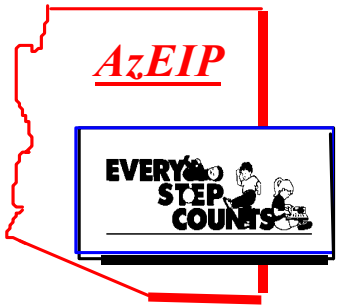

Arizona Early Intervention Program
www.de.state.az.us/azeip

Individualized Family Service Plan (IFSP)

IFSP Guidance Document

March 2003

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THE ARIZONA EARLY INTERVENTION PROGRAM

The mission of the Arizona Early Intervention Program is to enhance the capacity of families to support their infants and toddlers with delays or disabilities to thrive in their homes and communities.

A Case for Change: AzEIP's emerging role in the lives of children, families and communities

Development is an integrated process that is shaped by the dynamic and continuous interaction between biology and experience (Shonkoff and Phillips, 2000). Early childhood research overwhelmingly indicates that development is a highly integrated process, rather than a series of discrete, sequential steps, and that children's learning about themselves and the world around them occurs within the context of their everyday interactions, routines, and activities. Children's developmental processes impact how they interact with and function in their family and community life.

The Arizona Early Intervention Program (AzEIP) must consider if and how the early intervention structure and models of service delivery, AzEIP philosophy, policy and implementation practices align with the emerging understanding of child development and the importance of family and community on children's success and well-being. The AzEIP community must consider traditional definitions of the role of early intervention and its relevance to the future well-being, happiness, and independence of families and their children as they grow into adulthood. This challenge to reflect on and redefine our role has been the impetus for AzEIP to establish the following guidelines, which will guide all aspects of planning, designing, implementing, and evaluating AzEIP.

- AzEIP must both understand (i.e., assessment) and support (i.e., intervention) 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, AzEIP will not promote the provision of early intervention supports/services in a manner that understands and supports development as a series of discrete, domain-specific steps, unaffected by the child's relationships, environment, and overall development.

- Families and other caregivers are the primary learners, rather than the child (Shelden and Rush, 2001). The role of AzEIP is to support and enhance the confidence and competence of the family and caregivers to promote the child's (1) engagement/participation in family and community life, (2) independence, (3) social relationships, and (4) growth and development.

- The role of service providers as defined in CFR 303.12 (c) is (1) consulting with parents, other service providers, and representatives of appropriate community agencies to ensure the effective provision of supports/services in that area; (2) educating parents and others regarding the provision of those supports/services; and (3) participating in the multidisciplinary team's assessment of a child and the child's family, and in the development of integrated goals and outcomes for the Individualized Family Service Plan. Direct, hands-on work with the child is appropriate as a way of demonstrating intervention strategies to the child's caregiver and assessing if the strategies work. It should not constitute a primary mode of delivery of intervention supports/services.

- Decisions about early intervention supports/services (i.e., type, frequency, etc.) are based primarily on the caregiver's resources (e.g., the caregiver's confidence in supporting the child's attainment of an outcome), rather than solely on the characteristics of the child.

Family-Centered Individualized Family Service Plan (IFSP) Team Process

Philosophy

AzEIP 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 Service Plan (IFSP) guides and documents this discovery process and ensures that the role of AzEIP 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. The team's shared knowledge and understanding of the family's outcomes, existing resources, and the child's strengths and interests form the basis for the discussion and determination of supports and services that will support the achievement of the identified outcomes.

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

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. Strategies for promoting a child's development and participation are integrated into the family's daily activities and routines and become the foundation for ongoing discussion and interaction with family members and other care providers.

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 must recognize and 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 based on team decision-making. The family's resources, priorities, concerns, interests and desired outcomes inform the team's discussion of appropriate supports and services that will assist the family within the context of its own values and priorities.

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 desired outcomes, which describe how and/or what they expect as a result of early intervention, and guide the direction and scope of the discussion related to their resources, priorities, concerns and interests, 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.

Interactive, Integrated Teams

When a family enters the AzEIP system, they form a partnership with professionals, who will facilitate the initial planning process. Once the child is determined to be eligible, the IFSP team is formed. The parent(s) and the family's Service Coordinator (SC) 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 result is the development of meaningful, functional child and family outcomes, and the identification of strategies and services necessary to support the caregiver(s) to facilitate attainment of the outcomes.

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. The family also uses their conversations with and observations of the professionals to form ideas.

All team members (professionals and family members) work together to develop the IFSP, reviewing what they have learned to develop and prioritize outcomes. The team then identifies strategies, activities, and supports that will result in achievement of the 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.

Essential components of an effective IFSP team are commitment, collaboration, and communication. Collaboration is fostered through communication that is open, honest, respectful, and direct. Clear expectations and common understandings are necessary for all team members to work toward the same outcomes.

