
The electronic version of the IFSP has several features. When the form loads initially, it checks itself to see if any fields have been filled out previously. During this process the window below will appear. It may take a few moments but will soon disappear.



## early steps

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

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



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

*\*If no fields were previously filled, the “Clear IFSP Form?” window will not appear.*

*\*It is recommended that the user Save As a new file name for each data-filled form. If you do not wish to wait for a form to clear for data entry, a blank form should be kept as a template.*

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

## early steps

Name: Sally Seashell  
ID#: 8675309

DOB: 7/4/05  
Service Coordinator: Barry Lyndon

IFSP Date: 3/30/06

Form B: Planning for Your Child's Evaluation/Assessment  
...continued information from page 1 of Form B.

Page 2 of Form B

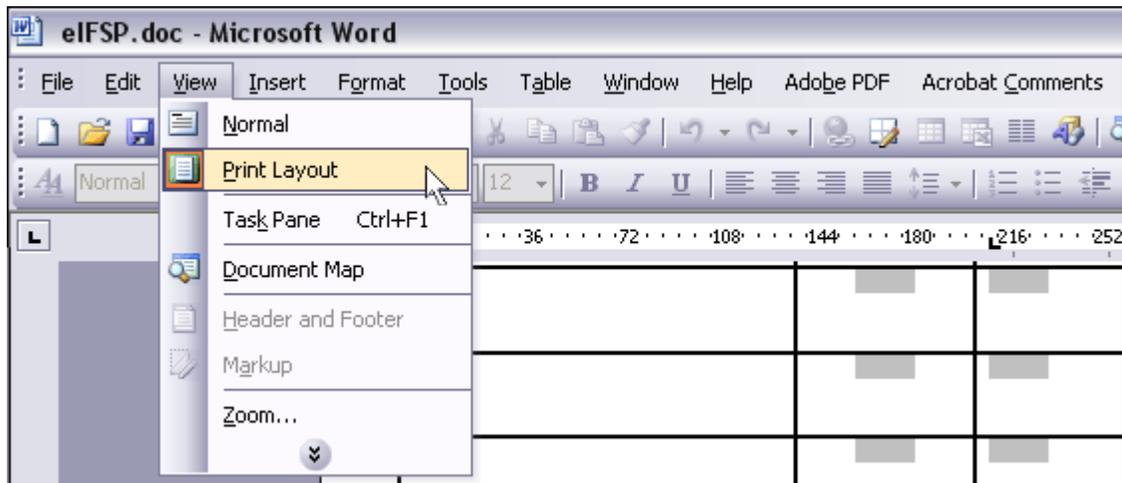
Another point of note is the 'quick buttons'. Form F *Your Family's Outcomes* contains one of these 'magic green buttons' at the end of the form which will generate an additional blank outcomes form. The user may continue to generate as many outcomes as needed.

Add Another Outcome?

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

Add Row?

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





## early steps

### Form A: Your Family's Information

#### Purpose

This section of the IFSP

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

#### Process

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

#### Instructions for Completing Form A

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

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

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

## early steps

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

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



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

**Primary Language Used in Home/Mode of Communication:** Check the box or enter the language most commonly used in the home and/or any other mode of communication (i.e., sign language, Braille).

**Is an interpreter needed for the family:** Enter whether an interpreter is needed for the family and if so, enter the type of interpreter is required.

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

**Family Resource Specialist:** Enter the name and phone number of the Family Resource Specialist that is available to assist the family.

**Referral Date:** Enter the month, day, and year that the child was referred to the Local Early Steps.

## early steps

### **Interim IFSP Date:**

Enter the month, day, and year only if an interim IFSP was developed in response to an immediate need for a service(s) prior to the completion of the evaluation and/or assessment (for example, SHINE). If an interim IFSP is developed, Forms A, F, G, and H must be completed. Forms B and C will be completed to the extent possible, and Forms D and E will not be completed. Interim IFSPs should be rarely used.

### **Resource Post-it #1**

#### **Interim IFSP**

With parental consent, an interim IFSP may be written to begin early intervention services prior to the completion of the evaluation and/or assessment when it has been determined that early intervention services are needed immediately by the eligible child and the child's family. An interim IFSP will be developed that includes:

- The name of the service coordinator who will be responsible for implementation of the interim IFSP and coordination with other agencies and persons
- Outcomes, if feasible under the circumstances and to the extent possible
- The early intervention services that have been determined to be needed immediately by the child and the child's family
- Signatures of those who developed the interim IFSP.

When an interim IFSP is completed, the evaluation and/or assessment must still be completed and an initial IFSP developed within the 45 day timeframe from the date of referral.

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

**Barriers to Initial IFSP Compliance:** There is not a specific space to indicate the reason for lack of compliance with the 45-day timeline to develop and hold the initial IFSP meeting. However, this is a required field in the data system and must also be documented in the case notes, if the initial IFSP date is more than 45 calendar days after the referral date. The appropriate barrier code from the list below may be entered next to the Initial IFSP Date at the discretion

## early steps

of the Local Early Steps. If an LES chooses this option, the purpose and explanation of this code must be discussed with the family.

### **IFSP Barrier Codes for Demographic: Reasons for Delays on Initial IFSP Timeline**

<b>Code</b>	<b>Description</b>
C*	Child Issues Delayed IFSP Meeting (illness, child's appointment conflict, etc.)
D*	Natural Disaster (Office closure due to hurricane or other State of Emergency)
E	Early Steps capacity issues (e.g., no appt available, appt. cancellation due to staffing issues, unable to contact family due to staffing issues)
F*	Family/Caregiver Issues Delayed IFSP Meeting (family illness, sibling child care, convenience, family appointments, transportation, vacation, work schedule, family emergencies, etc.)
I	Insurance approval pending for evaluation/assessment.
N*	Family no-show for scheduled evaluation and/or IFSP Meeting
P	External Provider issues (e.g., team not available)
U*	Unsuccessful attempts to contact family to schedule first contact activities, evaluation/assessment and/or IFSP Meeting (e.g. unreturned phone calls to family, phone disconnected, unable to locate family)
R*	Re-referred (e.g. child was enrolled previously, closed, and re-opened)
*	Barrier indicated was beyond LES control

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

## early steps

**IFSP Periodic Review Due Date:** Enter the month, day, and year that a periodic review of the IFSP is due. This is a target date. Minimally, the IFSP must be reviewed at least every 6-months from the date the initial or annual IFSP is written, or more frequently if conditions warrant, or if the family requests such a review. A periodic review is intended to review the entire plan with the family to address:

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

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

*Example:*

**Initial IFSP Date:** January 1, 2006

**Current IFSP Date:** January 1, 2006

**IFSP Periodic Review Due Date:** July 1, 2006, October 1, 2006

**IFSP Periodic Actual Review Date:** April 1, 2006, October 1, 2006

**Annual IFSP Due Date:** January 1, 2007

If the periodic review actually occurs April 1, 2006, then the next review target date is October 1, 2006, in order for the IFSP to be reviewed in the every 6-month timeframe. October 1, 2006, is then entered as the date the next periodic review is due. The Annual Meeting to Review the IFSP due date would remain January 1, 2007.

## early steps

**IFSP Actual Periodic Review Date:** Enter the month, day, and year of the actual IFSP periodic review. As explained above, there could be more than one date in this field. This date should be entered in the *Most Recent IFSP Date* field in the data system.

**Annual IFSP Date Due:** Enter the month, day, and year on which the annual meeting to evaluate the IFSP is due, no later than one year from the date the initial IFSP was written or no later than one year after the date of the previous annual evaluation of the IFSP meeting. The Annual evaluation of the IFSP meeting can be held earlier than the one-year anniversary date, if necessary, but should not be held after that date. This is a target date. The actual date of the annual evaluation of the IFSP will be written on the new IFSP in the “Current IFSP Date:” space. A new IFSP is always completed at the time of the annual evaluation of the IFSP meeting. This date should be entered in the *Annual IFSP Due Date* field in the data system.

**Transition Conference Due Date:** A transition conference must be held not less than 90 days and not more than 9 months prior to the child’s third birthday. Please enter the timeframe in which the transition conference must be conducted. To the extent possible, the actual date of the transition conference should be scheduled to coincide with an IFSP meeting. This date can be entered as a specific date (e.g., 1/1/08) or a time frame (e.g., 1/1/08-10/1/08).

Additional information regarding entering information in the data system may be found in at <http://159.178.32.66/es/es.htm>

### How to Use this Information

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

Information on this form is updated as needed.

# early steps

## Form B

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ IFSP Date: \_\_\_\_\_  
ID#: \_\_\_\_\_ Service Coordinator: \_\_\_\_\_

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

Page \_\_\_\_ of Form B

Date(s) this information Gathered: \_\_\_\_\_ Chronological Age: \_\_\_\_\_ Corrected Age: \_\_\_\_\_

#### Tell us about your child's health:

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

Does your child have allergies? Yes  No  Describe: \_\_\_\_\_

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

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

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

#### Tell us about your child's vision and hearing:

Has your child's hearing been previously screened or tested? Yes  No  When? \_\_\_\_\_  
Do you have concerns about your child's hearing? Yes  No  Describe: \_\_\_\_\_

Has your child's vision been previously screened or tested? Yes  No  When? \_\_\_\_\_

Do you have concerns about your child's vision? Yes  No  Describe: \_\_\_\_\_

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

Describe your child's sleep patterns (bedtime, naps, hours of sleep): \_\_\_\_\_

Describe your child's nutritional habits/preferences: \_\_\_\_\_

#### Your Insurance Information:

Medicaid (Title XIX)  
Medicaid HMO  Yes  No  Pending

Group: \_\_\_\_\_  
CMS  Yes  No  Pending

CMS Nurse Case Manager: \_\_\_\_\_

Medicaid Medipass  Yes  No  Pending

SSI  Yes  No  Pending

Medicaid #: \_\_\_\_\_

Comments/Changes: \_\_\_\_\_

KidCare/Medicaid  Yes  No  Pending

CMS (Title XXI)  Yes  No  Pending

Private Insurance:  Yes  No

Type:  HMO  PPO

Company Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Policy/Individual #: \_\_\_\_\_ Group #: \_\_\_\_\_

Primary Health Care Provider: \_\_\_\_\_

#### Your Child's Developmental Screening (Complete only for the initial IFSP)

A developmental screening was conducted? Yes  No  If yes, please check which tools/methods used:

Developmental Checklists (specify)  Parent Report  Observation  Record Review

Ages & Stages  Other: \_\_\_\_\_ Language used: \_\_\_\_\_

Does the collected information from above indicate a possible developmental delay/concern in any of the following areas:

Fine motor  Gross motor  Communication  Cognitive  Social-emotional  Adaptive-self-help skills

Comments: \_\_\_\_\_

Describe any other information about your child's health, development, and/or family medical history that may be important for the team to know: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## early steps

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

#### Purpose

This section of the IFSP

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

#### Process

The information on Form B will be collected by the service coordinator, who is an ongoing member of the team, as part of First Contacts with the family. First Contacts must occur prior to the day of the evaluation and/or assessment, be scheduled in locations, preferably the natural environment, and at times convenient to the family. It should be explained to the family why the information requested on this page will be useful in planning the evaluation and/or assessment and in the development of the IFSP. Parent report and a review of pertinent records related to the child's current health status and medical history will be the primary source of information to complete this form.

A developmental screening may be conducted with children who do not have an established condition or an obvious developmental delay. A screening may also be conducted for a child with an established condition if it is determined that developmental screening information would be helpful to the assessment team. Screening records from other agencies, (e.g., Early Head Start, Healthy Start, the County Health Department, etc.), should be considered if they were conducted within the last thirty days and utilized one of the Early Steps approved tools. Early Steps approved screening tools are the *Ages and Stages Questionnaire*

## early steps

*(ASQ), Birth to Three Screener, the Battelle Screening Tool, or Early Learning Accomplishment Profile (ELAP) Screener.*

If the child screens at age level and the family decides not to proceed with an evaluation/assessment, the family is provided with developmental materials and referrals to community agencies, as indicated. The family is provided with contact information for Early Steps and offered a re-screening in three to six months, as appropriate. The service coordinator will provide the family with the screening results and copies of IFSP Forms A and B and document the parent's decision.

### Instructions for Completing Form B

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

**Chronological Age:** This is the child's age according to the calendar. For example, if a child is born on 5/23/04 and the IFSP is written on 9/28/05, the chronological age is 1 year, 4 months or 16 months.

**Corrected Age:** This is the age that is assigned to the child based on developmental expectations due to premature birth. A child is considered premature if born 3 weeks or more before the due date. For example, a child born 6 weeks early (at 34 weeks gestation) on 5/10/04, whose IFSP is written on 6/20/05, will have a "corrected age" of 11 ½ months even though the child is actually 13 months-old. Children born at 37-39 weeks, or who are now 24 months or older should not have their age corrected.

#### Resource Post-it #3

To calculate the corrected age, subtract the difference between actual gestational age and 40, from the chronological age. 13 months – 1 ½ months (or six weeks) = 11 ½ months.

## early steps

### ***Tell us about your child's health:***

**Full term?** Check yes or no.

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

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

**Well-child Check-up:** Enter the date (as best the parent can recall) of the child's most recent well-child check-up.

**Immunizations Current:** Check yes or no.

**Medications List:** List all medications the child takes on a regular basis.

**Allergies:** Check yes or no and list all known allergies the child has.

**Medical Diagnosis:** Check yes or no and list any acute or chronic medical diagnosis for which the child is being treated.

**Medical Specialists:** Check yes or no and list names and specialty.

The child's Primary Health Care Provider will be listed on Form H.

**Hospitalizations:** Check yes or no and list the date and reason for major hospitalizations of the child.

### ***Tell us about your child's vision and hearing:***

**Hearing screened or tested:** Check yes or no. If yes, enter the most recent date (as best the parent can recall).

**Hearing concerns:** Check yes or no. If yes, describe the parent(s) concerns. This area may also be used to record the results of the testing, if known.

**Vision screened or tested:** Check yes or no. If yes, enter the most recent date (as best the parent can recall).

**Vision concerns:** Check yes or no. If yes, describe the parent(s) concerns. This area may also be used to record the results of the testing, if known.

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

## early steps

**Sleep Patterns:** Briefly describe nap times/length, bedtimes, wake-up times. This information is useful for scheduling the evaluation/assessment. Concerns should be noted on Form C.

**Nutritional Habits/Preferences:** Briefly describe the quantity, variety, and feeding method for nutritional intake and any impact on growth. Concerns should be noted on Form C.