Jasmine's Story

On March 25, 2002, Michelle Smith, a representative from the Arizona Early Intervention Program, received a call from Sara Jacob. Sara was calling about her seven month old daughter, Jasmine. She told Michelle that she had just come from an appointment with Dr. Hatton, a pediatric ophthalmologist, who had referred Jasmine to AzEIP. Mrs. Jacob told Michelle that Jasmine had been diagnosed with Peter's Anomaly when she was about one month old, and had since been through several surgeries related to her eye condition. Sara went on to say that she wanted more information about Peter's Anomaly, and wanted to know just how much Jasmine could actually see. She said she wasn't necessarily interested in receiving any services; she just wanted to learn more about how to help her daughter.

Michelle reflected that it sounded like Sara was eager to learn more about her daughter's eye condition and what impact it has had on her vision and her development. She offered to have Amy Martin, a pediatric vision and development specialist with Arizona State Schools for the Deaf and the Blind, contact Sara to begin to address her questions and interests about Jasmine's eye condition and vision skills. Sara said that she would like the vision specialist to call her and asked how long it might take her to get the call. Michelle said that she should hear from the vision specialist within two days.

Based on the information she received from Michelle Smith, Amy Martin called Sara Jacob the next day and they discussed in more detail some of Sara's questions and interests. Amy offered to come out to meet Sara and her family, and to bring information about Peter's Anomaly and to gather more information from Sara about Jasmine and their family. Sara thought that was a great idea and they set up a home visit for March 28th at 10:00 a.m., a time convenient for their family. Amy prepared for her visit with Sara and her family by gathering information about Peter's Anomaly to review and leave with the family.

Amy Martin arrived at the Jacobs' home on the day of their appointment and greeted Sara, Jasmine, and Jasmine's three year old brother, Glenn. Amy and Sara sat down on the floor in the family room next to Jasmine, who was lying on her back, happily chewing on her fingers. Glenn was sitting on the floor next to his sister, playing with Legos. Amy thanked Sara for inviting her into the Jacob's home, and offered to share the information she had gathered about Peter's Anomaly. Amy went over the information with Sara and answered the many questions Sara had about the diagnosis and tried to address her concerns as they were shared.

Amy then asked Sara whether she had other questions, or topics she wanted to discuss. Sara began by expressing concern that Jasmine's corneal transplant might not work. She said that because of the cataract surgery and corneal implants, Jasmine had been experiencing high intra-ocular pressure, which could cause glaucoma and further damage Jasmine's eyes, resulting in permanent vision loss. Sara explained that Jasmine is currently taking two medications for her eyes:

one to keep the inflammation down, and the other to reduce the risk of severe eye pressure, and Sara told Amy how overwhelming it all could be.

The women were interrupted as Jasmine squealed happily, and rolled over onto her tummy. Sara reached over and put Jasmine's toy carousel right in front of her. Jasmine lifted her head and shoulders up while putting some weight on her hands to push herself up, so she could watch the revolving carousel. She was only able to push herself up for a very short period. Amy commented on Jasmine's attention to the light and movement, and her attempts to push herself up so she could look at the carousel at eye level. Sara remarked that the carousel was one of Jasmine's favorite toys, and wondered aloud if Jasmine could actually see the plaything beyond its bright lights and movement.

Amy suggested that it would be helpful to learn more about Jasmine's daily routines, interests, and activities, to be able to discern more about how Jasmine uses her vision throughout the day, and how her vision impacts her development. Sara responded that most of Jasmine's day is spent at home with the family. While Sara has tried establishing some routines, it has been difficult. Jasmine has had several surgeries, and often has several doctors' appointments per week, resulting in great amounts of time spent in the car traveling to and from appointments. Sara expressed a desire for Jasmine to be more independent so they would not have to hold her all the time. Amy commented that it seems like Sara's schedule is very busy, and Sara replied with an audible sigh and a nod, remarking on how stressful it has been waiting to see if the corneal implant would be successful.

Amy asked Sara what she meant by "independent". Sara said that she wants Jasmine to be able to sit by herself, hold her own bottle, recognize Sara and her husband when they are in the room, and to be able to grasp toys that are in her crib so she can entertain herself for awhile. Sara revealed that she was beginning to worry for Jasmine's safety, as Jasmine approaches the time when she will begin to walk. Sara had many questions. "Will she fall down when she begins to walk and cannot see in front of her? Will she develop normally without being able to see everything? What will the future be like? How will she be able to go to school? Will she be a normal teenager, able to drive?" Amy nodded understandingly and said, "It sounds like you have a lot of questions about Jasmine's vision – now and in the future – and about how it might affect her life."