### ***Your Insurance Information:***

Check all insurance/resources listed that apply. If a child has private insurance, enter the company name, type, policy, and group numbers as they appear on the insurance card, and the Primary Health Care Provider's name and number in the spaces provided. If the child has Medipass insurance, enter the name of the Medipass physician in the Primary Health Care Provider's space provided. If the child has a type of insurance that is not listed or insurance changes, enter it in the space for "Comments/Changes" and any other information needed.

#### **Resource Post-it #4**

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

### ***Your Child's Developmental Screening (Screening information is entered on the initial IFSP only.)***

**A developmental screening was conducted?** Check whether or not a developmental screening was conducted. If no, skip to "Describe any other information about your child's health, development, and/or family medical history that may be important for the team to know".

**If yes, check all of the tools/methods used:** Please specify the name of any developmental checklists used. This information may be entered under "other."

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

## early steps

**Does the collected information from above indicate a possible developmental delay/concern in any of the following:** Check any areas in which a delay or concern was indicated.

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

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

### How to Use this Information

The information on Form B, in addition to the information gathered on Form C, will assist in determining the composition of the evaluation/assessment team. Additionally, the concerns the family shares and the screening results will focus the evaluation and/or assessment on those developmental areas in question.

# early steps

## Form C

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ IFSP Date: \_\_\_\_\_  
ID#: \_\_\_\_\_ Service Coordinator: \_\_\_\_\_

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

Page \_\_\_\_ of Form C

Date(s) this information gathered: \_\_\_\_\_

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

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

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

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

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

Recommendations for Evaluation and Assessment/Team Updates: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## early steps

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

#### Purpose

This section of the IFSP

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

#### Process

The service coordinator completes this form with the family during First Contacts. First Contacts include educating the family on the family-centered focus of early intervention and the team based service delivery system.

First Contacts must occur prior to the day of the evaluation and/or assessment, be scheduled in locations, preferably the natural environment, and at time convenient to the family. It should be explained to the family why the information requested on this page will be useful in planning the evaluation and/or assessment and in the development of the IFSP and that only the information they want included will be written on the IFSP. Assure families they will have additional opportunities to share this type of information with team members.



**Note:** Form C is NOT intended to be handed to the family to complete on their own.

IDEA regulations require that the identification of the family's concerns, priorities, and resources (family assessment) be based on a personal interview with the family and with the family's concurrence. A personal interview should be conversational and may include different methods, some of which are described below.

## early steps

### Instructions for Completing Form C

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

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

#### Resource Post-it #5

***You might say:***

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

The "Routines-Based Interview (RBI)" (McWilliam, 2001) is recommended as a way of gathering information about the child's and family's typical daily routines

## early steps

an activities. More information on conducting the RBI can also be found in the online Early Steps Orientation Module Two: *Early Steps Service Delivery System-Providing Services in Everyday Routines, Activities, and Places*. The RBI will help the family and other team members identify routines such as mealtime, shopping trips, playtime, etc., with which the family would like help. The result of the RBI will be a prioritized list of child and family outcomes and information that will support functional intervention planning.

### **Family Concerns, Priorities, and Resources**

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



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

**Family's Areas of Concern:** This section provides the family an opportunity to express their concerns regarding their child within the context of the family. Areas of concern can include but are not limited to, the child's development, including achievement of milestones, or other family challenges. Concerns about

## early steps

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

**Priorities:** This section provides the family an opportunity to prioritize their concerns listed above in the order of importance to the family. The concerns that are the most important to the family should be listed. While there may be several concerns, only a few may be of great importance to the family. Once concerns have been identified, Service Coordinators and early intervention providers must assist the family in identifying those concerns that are most appropriate to be addressed at this time. These concerns are listed as priorities and these priorities subsequently lead to outcomes on the IFSP.

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

**Recommendations for Evaluation and Assessment/Team Updates:** These recommendations are the result of the accumulation of information gathered during first contacts that will assist in planning for the evaluation and/or assessment for the initial IFSP. This may include recommended disciplines, tools, modifications, and/or special circumstances needed for optimal evaluation/assessment. The family's role in the evaluation/assessment process must be determined with the family at this time.

## early steps

For subsequent IFSPs, this space can be used to make updates to the IFSP team, based on new information the family has provided of which the team should be aware. This section may also be used by the service coordinator during periodic reviews to authorize additional evaluation of the child based on new concerns, e.g., XYZ Early Steps authorizes evaluation of this child based on information on Forms B and C.

### Resource Post-it #6

#### ***You might ask:***

*How would you like to participate in your child's evaluation/assessment? Describe examples of how they might be involved, for example, observing your child as others evaluate, playing and participating with your child as part of the evaluation. What do you want us to look for in the assessment? Is there anything you want me to tell the assessment team so that they can get the best picture of your child's strengths and needs? Do you have any suggestions about things, like favorite toys, that would help your child be more comfortable during the assessment? At what time of the day is your child most alert?*

### How to Use this Information

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



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

# early steps

## Form D

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ IFSP Date: \_\_\_\_\_  
ID#: \_\_\_\_\_ Service Coordinator: \_\_\_\_\_

### Form D: Your Child's Eligibility Evaluation Information

Page \_\_\_\_ of Form D

*For your child's first IFSP, an evaluation may be completed with your child to determine eligibility, prior to or during assessment. The eligibility information is recorded on this page.*

Date of Evaluation (if performed): \_\_\_\_\_ Chronological Age: \_\_\_\_\_ Corrected Age: \_\_\_\_\_ Language used: \_\_\_\_\_

Methods of Evaluation:  Test Instrument(s) Administered: \_\_\_\_\_

Parent Report  Professional Observation  Collateral Information/Source: \_\_\_\_\_

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

#### Evaluation Team Signatures

- The eligibility evaluation team is the same as the assessment team. Please see Form E for signatures.  
 The eligibility evaluation team is different from the assessment team. Please sign below.

Evaluator: \_\_\_\_\_ Discipline: \_\_\_\_\_ Signature: \_\_\_\_\_

Evaluator: \_\_\_\_\_ Discipline: \_\_\_\_\_ Signature: \_\_\_\_\_

Evaluator: \_\_\_\_\_ Discipline: \_\_\_\_\_ Signature: \_\_\_\_\_

#### Eligibility Determination

- Eligible for Early Steps (Part C: Early Intervention) based on the following:

Established Condition of: \_\_\_\_\_  
 Developmental Delay in the area(s) of: \_\_\_\_\_

- Not eligible for Early Steps (Part C: Early Intervention) based on evaluations completed this day and the IFSP does not need to be completed. The evaluation team makes the following recommendations to the family: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## early steps

### Form D: Your Child's Eligibility Evaluation Information

#### Purpose

This section of the IFSP

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

#### Process

The evaluation team, including the family and the service coordinator, expeditiously determines eligibility for early intervention services by conducting an evaluation in all domains, with a focus in the area(s) in which first contact information and/or developmental screening indicated a concern, to determine the child's current developmental level.

The Early Steps approved tools for eligibility evaluation are the *Developmental Assessment of Young Children (DAYC)* or the *Battelle Developmental Inventory-Second Addition (BDI-2)*. Additional evaluation instruments may be administered in specific discipline areas to further pinpoint a child's eligibility if necessary.