Amy asked Sara how the rest of a typical day in the Jacob household goes. Sara stressed that having meals together is an important part of the family's routine. Jasmine sits in her highchair with a blanket rolled up behind her. While she has recently started to reach for her bottle and for other objects, she does not do it consistently. Often, after meals, Jasmine plays on the floor. She loves playing with her Dad, her brother, and the family dog. Sara shared that Jasmine especially loves toys that make music and light up, like the carousel, which is by far, her favorite toy. Jasmine loves chewing on toys, especially her purple rattle, her teddy bear, and her thick blanket. She often takes a nap in the morning, and again in the afternoon, after her playtime. Her naps generally last about one and one half hours. Sara moved to the rocking chair,

reached for Jasmine and lifted her up onto her lap. As she rocked, she held Jasmine and gave her a bottle. She commented that while Jasmine is able to hold the bottle for short periods, she couldn't hold it up high enough to drink from it herself. When Jasmine is in her car seat, her mom rolls a little blanket up under her chin to help her hold up her bottle up.

Sara told Amy how Jasmine loves to play next to her brother, and always enjoys some time playing with her father when he gets home from work. Sara said that Jasmine seems to see them best when they play with her up close to her face. Jasmine's dad, Jeff, always finds time to play peek-a-boo for at least a few minutes before he gives Jasmine her bath, which she has recently begun to enjoy. Jasmine's brother, Glenn, has a lot of bath toys that he loves to play with. Jeff puts them in the bath with Jasmine but she doesn't seem to notice them. Sara said she wished Jasmine would pat them and splash with them like her brother did at this age. After her bath, Jasmine is often in bed by 8:00 p.m., and sleeps for at least ten hours. Sara reflected that she has Jasmine has always been able to put herself to sleep.

Thinking about Sara, Amy commented on how busy their schedule is with all the doctor appointments. She asked Sara what supports she had, like other family members, friends, or church that she could depend on when she needed something. Sara responded that Jasmine's grandparents live close by, and provide support by being available to baby-sit. In fact, Jasmine's grandmother watches her every Wednesday morning. Sara is in touch with a close friend from high school, but doesn't have a lot of time to spend socializing with her; however, they do try to get together because their children are close in age and they want them to be friends. Sara said she worries about Jasmine because she does not seem interested in her friend's baby who is just a month younger than her; Sara thought that babies were naturally attracted to each other.

Jasmine began to cry, and Sara picked her up and put her in her lap again. At that, Jasmine stopped crying, and was able to hold herself upright for a few seconds, but then needed to lean against Sara for support. Jasmine yawned loudly, and looked like she might be ready for her nap. Amy commented that Jasmine looked sleepy, and Sara confirmed that naptime was approaching. Amy took a minute to summarize much of the conversation that had taken place during the visit. She suggested that together they think of some possible next steps. Sara said that she really wanted to find out what Jasmine could actually see and figure out how to help Jasmine sit independently, especially in her highchair. Sara said she wasn't as concerned about Jasmine holding the bottle because she has been holding it for longer periods. By far, the most important issue for Sara at this point, however, is learning how to help Jasmine use and develop her vision, and waiting to see if the corneal implants are successful.

Amy offered to make another home visit so that they could complete a functional vision assessment, and explained what this is. Amy also suggested that she bring along a physical therapist to help address the questions and interests around sitting. Sara said she felt like this was the direction she wanted to go and the two scheduled another visit. Amy asked Sara if there was anyone else she wanted to be here when she comes back with the physical therapist. Sara said that her husband would be home that day, and she would like to invite her mom to come over as well.

IFSP COVER PAGE

THE INTENT/PURPOSE OF THIS PAGE:

- To document information required for Part C
- To document important demographic information of the child and family
- To document information required for the participating AzEIP agencies
- To transform the Initial Planning Process packet into an IFSP after a child has been determined eligible for AzEIP

TIPS FOR COMPLETING THIS PAGE:

1. This page is a required component of all IFSPs. This is the cover page for the child and family's IFSP. In the case of children who are just entering the early intervention system, this page is completed and added to the Initial Planning Process document after the child has been found to be AzEIP eligible.

2. Try to gather all the information to complete this page; however, not all of the information is applicable to all families. For example, a family eligible for ASDB only will not have an ASSIST ID number (DDD).

3. Use the *Transition Conference held by* _____ as a reminder to begin discussing the transition process with families when they enter the early intervention system and throughout their participation in the program.

Related Legal Requirements:
Individuals with Disabilities Education Act (IDEA)
Early Intervention Program for Infants and Toddlers with Disabilities (Part C)
34 CFR §303.344(g) Content of an IFSP, Service Coordinator
The IFSP must include the name of the Service Coordinator from the profession most immediately relevant to the child's or family's needs (or who is otherwise qualified to carry out all applicable responsibilities under this part), who will be responsible for the implementation of the IFSP and coordination with other agencies and persons.