A consistent, collaborative team that conducts the evaluation and assessment concurrently, in one encounter is strongly encouraged. Conducting the evaluation/assessment in this way is more convenient to the family and allows for sufficient time to complete all activities within the 45 day timeframe between referral and development of the IFSP. If the evaluation and assessment cannot be conducted concurrently, it is still preferable that the team conducting the assessment be the same as the evaluation team.

## early steps

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

Following the evaluation and/or assessment, the Local Early Steps must ensure that the following information is entered in the Early Steps data system within ten (10) calendar days of the evaluation and/or assessment:

- Status of eligibility
- Eligibility category
- ICD-9 codes

Entering evaluation data such as tests used and scores is optional.



**Note:** An eligibility evaluation is not necessary for children who have an established condition. For these children, a written confirmation from a licensed physician of the diagnosis is required to establish eligibility. In the case of (a) severe attachment disorder or autism spectrum disorder, a healthcare practitioner acting within his/her scope of practice, or in the case of hearing loss, a licensed audiologist must provide written confirmation of the diagnosis. Written confirmation of the diagnosed condition must be in the child's Early Steps record.

### Instructions for Completing Form D

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

**Chronological Age:** This is the child's age according to the calendar. For example, if a child is born on 5/23/04 and the IFSP is written on 9/28/05, the chronological age is 1 year, 4 months or 16 months.

## early steps

**Corrected Age:** This is the age that is assigned to the child based on developmental expectations due to premature birth. A child is considered premature if born 3 weeks or more before the due date. For example, a child born 6 weeks early (at 34 weeks gestation) on 5/10/04, whose IFSP is written on 6/20/05, will have a “corrected age” of 11 ½ months, even though the child is actually 13 months-old. Children born at 37-39 weeks, or who are now 24 months or older should not have their age corrected.

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

### **Method(s) of Evaluation:**

Indicate method(s) and tool(s) used for the evaluation.

#### **Test Instrument(s)**

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

**Parent Report:** Check if parent report was used.

#### **Professional**

**Observation:** Check if professional observation was used.

#### **Collateral**

#### **Information/Source:**

Check if collateral information was used and identify the source of the information. Collateral information should be filed in the child’s record.

### **Resource Post-it #7**

#### **About Informed Clinical Opinion**

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

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

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



## early steps

**Note:** More than one method of evaluation must be used. No single procedure can be used as the sole criteria for determining eligibility.

### ***Eligibility Evaluation Results***

This area is used to document the findings of the eligibility evaluation in the five developmental areas below:

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

This column does not need to be completed if the evaluation and the assessment are conducted as one event with the same team. A reference to Form E is sufficient.

**Results:** Indicate the standard score used in determining eligibility in the right-hand column. A standard score must be documented on Form D.



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

## early steps

### ***Evaluation Team Signatures***

Check if the eligibility evaluation team is the same or different from the assessment team. If the evaluation and assessment team are the same individuals, they only need to sign once on Form E. If the evaluation team is different from the assessment team, it must sign on Form D and the assessment team on Form E.

### ***Eligibility Determination***

**Eligible for Early Steps:** Check this box if the child is found eligible for Early Steps.

**Established Condition of:** Check this box if the child has an established condition and fill in the blank with the appropriate diagnosis. If the local school district serves children birth to three, it will be necessary to provide copies of the physician's statement to document eligibility for children with an established condition.

**Developmental Delay in the area(s) of:** Check this box if the child has a developmental delay and fill in the blank with the appropriate developmental domain(s).

**Not eligible for Early Steps:** Check this box if the child is not found eligible for Early Steps and write any recommendations that the team has for the family. The team should suggest strategies for providing natural learning opportunities to increase skills when they identify the child has the ability to perform certain skills, but lacks the opportunity. Recommendations may also include resources and information to address family concerns and any appropriate referrals.



**Note:** If the child is not found eligible for Early Steps, the parent(s) must receive written prior notice, including procedural safeguards. The parent(s) are not required to sign the IFSP or any other form, unless the Local Early Steps requires this. They should receive a copy of Forms A-D of the IFSP. Although Forms A-D of the IFSP are completed for an ineligible child, an IFSP date should not be entered into the Early Steps data system for an ineligible child. The child's record can then be closed.

## early steps

### **How to Use this Information**

The eligibility evaluation information on Form D is used to establish eligibility and will only be completed for children without an established condition or obvious developmental delay. For those children, Form D in its entirety is completed for the initial IFSP, however, the Eligibility Determination section of Form D should be completed for all children and this information will be included on subsequent IFSPs. It is rare that the basis of the child's eligibility will change from year to year; therefore the eligibility information from the initial IFSP can be repeated in subsequent IFSPs.

# early steps

## Form E

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ IFSP Date: \_\_\_\_\_  
ID#: \_\_\_\_\_ Service Coordinator: \_\_\_\_\_

### Form E: Your Child's Assessment Information

Page \_\_\_\_ of Form E

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

Date of Assessment: \_\_\_\_\_ Chronological Age: \_\_\_\_\_ Corrected Age: \_\_\_\_\_ Language used: \_\_\_\_\_

Methods of Assessment:  Test Instrument(s) Administered: \_\_\_\_\_

Parent Report/Interview Tool: \_\_\_\_\_  Professional Observation  Collateral Information/Source: \_\_\_\_\_

### Summary of Present Status: Abilities, Strengths, and Needs

<b>Using Hands and Body (Gross/Fine Motor Skills)</b>	
Things we like and things we do well:	Things that we don't like and that we need help with:
<b>Eating, Dressing, and Toileting (Self-Help/Adaptive Skills)</b>	
Things we like and things we do well:	Things that we don't like and that we need help with:
<b>Expressing and Responding to Feelings and Interacting with Others (Social/Emotional)</b>	
Things we like and things we do well:	Things that we don't like and that we need help with:
<b>Playing, Thinking, Exploring (Academic/Cognitive Including pre-literacy skills)</b>	
Things we like and things we do well:	Things that we don't like and that we need help with:
<b>Understanding and Communicating (Receptive and Expressive Communication)</b>	
Things we like and things we do well:	Things that we don't like and that we need help with:

Vision and Hearing Status: \_\_\_\_\_

Observations/Comments: \_\_\_\_\_

Assessor: \_\_\_\_\_ Discipline: \_\_\_\_\_ Signature: \_\_\_\_\_

Assessor: \_\_\_\_\_ Discipline: \_\_\_\_\_ Signature: \_\_\_\_\_

Assessor: \_\_\_\_\_ Discipline: \_\_\_\_\_ Signature: \_\_\_\_\_

## early steps

### Form E: Your Child's Assessment Information

#### Purpose

This section of the IFSP

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

#### Process

The assessment team, including the family and the service coordinator, conduct an arena style assessment for intervention planning that identifies the child's unique strengths and needs in terms of each of the developmental areas. The assessment must provide an opportunity to observe the child in typical routines in order to combine developmental information with functional application information. Every eligible child will receive an assessment. Form E should be completed as part of the assessment process and reviewed at the IFSP meeting, if needed. Form E serves as the written assessment report.

The Early Steps approved assessment tools are the *Battelle Developmental Inventory-Second Edition (BDI-2)*, *Hawaii Early Learning Profile for Infants and Toddlers (HELP)*, *Early Learning Accomplishment Profile (ELAP)*, and the *Assessment, Evaluation, and Programming System for Infants and Children (AEPS)*. An additional specialized assessment instrument that is indicated by the child's established condition or developmental delay (e.g., visual impairment or autism spectrum disorder) may be used. Examples of such instruments (not inclusive) are: Language Development Scale (LDS), Auditory Skills Checklist,

## early steps

Preschool Language Scale (PLS-4), Vineland Adaptive Behavior Scales, and Childhood Autism Rating Scale (CARS).