AzEIP

EVERY STEP COUNTS

Arizona Early Intervention Program

Individualized Family Service Plan (IFSP)

Name *Jasmine Jacob* Birth date *August 5, 2001* Today's Date *April 15, 2002*

Responsible Person(s) *Sara and Jeff Jacob* Relationship *Parents*

Address *123 Cienega Way* (Street) *Green Valley, AZ* (City) *88888* (Zip code) Phone *555-555-5555*

Foster Care N x Y _____ ACYF _____ DDD _____ Language of the home *English* Child *English*

Child's Social Security # *555-55-5555* ASSISTS ID#_____ AHCCCS ID# _____

Arizona Long Term Care (ALTCS) Eligible Y_____ N _____ Insurance (TPL) Y x N _____

Insurance Company Name *Century* Group # *5555555555*

Name of Insured *Jeff Jacob* Insured Id # *5555555555-2*

Health Plan *Century* Primary Care Physician (PCP) *Dr. Joan Smith*

Address of PCP *100 E. Fib Blvd., Green Valley AZ 88888* Phone *555-555-5555*

Primary Agency *ASDB* Phone *555-222-2222*

Service Coordinator *Amy Martin* Phone *555-111-1111*

x Initial IFSP _____6 mos. _____Annual _____Other School Dist. *Sunnyslope*

Transition Conference Date: 2-5-03

AzEIP INITIAL PLANNING PROCESS

CHILD AND FAMILY PAGE

THE INTENT/PURPOSE OF THIS PAGE:

- To document important demographic information of the child and family during the initial planning process, before the child has been found to be eligible for early intervention services
- To document information related to the referral to AzEIP
- To document information required for Part C

TIPS FOR COMPLETING THIS PAGE:

1. If this not an initial IFSP, this page need not be completed.
2. Complete this page through conversation rather than an interview. The Interim Service Coordinator follows the family's lead as this conversation takes place.
3. Try to gather all the information to complete this page; however, not all of the information is applicable to all families. For example, not all children have a legal guardian different from the Parent.

Related Legal Requirements:
Individuals with Disabilities Education Act (IDEA) Early Intervention Program for Infants and Toddlers with Disabilities (Part C)
34 CFR § 303.322 Evaluation and Assessment; (d) Family Assessment
(1) Family assessment…must be family-directed and designed to determine…the identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs of the child.
(2) Any assessment that is conducted must be voluntary on the part of the family.
(3) If an assessment of the family is carried out it must--
…(ii) Be based on information provided by the family through a personal interview…

AzEIP Initial Planning Process
Child and Family

Child's Name ___*Jasmine Jacob*_____ Birth date _*August 5, 2001*__Today's Date____*March 28, 2002*_____

Nickname/AKA___*Jazzy*_____ Social Security # _____*555-55-5555*_____ Gender __*Girl*_____

Address ____*Green Valley, AZ*_____ Phone__*555-555-5555*_ School Dist. __*Sunnyslope*_____

Ethnicity __*Anglo*_____ Language of the home ___*English*_____ Child ____*English*_____

Tribe __N/A_____ Reservation _____

Parents			Other children and adults in home		
Name	*Sara Jacob*	*Jeff Jacob*	Name	Relationship	Birth Date
Relationship to Child	*Mother*	*Father*	*Glenn*	*brother*	*2-23-1998*
Date of Birth	*08-01-66*	*03-29-65*			
Message Phone					
Work Phone	*555-555-5555*	*555-555-5555*			
Social Security No.	*555-55-5555*	*555-55-5555*			
Occupation	*Homemaker*	*Sales*			

Legal Guardian (if different from above)		Emergency Contact
Name		Name *Giselle Jones*
Address		Address *456 Triple Play, Green Valley 88888*
Phone Number	Relationship	Phone Number *555-222-3333*

Directions to Home: *South on Main to Nova, right on Nova to Cienega, left on Cienega*.

Referral Date __*March 25, 2002*_____ Referral Source _*Dr. Hatton*____ Referral Source Phone Number __*555-5555*_____

Persons completing this form: *Sara Jacob, Amy Martin*

DAILY ROUTINES, ACTIVITIES AND INTERACTIONS PAGE

The Intent/Purpose of This Page:

- The Daily Routines and Family Resources pages reflect our commitment to the principles that child development is an integrated process, and that development occurs in the context of relationships with families and family routines.
- To gather a picture of the family's day-to-day routines, and activities, including environments (e.g., park, kitchen); routines in the daily schedule (e.g.,. bath, dinner); activities and toys (e.g., blowing bubbles with pipe cleaners); and interactions (e.g., loves to play with big brother) the child enjoys. It is also important to get a sense of what routines, activities, and interactions might be challenging.
- To learn about the life of the family in order to understand the child within the context of the family
- To help the family and the team members (ISC) begin to talk about the **Family Resources, Priorities, Concerns and Interests**.
- To gather information about the child's current development within the context of the daily routines, activities and interactions.
- To have information to share with other team members in preparation for conducting the evaluation/assessment of the child.
- To guide the development of family desired outcomes (in conjunction with **Family Resources, Priorities, Concerns and Interests** page);
- To assist in choosing ideas/activities to support the child and family participation in routines and activities.