### Instructions for Completing Form E

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

**Chronological Age:** This is the child's age according to the calendar. For example, if a child is born on 5/23/04 and the IFSP is written on 9/28/05, the chronological age is 1 year, 4 months or 16 months.

**Corrected Age:** This is the age that is assigned to the child based on developmental expectations due to premature birth. A child is considered premature if born 3 weeks or more before the due date. For example, a child born 6 weeks early (at 34 weeks gestation) on 5/10/04, whose IFSP is written on 6/20/05, will have a "corrected age" of 11 ½ months, even though the child is actually 13 months-old. Children born at 37-39 weeks, or who are now 24 months or older should not have their age corrected.

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

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

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

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

**Professional Observation:** Check if professional observation was used.

## early steps

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

### **Summary of Present Status: Abilities, Strengths, and Needs**

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

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

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

There should be logical links between the information included here and that is included on Form C: Family Routines/Concerns/Priorities/Resources. For

## early steps

example, if on Form C, the parents share that they want to learn ways to help their child behave/manage challenging behavior and describe what a difficult time the child has with dressing and bathing, the description of the child's eating, dressing, and toileting and his social and emotional development should provide additional information about these concerns.

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

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

**Things that we don't like and that we need help with:** Summarize what the team knows about what the child and family finds difficult, avoids, or that prevent the child from actively participating in daily routines, activities, and learning opportunities in each of the above areas.

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

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

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

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

## early steps

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

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

### How to Use this Information

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



## early steps

### Form F: Your Family's Outcomes

#### Purpose

This section of the IFSP

- identifies the major outcomes to be achieved for the child and family that address family priorities and concerns,
- determines the short-term goals needed to reach each outcome, and
- states the strategies and resources that will be used to address the outcome and support parents and other caregivers as they support the child's development through participation in routines and activities that are important to the family.

#### Process

The entire IFSP team participates in completing this step of the IFSP process, with the service coordinator facilitating the process. All team members should come to the IFSP meeting with an idea of the family's routines, concerns, and priorities. The team's shared knowledge and understanding of the family's priorities, existing resources, and the child's strengths will guide the discussion and the determination of the strategies to achieve the identified outcomes.

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

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

## early steps

understand what they are working towards and why it is important to the family. The outcome must reflect the intent of the family's words.

### Directions for Completed Form F

**Outcome #:** \_\_\_\_\_ Enter the number of the outcome that is written on this page. Only one outcome should be written per Form F.

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

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

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

An easy way to remember the components of a functional outcome is to practice the “ABC” model. A functional outcome need not contain all of these components, but at the very minimum must identify the **Audience** and the **Behavior**. The ABC model contains the following three components.

## early steps

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

### Examples

- **Jacob** will use the steps in his house without falling or needing help each time he tries so he can go from room to room safely. *(Family priority: For Jacob to move about the house without assistance and not be afraid that he will fall.)*
- **Jaime** will use his voice or another form of communication each time he wants to let others know what he is thinking or wants so he can interact better with his peers and siblings. *(Family priority: For Jaime to have more ways to interact with people, especially his brothers and sisters.)*
- While sitting in his high chair, **Luke** will feed himself using his fingers and eventually his spoon so that he gets enough to eat at each meal and doesn't have to be fed. *(Family priority: For the family to eat dinner together without Luke wanting out of his high chair and feeding himself.)*
- **David and Kit** will find a wheelchair for Katie and feel comfortable using it during family outings so that they can all go out together. *(Family priority: Katie gets around her home by rolling over and crawling, but has to be carried on family outings. David and Kit are interested in using a wheelchair so they can all go out together, and need help with paying for it.)*

### Resource Post-it #9

#### Writing ABC Outcomes

**Audience:** Who is the focus of this outcome?

**Behavior:** What is the measurable expected behavior?

**Conditions:** What is the situation in which the expected behavior must occur? What is the relevance to the child and family's everyday life?

## early steps

2. **Behavior or Performance:** For outcomes targeting child development, this should be an activity that is observable, measurable, and repeatable. For family directed outcomes, the behavior may just have a definite beginning and an end (e.g., Mrs. Jones will find a child care center for Sam that she is comfortable with before she goes back to work.) The behavior component of the outcome should indicate “*who is going to do what*”.

### Examples

- Jacob ***will use the steps in his house*** without falling or needing help each time he tries so he can go from room to room safely.
  - Jaime ***will use his voice or another form of communication*** each time he wants to let others know what he is thinking or wants so he can interact better with his peers and siblings.
  - While sitting in his high chair, Luke ***will feed himself using his fingers and eventually his spoon*** so that he gets enough to eat at each meal and doesn't have to be fed.
  - David and Kit ***will find a wheelchair for Katie*** and feel comfortable using it during family outings so that they can all go out together.
3. **Condition or Circumstances:** This is the situation within which the expected behavior must occur. Identifying the circumstances involves determining under what conditions the child is likely to need the target behavior. By identifying circumstances with the family, the developmental outcome is contextualized in an individualized description of how this child will use this behavior or skill in day-to-day activities. Not all outcomes will have conditions.

### Examples

- Jacob will use the steps in his house ***without falling or needing help each time he tries*** so he can go from room to room safely.

## early steps

- Jaime will use his voice or another form of communication ***each time he wants to let others know what he is thinking or wants*** so he can interact better with his peers and siblings.
- ***While sitting in his high chair***, Luke will feed himself using his fingers and eventually his spoon so that he gets enough to eat at each meal and doesn't have to be fed.
- David and Kit will find a wheelchair for Katie and feel comfortable ***using it during family outings*** so that they can all go out together.

You may also include an “in order to” part of the outcome as an optional component. The rationale for the outcome should demonstrate how the outcome is functional; what is the relevance to the child and family's life. Not all outcomes will have this component, but it is an effective way to help parents identify exactly how achieving the outcome will produce a real change in the child's and family's life.

### Examples

- Jacob will use the steps in his house without falling or needing help each time he tries ***so he can go from room to room safely***.
- Jaime will have more ways to let people know what he is thinking and wants and he will start using his voice more ***so he can interact better with his peers and siblings***.
- While sitting in his high chair, Luke will feed himself using his fingers and eventually his spoon ***so that he gets enough to eat at each meal and doesn't have to be fed***.
- David and Kit will find a wheelchair for Katie and feel comfortable using it during family outings ***so that they can all go out together***.

**Goals, Timelines, and Criteria for Progress: When will we review progress toward this outcome and what will progress look like?**

## early steps

Short-term goals are written that also reflect the ABC model and include a target date for goal achievement. The team should expect observable, measurable progress and be ready to change the plan if progress is not evident. Timeframes should be written in terms that are meaningful to the family; dates of family events and celebrations, whenever possible.

### **Example**

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

### **Short-term Goals:**

- Luke will sit in his high chair for the entire dinner meal by Christmas.
- Luke will finger feed at least two food items during each meal by Christmas.
- Luke will pick up his spoon independently by Christmas.

Providers working with the child and family will determine their session goals that will lead to the achievement of the short-term goals. The IFSP does not need to reflect all of the incremental steps needed to achieve the short-term goals.