TIPS FOR COMPLETING THIS PAGE

1. This page is a required component of all IFSPs.

2. Support the family in sharing as much information as they wish.

3. Assure families that there will be additional opportunities to share this type of information with the team members.

4. Share information with team members so they know what is important to the family and how the child and family spend their days.

4. Think about how this information you gather relates to the **Family Resources, Priorities, Concerns, Interests** and **Child's Present Levels of Development.**

5. Include the information from this page in the integrated **Summary of Child's Present Levels of Development**.

6. Use the routines, activities and interactions recorded on this page to develop **outcomes and strategies or activities to support the family in achieving the outcomes** (including ideas, people and environments, etc.).

7. Complete this page through conversation rather than an interview. Follow the family's lead as this conversation takes place.

8. Work with the family to update the information contained on this page and to share this updated information with other team members.

9. Date any additions or revisions to the information.

REMEMBER:

- During the initial planning process, Information that was initially recorded on this page may need to be revised by the time the IFSP is developed. As the family becomes more familiar with the early intervention process and receives more information, both about their child's development and how early intervention works, they may choose to include different information on the IFSP than the information shared during the initial visit.

- Some families have a hard time thinking about a "typical day" and may feel more comfortable simply describing the activities they've done that day. Other families may be most comfortable telling their story in a particular sequence, e.g., "We get up at 7:00 each day, have breakfast, get dressed, etc.". Some families are very focused on the story of the child's birth, diagnosis or recent hospitalization.

- Daily routines are only one piece of information; family rituals, celebrations, etc. that are important to the family are also possible areas for supporting families.

- As with other information included on the IFSP, **Daily Routines, Activities, and Interactions** are likely to change over time. It is important that the Service/Support Coordinator and/or other members of the IFSP team continue to listen as

families share more of their stories. Through ongoing conversations and observations, it may become apparent that daily routines, activities, interactions, important activity settings and people have changed.

- If new information is added to this section after the IFSP meeting, include the date the information is added, and ask the parents to initial the changes. The service coordinator is responsible for sharing the update with other IFSP team members.

- If changes in the daily routines, activities or interactions impact the identified outcomes or supports and services, and revision, modification, deletion or addition of an outcome is considered, refer to page 34for directions.

Related Legal Requirements:
Individuals with Disabilities Education Act (IDEA), Early Intervention Program for Infants and Toddlers with Disabilities (Part C)
34 CFR §303.12 Early Intervention Services, (b) Natural environments
To the maximum extent appropriate to the needs of the child, early intervention services must be provided in natural environments, including the home and community settings in which children without disabilities participate.

Daily Routines, Activities and Interactions

Date	Describe a typical day with your child. What activities/routines is your child/family involved in? Where/with whom does your child spend time? How often/how much time (day/evening/weekend/frequency)?
	(The following information was gathered during the initial home visit through interview and observation.)
3/ 28	*Jasmine spends most of her time at home with her mother and brother during the work week, her father works during the week. The family has somewhat of a routine, but it is not always easy to follow as Jasmine has had several operations, and has two to four doctor appointments per week, which keeps the family busy. Jasmine spends a lot of time in the car with her mother and brother.* *The family always eats meals together. During mealtimes, Jasmine sits in her high chair with blankets rolled up behind her and on her sides. She loves to eat and is primarily eating baby food. She is just beginning to put food in her mouth when someone puts it into her hand.* *She is beginning to hold her bottle for a few seconds. She does better holding her bottle when she is in her car seat.* *Jasmine plays on the floor in the morning after breakfast and sometimes in the afternoon. She enjoys chewing on her toys and loves her musical carousel. During time on the floor, Jasmine rolls over from her back to her tummy and from her tummy to her back. She is interested in toys with bright lights and noises. She stays interested longer when the toys and/or people are close to her face.* *Jasmine naps once in the morning and once in the afternoon for about one and a half hours each time. Typically, her mom will hold her in the rocking chair and give her a bottle before putting her down to sleep. She generally goes to bed after her evening bath about 8:00 p.m. She is able to put herself to sleep and stays asleep for almost 10 hours at night. Her mom said she wished that Jasmine could grasp her toys in her crib so that she could entertain herself for awhile after she wakes up in the morning and after her naps.* *When her father gets home from work, Jasmine enjoys sitting in his lap. She tries to sit by herself when he holds her, but she still needs help. She loves it when he puts his face real close to hers. She has just started to put her hands on his face to feel it.* *Jasmine's grandmother watches her in the mornings on Wednesday so Sara can run errands.*