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

## early steps

**Strategies: *Who will do what within your child's everyday routines, activities, and places to achieve this outcome?*** Before completing this section, the IFSP team should brainstorm all of the strategies/activities that should be considered for addressing this outcome within the child's and family's everyday routines, activities, and places. The discussion should focus on what the

various team members (including family members and other caregivers) will do in order to meet the outcome. This should be a team process and build on the information the family has shared with the team regarding routines and utilize formal and informal resources.

The strategies should identify:

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

### Resource Post-it #12

#### Strategies/Activities Checklist

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

(R. A. McWilliam, 2001)

## early steps

### **Example**

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

### **Short-term Goals:**

- Luke will sit in his high chair for the entire dinner meal by Christmas.
- Luke will finger feed at least two food items during each meal by Christmas.
- Luke will pick up his spoon independently by Christmas.

### **Strategies:**

- Parents will continue to give Luke finger foods and be sure that he has some finger foods at each meal so that he can practice finger feeding.
- Mother will decrease what Luke is fed by bottle, so that Luke is hungrier at meal time.
- Parents will spread finger foods out on his highchair tray to encourage him to pick up one at a time using his finger and thumb. They will also put small pieces of food into the wells of a muffin pan so he has to use his finger and thumb.
- At bath time and during other play activities, parents will provide opportunities for play with spoons making stirring and scooping actions. Jacob (brother) can demonstrate for Luke and encourage him to imitate.
- At meal times parents will scoop up the food for Luke and let him pick up the spoon and take it to his mouth.
- Jacob (brother) will show Luke how he eats with a spoon during mealtime.
- EI providers will give parents suggestions for appropriate spoon foods and explore different types of spoons.
- EI providers will determine with the family other daily routines and activities to support this outcome.

## early steps

### **How to Use this Information**

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

# early steps

## Form G

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ IFSP Date: \_\_\_\_\_  
 ID#: \_\_\_\_\_ Service Coordinator: \_\_\_\_\_

### Form G: Your Family's Supports and Services

Page \_\_\_\_ of Form G

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

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

Location Codes: 1=Home 3=Hospital 4=School 5=Childcare Center 6=Other 7=Clinic 8=Residential Facility 9=Early Intervention Classroom A=Community Agency  
 F=Family Daycare Home P=Public Place Service Codes (optional): See IFSP Guidance Document

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

Complete only for Early Intervention Sessions:  
 Addresses the following domain(s):  Fine motor  Gross motor  Communication  Cognitive  Social-emotional  Adaptive-self-help skills  
 Early Intervention Sessions are:  Individual (Medicaid procedure code T1024HN)  Group (Medicaid procedure code T1024TTHN)

ICD9 Code(s) \_\_\_\_\_ ICD9 Description(s) \_\_\_\_\_

**Modifications to Services**  
 I understand that Form G serves as prior notice of proposed new, changed, or terminated services as written above and I understand the reason(s) for taking the action(s).  
 I have received a copy and explanation of my procedural safeguards.  
 \_\_\_\_\_ (Parent/Guardian Signature) Date: \_\_\_\_\_

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

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

Rev. 09/07

## early steps

### Form G: Your Family's Supports and Services

#### Purpose

This section of the IFSP

- summarizes and authorizes the services and supports that the child and family will receive to address all of the outcomes,
- identifies modifications to supports/services as a result of a periodic review,
- identifies other supports and services that may be helpful to the child and family, but are not covered by Early Steps, and
- identifies the Primary Service Provider (PSP) for the child and family.

#### Process

The IFSP team reviews each outcome, the strategies for the outcomes, including the family's formal and informal supports that have already been identified in the strategies, and identifies the specific early intervention supports and services that need to be authorized. Services will be determined by the IFSP team, including the family, based on the expertise that is needed to support the parents and other primary caregivers as the implementers of the plan. The service providers are the persons who have the necessary expertise to support the parents/other caregivers. In the process of identifying supports and services the roles of the various team members must be discussed and described so that it is clear which team members will be providing what services, using what methodology, when and where. Much of this information has been discussed as part of the discussion regarding the strategies to achieve the outcome. In the course of determining the specific services that need to be authorized, the team may need to go back to the strategies and broadly define who will be involved and how the strategy will be carried out in order to determine the frequency, intensity, and length of the service.

## early steps

### Instructions for Completing Form G

#### **Summary of Supports and Services**

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

**Service:** Enter the type of specific early intervention service, based on peer-reviewed research, to the extent practical, that will be provided to meet the unique needs of the infant or toddler. List each service only once, even if that service will address more than one outcome.

You may enter the service code in this column (optional), in addition to writing the service (required). The Service Code Taxonomy is available on the Early Steps data system website at: <http://159.178.32.66/es/es.htm>

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

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

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

## early steps

**Provider Information:** Enter the name, discipline, and agency for the individual who will be providing this service (e.g., Jane Smith, SLP, and Great Beginnings). When the team has decided who the primary service provider should be, place “PSP” after their discipline (e.g., Mary Jones, ITDS/PSP). This information should be kept current and updated as needed.

**Location Code:** Enter the appropriate location code where the service will be provided. A location code list is at the bottom of the chart.

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

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

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

**Natural Environment Justification:** If the IFSP team decides that the service(s) a child needs cannot be provided in the natural environment, an explanation of how that decision was made needs to be entered here. There must be an explanation for each service listed in the supports and services chart that is indicated as not being provided in natural environments with an “N”. Any justification for not providing services in the natural environment must be directly related to the child’s outcome and not existing administrative barriers, proposed benefits of a location, or the inability of members of the IFSP team to provide the service.

*Justification examples:*

## early steps

1. Lonnie (a child with Sensory Integrative Disorder) requires large equipment, such as a trapeze swing, ball pit, trampoline, or rice table, as part of the intervention strategies in order to meet Outcome X. This needed equipment is not reasonably transportable and is only available in the clinic/office setting.
2. Renaldo (a child who is tube-fed) needs oral motor strategies in order to achieve Outcome X addressing oral feedings. This requires medical personnel and equipment close at hand, such as at a hospital or clinic, to treat possible aspiration during intervention.



**Note:** The following section is only completed when the IFSP is also used as the Plan of Care for children receiving early intervention sessions.

### **Complete only for Early Intervention Sessions:**

**Addresses the following domain(s):**  **Fine motor**  **Gross motor**   
**Communication**  **Cognitive**  **Social-emotional**  
 **Adaptive-self-help skills**

Check the domain(s) addressed by the early intervention sessions listed in the Supports and Services grid.

**Early Intervention Sessions are:**  **Individual (Medicaid procedure code T1024HN)**  **Group (Medicaid procedure code T1024TTHN)**

Check the type of early intervention sessions to be delivered.

**ICD9 Code(s):** Enter the appropriate International Classification of Diseases, 9th Revision classification code.

**ICD9 Description(s):** Enter the appropriate International Classification of Diseases, 9th Revision classification code description.

## early steps

### Modification of Services

If there is a modification to supports/services as a result of the periodic review or other update, the parent(s) must receive written prior notice; in this case Form G serves that purpose, and receive an explanation and copy of their procedural safeguards. The parent(s) will check the boxes to document this.

I understand that Form G serves as prior notice of proposed, new, changed, or terminated services as written above and I understand the reason(s) for taking the action(s).

I have received a copy and explanation of my procedural safeguards.