Date	Describe the people, toys, activities, routines and places your child enjoys most.	Date	Describe the people, toys, activities and places your child is most frustrated by.
3/28	*Jasmine enjoys playing with her mother father and her brother, especially when they get close to her face. Jasmine likes the family dog, a Dalmation. She enjoys toys that make music and light up. She enjoys chewing on her toys. Her favorite toys are her carousel box, teddy bear, thick blanket, purple rattle and music*		*Jasmine is having a hard time sitting by herself, grasping toys and holding on to hold her bottle for long periods of time.*

Date	*Are there activities or routines that your family is interested in doing now, but are not because of your child's special needs? Are there future activities or routines that your family is interested in planning for (for example a family trip, play group, attending a baseball game and you wonder how your child's special needs will be met? If so, please describe.*
3/28	

FAMILY RESOURCES, PRIORITIES, CONCERNS AND INTERESTS PAGE

The Intent/Purpose of This Page:

- To extend the conversation about the child's daily routines, activities, and interactions.
- To discuss what is important to the family and what resources and supports they have in their life.
- To develop a better sense of what the family is interested in to support their child's development and participation in family and community life.
- To guide the IFSP process.

TIPS FOR COMPLETING THIS PAGE

1. This page is a required component of all IFSPs.

2. Tell the family that only information that they want included will be written on the IFSP.

3. Listen carefully as you have conversations with families. They share a lot of information about their day-to-day lives with their children, what's important to them, who they call upon for support and what they might want help with. Often, this information is not shared directly as a result of any specific questions or forms. Instead, families are more likely to tell us their stories in bits and pieces over time. Our challenge, especially during the first 45 days of our relationship with a family, is to listen carefully to their story. Active listening involves carefully hearing what the family is sharing with us, and asking questions that help to assure that we have a clear understanding of what they want included on the IFSP.

4. Some examples are listed at the top of each column. These examples may be used as a way to begin conversations with families. The information in this section will be useful for planning the evaluation and developing the IFSP if descriptions are included. For example, "Jasmine's aunt (Mom's sister) lives too far away to see very often, but offers a lot of support over the telephone." and "We don't go to any one church regularly, but I know that if we really needed help, people from my parents' church would pitch in."

5. Share this information with team members. This information, along with the Daily Routines, Activities, and Interactions page, assists the planning of an individualized evaluation and assessment of the child's development.

6. Share the information with the IFSP team to guide their planning of supports/services with the family. Keep the information current and share it with team members. Date any additions or revisions to the information.

REMEMBER:

- The discussion and documentation of family resources, priorities, concerns and interests is ongoing and will begin with initial contacts with the family. It will likely become more detailed as the family's relationship with the other IFSP team members develops over time. On the **Family Resources, Priorities, Concerns and Interests** page the Interim Service Coordinator begins the process of recording this information so that evaluators and other IFSP team members can use the information to guide their interactions with the child and family. Their **resources** may be their skills and supports, and/or it may be other family members, friends, and community. Their **priorities** are those things that are most important to them. Their **concerns** could be their worries and what they want to work on.

- On the IFSP we want to get a picture of what is important to the family at that point in time. This information is needed so that the other members of the team can develop a plan that truly meets the family's priorities and needs. This plan should relate to enhancing their capacity to promote the growth and development of their child.

- The development of infants and toddlers can best be understood in the context of their relationships, daily routines, and interactions with their families and other primary caregivers. We know that early development is strongly influenced by these factors. In order to provide meaningful and useful information to the family and other members of the IFSP team, the evaluators' interpretations of developmental findings must consider the context of these factors as well.

- Clear documentation of the family's **Daily Routines, Activities, and Interactions**, as well as their **Resources, Priorities, Concerns and Interests** will result in an IFSP that is more meaningful and useful to the family and other team members. Research has shown that when the family does not implement planned activities; it is often because the activities do not fit with their routines or are not important to them. (Bernheimer & Keogh 1995, Bruder & Dunst 1999).

- While it may be helpful to mention the examples listed at the top of the page, discussion of the information offered by the parents will provide the most useful information for evaluation and planning purposes. The clearer the documentation of the family's resources, priorities, concerns and interests, including examples or comments they offer, the more useful the information will be. For example, a family might say, "It is really important to us that we have quality time with each of our children. Sometimes I worry that we spend so much time focused on Jaime's health and other needs that we short-change his brother." This is important information that needs to be shared with other IFSP team members so that this priority can be taken into consideration and this concern addressed throughout the rest of the IFSP. Again, the lists are only intended as conversation starters and should in no way limit the information the family chooses to share with the team.

- As with other information included on the IFSP, family resources, priorities, concerns and interests are likely to change over time. It is important that the Service/Support Coordinator and/or other members of the IFSP team continue to listen as families share more of their stories. Through ongoing conversations and observations, it may become apparent that family resources, priorities, concerns and interests have changed. It is important to work with the family to update the information contained on this page and to share this updated information with pertinent team members.

- If new information is added to this section after the IFSP meeting, include the date the information is added, and ask the parents to initial the changes. The service coordinator is responsible for sharing the update with other IFSP team members.

- If changes in the daily routines, activities or interactions impact the identified outcomes or supports and services, and revision, modification, deletion or addition of an outcome is considered, refer to page 34for directions.

Related Legal Requirements:
Individuals with Disabilities Education Act (IDEA), Early Intervention Program for Infants and Toddlers with Disabilities (Part C)
34 CFR **§***303.322 Evaluation and assessment, (b) Definitions of evaluation and assessment*
…(2) Assessment means the ongoing procedures used by appropriate qualified personnel throughout the period of a child's eligibility to identify
(ii).The resources, priorities and concerns of the family and the supports and services necessary to enhance the family's capacity to meet the developmental needs of their infant or toddler with a disability.

34CFR **§***303.322 Evaluation and assessment, (d) Family Assessment*
(1) Family assessment must be family-directed and designed to determine the resources, priorities and concerns of the family and the identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs of the child.
(2) Any assessment that is conducted must be voluntary on the part of the family.
(3) If an assessment of the family is carried out, the assessment must –
(i) Be conducted by personnel trained to utilize appropriate methods and procedures;
(ii) Be based on information provided by the family through a personal interview; and
(iii) Incorporate the family's description of its resources, priorities and concerns related to enhancing the child's development.

34 CFR §303.344 Content of the IFSP (b) Family information.
With the concurrence of the family, the IFSP must include a statement of the family's resources, priorities and concerns related to enhancing the development of the child.

Family Resources, Priorities, Concerns and Interests

I want to know more about… *For example: meeting with other families who have similar concerns, ideas for involving other family members and friends; information about my child's disability.*	**I have questions/concerns about my child's…** *For example: feeding, calming, communication, movement, vision or hearing.*	**Resources that help our family…** *For example: relatives, friends, religious affiliations, community groups/agencies, playgroups and community events.*	**In addition to what you have already shared, is there anything else you would like to tell us that would be helpful in planning supports and services for your child and family?**
Date: *3/28 More information about Peter's Anomaly* *Jasmine's mom is very concerned that the corneal implant is not going to be successful.* *Wants to know how this vision problem will affect her life both now and in the future:* *When she starts to walk will she fall down because she can't see in front of her?* *4/6 Will Jasmine ever be able to drive?– how far away can she see now – how far will she be able to see when she gets older?* *Interested in meeting another family with a child who has Peter's Anomaly.*	Date: *3/28 Concerned that Jasmine is not sitting. Worried about her safety and that she isn't doing things by herself (like sitting).* *Jasmine is not holding her own bottle. Would like some ideas to help her do this by herself. Also ideas to help Jasmine reach and grasp toys.* *4/6 Right now she can see her dad and I up close but not when we walk into the room. We want her to be able to recognize us when we are in the room and we want her to see the dog running around outside.* *Would like ideas to help Jasmine do things by herself –play with toys especially when she is in her crib or the bathtub.* *Some concern that Jasmine is not social with other children who come to their home.*	Date: *3/28 Grandparents are close and provide support and babysitting.* *Mom has a friend from high school she still keeps in contact with.* *Have good doctors, medical care for Jasmine.* *4/6 Both parents feel they get a great amount of support from one another.* *Jasmine's aunt (Mom's sister) lives too far away to see very often, but offers a lot of support over the telephone.* *Family doesn't attend any one church regularly, but knows that if they really needed help, people from Sara's parents' church would pitch in.*	Date:

DEVELOPMENTAL HISTORY and OBSERVATIONS PAGE

THE INTENT/PURPOSE OF THIS PAGE

- To record information shared by parents and caregivers, of the child's developmental history and present status.
- To record observations of the child, related to the child's development, as part of the evaluation process.

TIPS FOR COMPLETING THIS PAGE

1. If this not an initial IFSP, this page need not be completed.

2. Complete this page through conversation rather than interview. Follow the family's lead as this conversation takes place. Ask general questions if necessary to gather further detail or to explore particular developmental areas.

3. Share this information with team members.

Related Legal Requirements:
Individuals with Disabilities Education Act (IDEA)
Early Intervention Program for Infants and Toddlers with Disabilities (Part C)
34 CFR § 303.322 Evaluation and assessment, (c) Evaluation and assessment of the child. The evaluation and assessment of each child must—
(3) Include the following:
(ii) An evaluation of the child's level of functioning in each of the following developmental areas:
(A) Cognitive development.
(B) Physical development, including vision and hearing.
(C) Communication development.
(D) Social or emotional development.
(E) Adaptive development.

34 CFR § 303.322. Evaluation and assessment; (d) Family assessment
(1) Family assessments…must be family-directed and designed to determine the…priorities and concerns…to meet the developmental needs of the child.
(2) Any assessment that is conducted must be voluntary on the part of the family.
(3) If an assessment of the family is carried out, the assessment must--
…(ii) Be based on information provided by the family through a personal interview.