### Parent/Guardian Signature:

By obtaining the parent/guardian's signature, they are agreeing that they received written prior notice of the proposed new, changed or terminated services and understand the reason(s) for implementing the change(s). They are also agreeing that they have received a copy and explanation of the program's procedural safeguards. If the change in service is a result of a telephone call, the service coordinator may write, "Parent agreed per TC", and fill in the date. Parents must receive a copy of procedural safeguards.

If parents decline receiving a copy of their procedural safeguards, this must be documented.

#### Resource Post-it #14

##### Written Prior Notice

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

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

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

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

## early steps

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

**Other Services:** This section identifies the supports and services that provide a comprehensive picture of the child's and the family's total service needs. **If a service is in response to achieving an outcome and it is authorized by the IFSP team, then it will be listed in the Summary of Supports and Services. If it is a service that the child/family receives independent of Early Steps (e.g., SSI, specialized medical services, etc.) then it is an "other" service.**

### Resource Post-it #15

#### Other Services

Including such services provides a comprehensive picture of the child's total service needs. Service coordinators will assist families, as needed, in gaining access not only to early intervention services, but to the other services identified in the IFSP, and will coordinate the provision of these services.

Other services may include access to child care, assistance in applying for Medicaid benefits and food stamps, specialized medical services related to the child's disability, etc. Other services does not apply to routine medical care such as immunizations or well baby check-ups unless the child needs those services and they are not otherwise available or being provided.

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

Examples:

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

## early steps

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

Examples:

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

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

Examples:

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

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

Examples:

- SSA
- To be determined.
- To be determined.

### How to Use this Information

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

# early steps

## Form H

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ IFSP Date: \_\_\_\_\_  
 ID#: \_\_\_\_\_ Service Coordinator: \_\_\_\_\_

### Form H: Your Individualized Family Support Plan Team

Page \_\_\_\_ of Form H

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

Printed Name / Credential	Signature	Position/ Role	Address	Telephone	Receive Copy of IFSP (Family Initial)
		Parent			
		Service Coordinator			
		Primary Service Provider			
		Primary Health Care Provider			

When an ITDS is providing services, the ITDS and the Licensed Health Care Professional(s) must sign and date Form H indicating the IFSP/Plan of Care has been collaborated upon and face-to-face direction and support has been provided to the ITDS.

**If we received the following:**

- Copy of Procedural Safeguards for Part C or Part B of IDEA, as appropriate, and these rights and safeguards have been explained to me
- Copy of Early Steps brochure with Central Directory phone number (Initial IFSP only)
- Explanation of procedure for requesting new Service Coordinator
- Explanation of Early Steps Complaint Procedures
- Copy of Individualized Family Support Plan or understand it will be mailed to me within 15 days

**Informed Consent by Parents/Guardians**

- I participated fully in the development of this plan.
- I give consent for all of the services described in this Individualized Family Support Plan (IFSP) to be provided as written.
- I do not provide consent for the following service(s) as described in this IFSP to be provided, however, I do give consent for all other services described in this IFSP to be provided: \_\_\_\_\_

I give permission for copies of this plan to be released to the individual(s) noted above as indicated by my initials beside each name.

Parent/Guardian Signature \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

Rev. 09/07

## early steps

### Form H: Your Individualized Family Support Plan Team

#### Purpose

This section of the IFSP

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

#### Process

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

#### Directions for Completing Form H

**Printed Name/Credential:** Enter the name and credential (as appropriate) of the team members beginning with the family members.

**Signature:** Each team member participating in the development of the IFSP must sign to validate their participation. If participation was by telephone, or some other acceptable manner, the service coordinator may indicate this by writing the method of participation in this box, e.g., “participated per TC”.

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

**Address:** Enter the address of the team member.

**Telephone:** Enter the telephone number of the team member.

## early steps

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



**Note:** If the ITDS is providing services to a child receiving Medicaid and using the IFSP as the Plan of Care, the appropriate Licensed Healthcare Professional(s) from the team, must sign and date Form H indicating the IFSP/Plan of Care has been collaborated upon and face-to-face direction and support has been provided to the ITDS in the development of this plan. If the Medicaid/Early Steps Plan of Care form is being used, these signatures must be documented on that form.

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

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

**I/We received the following:** The family checks the appropriate boxes for information that has been explained and/or copied for them.

## early steps

### **Informed Consent by Parents/Guardians**

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

**Signature:** Other individuals who participate on behalf of the parent/guardian(s) enter their signature.

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

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

### **How to Use this Information**

Form H provides the “go ahead” to begin implementation of the services and supports identified on the IFSP and for which the parents have provided permission. A copy of the interim, if applicable, initial and annual evaluation of the IFSP and a copy of each periodic review of the IFSP will be provided to the family and all IFSP team members (with parent consent) within 15 calendar days of the IFSP meeting. Services will be delivered as soon as possible, but within thirty days (30) calendar days from when the family consented to the service or by the start date of the authorization period listed the IFSP.

# early steps

## Form I

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ IFSP Date: \_\_\_\_\_  
 ID#: \_\_\_\_\_ Service Coordinator: \_\_\_\_\_

### Form I: Your Family's Transition Plan

Page \_\_\_\_ of Form I

Transition Planning Steps		
1. <b>Initial Transition Planning</b> (6 months to 1 year prior to our child's 3 <sup>rd</sup> birthday): In conjunction with an IFSP meeting, the IFSP team discussed the following with us:		
a. Program options available within the community (e.g., local school district, Early Head Start, Head Start, Agency for Persons with Disabilities, other early care and education programs, etc.) were discussed with us. At this time, we are interested in the following options:		
b. We discussed our specific concerns and the skills and preparation our child will need to be successful in a new environment. Concerns: _____ Strategies to Address Concerns (write relevant outcomes on Form F): _____		
c. We scheduled the Transition Conference and listed the possible participants we would like to invite. Possible Participants / Date / Time: _____		
2. <b>Referral</b> : The service coordinator, with our consent, makes a formal referral to the school district and/or other agencies and community providers that we choose and sends a transition "packet." (This may occur before, during, or after the Transition Conference.) Referral Date: _____ Agency: _____ Referral Date: _____ Agency: _____		
3. <b>Transition Conference</b> (not less than 90 days and not more than 9 months prior to our child's 3 <sup>rd</sup> birthday): The Transition Conference is held at the same time as our child's IFSP meeting, if possible. At this meeting, information was provided to us about how our school district provides services to prekindergarten children with disabilities, including the district's evaluation/eligibility process and how the Individual Educational Plan (IEP) is developed. Also, information about other agencies/community providers that we have requested was provided. We had the opportunity to ask questions and discuss any new concerns for the coming transition. Transition Conference Date: _____		
a. Following are our new concerns and strategies we discussed: Concerns: _____ Strategies to Address Concerns (write relevant outcomes on Form F): _____		
b. We identified that these additional activities (e.g., agency/program/placement visitations, enrollment, immunizations, transportation issues, assistive technology, etc.) need to be completed before our child moves into the new setting: Activity: _____ Persons Involved: _____ Timeframes: _____		
We attended the Transition Conference and developed this transition plan. Our rights in transition were provided and explained to us.		
Parent/Guardian _____	Parent/Guardian _____	Date _____
We attended the Transition Conference and developed this transition plan.		
Service Coordinator _____	IFSP Team Member/Title _____	Local School District Representative/Title _____
Community Representative/Agency/Title _____	IFSP Team Member/Title _____	Other/Title _____

## early steps

### Form I: Your Family's Transition Plan

#### Purpose

##### **This section of the IFSP**

- documents the steps that will be taken to assure a smooth transition for the child and family from Part C services to the subsequent activities, supports, and /or services that the family chooses and for which the child is eligible, and
- documents the date and participants of the transition conference.

#### Process

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



**Note:** Form I is only required for transition at age three. To plan for transitions other than the transition at age 3 (i.e., hospital to home, home to childcare, program to program, etc.), identify the concerns/priorities of the family/IFSP team and develop outcomes on Form F, as appropriate. Record other transition activities in the case notes.

## early steps

### Instructions for Completing Form I

#### Transition Planning Steps

**1. Initial Transition Planning: In conjunction with an IFSP meeting, the IFSP team discussed the following with us:**

- a. Program options available within the community (e.g., local school district, Early Head Start, Agency for Persons with Disabilities, other early care and education programs, etc.) were discussed with us. At this time we are interested in the following options:** Enter the date and list the various programs or options that the family is interested in at this point in time. Explore all potential options with the family. Take into account the family's need, if any for full-or part-time child care.
  
- b. We discussed our specific concerns and the skills and preparation our child will need to be successful in a new environment.**

**Concerns:** Enter the date and list the issues that the family and the team have discussed. Given that the new environment may not be determined at this point in time, they may be general concerns.

*Example:*

Darien has had few other caregivers; he is used to being at home, and hasn't had that many experiences in group settings with kids. Wherever he may transition to, or even if he stays home, we want him to feel safe and comfortable when he is around other caregivers.

**Strategies to Address Concerns (write relevant outcomes on Form F):**

Enter the strategies the team brainstorms to address the concerns. If the strategy

## early steps

relates to the child learning new developmental skills, a new outcome should be developed on Form F.

*Example:*

Begin to utilize the children's facility at the YMCA and the church's Mother's Morning Out program. Start a playgroup with other Moms and kids.

**c. We scheduled the Transition Conference and listed the possible participants we would like to invite:**

**Possible Participants/ Date / Time:** Enter the possible participants based on parents' expressed interests and proposed date and time. If at all possible, the Transition Conference should be held at the same time as an IFSP meeting.

**2. Referral: The Service Coordinator, with our consent, makes a formal referral to the school district and/or other agencies and community providers that we choose and sends a transition "packet." (This may occur before, during, or after the Transition Conference.)**

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

**Agency:** Enter the referred agency. There may be more than one referral.

**3. Transition Conference (not less than 90 days and not more than 9 months prior to our child's 3<sup>rd</sup> birthday): The Transition Conference is held at the same time as our child's IFSP meeting, if possible. At this meeting, information was provided to us about how our school district provides services to prekindergarten children with disabilities, including the school district's evaluation/eligibility process and how the Individual Educational Plan (IEP) is developed. Also, information about other agencies/community providers that we had requested was**

## early steps

**provided. We had the opportunity to ask questions and discuss any new concerns for the coming transition.**

**Transition Conference Date:** Enter the date of the actual meeting. Any delays or declinations regarding the transition conference are documented on the transition plan of the IFSP, in the case notes and in the Early Steps data system.

**a. Following are our new concerns and strategies we discussed:**

**Concerns:** Enter the issues that the family and the team have discussed. At this point in time, the family and the team may have more concrete concerns about the child's ability to adjust and function in the new setting and the parents may identify training and information needs. This discussion should also discuss the strengths that the child and family bring to the transition.

*Examples:*

- We would like training in the IEP process.
- Darien won't be able to follow simple directions like the other children.

**Strategies to Address Concerns (write relevant outcomes on Form F):**

Enter strategies the team brainstorms to address the concerns. If the strategy relates to the child learning new developmental skills, a new outcome should be developed on a new Form F.

*Examples:*

- Parents will contact the Family Network on Disabilities.
- Sadie, the ITDS, and Darien's mother will work on ways to increase Darien's compliance with simple directions throughout his day. The team will develop a new outcome and additional strategies to do this.

**b. We identified that these additional activities (e.g., agency/program/placement visitations, immunizations,**

## early steps

**transportation issues, assistive technology, etc.) need to be completed before our child moves into the new setting:**

**Activity:** Enter the activities that the team brainstorms.

**Person Involved:** Enter the names of the person who will be involved in completing the identified activities.

**Timeframes:** Enter the when each activity should be completed.

**We attended the Transition Conference and developed this transition plan. Our rights in transition were provided and explained to us.**

**Parent/Guardian:** By obtaining the parent/guardian's signature, they are agreeing that they participated in developing the plan and that they have received a copy and explanation of the family's procedural safeguards.

**Date:** Enter the date of the signature.

**We attended the Transition Conference and developed this transition plan.**

The signatures of those participating in the development of the plan are required. The transition conference must be attended by the parent(s), the service coordinator, and the designated local school district representative, if the child may be eligible for the school district's services and with the parents' consent. Other agencies/community providers may be invited as appropriate and with the parents' consent. Best practice would suggest the child's IFSP team participates, to the extent possible.

If a local school district representative and/or designee is unable to attend a scheduled transition conference and rescheduling will jeopardize compliance with the required timeline, the transition conference should proceed without local school district representation.

## early steps

### **How to Use this Information**

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



## early steps

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

#### Purpose

##### **This section of the IFSP**

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

#### Process

Minimally, the IFSP must be reviewed at least every 6-months from the date the initial or annual IFSP is written, or more frequently if conditions warrant, or if the family requests such a review. A periodic review is intended to review the entire plan with the family to address:

- the degree in which progress toward achieving the outcomes is being made
- whether or not additional needs have been identified based on ongoing assessment/observation

#### Resource Post-it #2

##### **Who conducts periodic reviews?**

1. The parent or parents of the child.
2. Other family members, as requested by the parent, if feasible to do so;
3. An advocate or person outside of the family, if the parent requests that the person participate.
4. The Service Coordinator who has been working with the family since the initial referral of the child for evaluation, or who has been designated by the public agency to be responsible for implementation of the IFSP.

If conditions warrant, provisions must be made for the participation of

1. A person or persons directly involved in conducting the evaluations and assessments
2. As appropriate, persons who will be providing services to the child or family.

The review may be carried out by a meeting or by another means that is acceptable to the parents and other participants.

IDEA, Part C Regulations, 34 CFR, 303.342-3.

## early steps

- whether or not modification or revision of the outcomes or services is necessary

### Instructions for Completing Form J

#### Periodic Review of the IFSP

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

**Date Reviewed:** Enter the date of review.

**Describe progress toward achieving the outcome.** This is where the team reviews progress on the outcome from the perspective of those involved and a brief statement of progress is written. As a result of this discussion, one of the following boxes is checked:

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

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

#### Resource Post-it #13

##### When Do You Modify Outcome Strategies?

When they

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

## early steps

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

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

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

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

### Team Member Signatures

**Print Name/Credentials:** Enter the name and credentials of each team member participating in the review.

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

## early steps



**Note:** If the IFSP is being used as the Plan of Care, the signature of the Licensed Healthcare Professional who prepares and reviews the IFSP must be included. For a Medicaid eligible child who is receiving early intervention sessions from an ITDS, it must be signed by the appropriate Licensed Healthcare Professional and the ITDS for whom they are providing support and direction. If the Medicaid/Early Steps Plan of Care form is being used, these signatures must be documented on that form.

### How to Use this Information

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