34 CFR § 303.323 (d) No single procedure is used as the sole criterion for determining a child's eligibility …

Developmental History and Observations

Together we gather information about your child's development. This information is important in determining your child's eligibility for early intervention. If your child is eligible, this information will be important for development of a plan. Two important ways that we do this are through conversation about and observation of what your child can do, and how your child has developed over time. There are five general areas of development: communication, cognitive, physical, social or emotional, and adaptive and self-help.

Growing and gaining weight

Jasmine smiles and interacts playfully with her mother and brother. She seems to respond better when they are up close.

Smacks her lips and tongue to make noises.

Mom said that Jasmine does not respond when her name is called. They want her to respond to her nickname.

When Jasmine's mom was talking to me, Jasmine started making noises. Her mom said that she does this when she wants attention.

Rolls from back to front and front to back.

Needs some support when sitting. Can sit with a towel rolled up behind her and on each side when sitting in her high chair.

Lifts her head and shoulder off the ground when on her tummy.

Jasmine holds her bottle for short periods.

Does not yet grasp for toys.

Looks at toys for brief periods if they are held close to her face.

MEDICAL HISTORY/HEALTH PAGE

THE INTENT/PURPOSE OF THIS PAGE

- To document the child's health and medical history and present status. This information is an important part of the initial planning process and will be used by the team. By capturing and sharing this information with team members, the family can avoid retelling the information.
- This information is an important element of the evaluation and assessment process and is to be shared with team members.

TIPS FOR COMPLETING THIS PAGE

1. If this not an initial IFSP, this page need not be completed.

2. Complete this page through conversation rather than interview. Follow the family's lead as this conversation takes place.

3. Share the information from this initial home visit with other team members.

Related Legal Requirements:
Individuals with Disabilities Education Act (IDEA) Early Intervention Program for Infants and Toddlers with Disabilities (Part C)
34 CFR § 303.322) Evaluation and assessment, (c) Evaluation and assessment of the child.
The evaluation and assessment of each child must—
…(3) Include the following:
(i) A review of pertinent records related to the child's current health status and medical history.

Medical History/Health

Prenatal & Birth History ☒ Birth Child ☐ Adopted ☐ Foster

Pregnancy *Everything went very smoothly. No problems.*

Hospital where child was born: *St. Jude's* Length of Pregnancy (Weeks) *40 weeks* Birth Weight *8 lbs 12 oz*

Labor and delivery *Went into labor at home and went to the hospital after the contractions got to be 5 minutes apart and were very painful. Found out that Jasmine was in breach position. They tried to get her to turn around but she started to show signs of distress, so they did an emergency caesarian section. She was just fine once they delivered her. She cried right away and her color was great.*

Was your child in the intensive care nursery? (Where) *No* Length of hospital stay for your child *2 days*

Health Plan *Century* Primary Care Physician (PCP) *Dr. Joan Smith*

Address of PCP *100 E. Fib Blvd., Green Valley AZ 88888* Phone *555-555-5555*

Insurance Company Name *Century* Group # *555555555555*

Name of Insured *Jeff Jacob* Insured Id # *5555555555-2*

Other Doctors Currently Caring for Child:	Address & Phone	Specialty
Dr. Charles Hatton	*300 W. Orange Tree, Green Valley AZ 88888*	*Pediatric Ophthalmologist*
Dr. Soria Jones	*300. W. Orange Tree; Green Valley AZ 88888*	*Surgeon*
Dr. Benjamin Moore	*490 E. Third Street; Tucson AZ 88888*	*Geneticist*

Diagnoses? If yes, when? Does family agree with the diagnosis? *Peter's Anomaly at one month of age; family agrees*

Medical History/Health Continued

General Health *Very good* Immunizations Current? *Yes*

Health concerns such as allergies, ear infections? *None*

Has your child had any serious illnesses or accidents, prolonged fever, convulsions or seizures? *No*

How does your child eat? ☐ Breast fed ☒ Bottle ☐ Cup ☐ Spoon ☐ ng/g Tube ☐ Finger foods

Is your child growing and gaining weight? *Yes*

Is your child on a special diet or nutritional supplements? *No*

Is your child taking any medications? (list) *Pred Forte, Timoptic*

Has your child had a vision or hearing screening within the past 6 months? (include dates) *Passed Newborn Hearing Screening 8-5-01. Vision exam 9-01.*

Major Hospitalization:

Where	When	Reason
University Medical Center; Tucson	*10/3/01*	*Cataract removal*
University Medical Center; Tucson	*1/27/02*	*Corneal implants*

SUMMARY OF CHILD'S PRESENT LEVELS OF DEVELOPMENT PAGES

The Intent/Purpose of This Page:

- To provide the IFSP team with a meaningful and useful summary of what the child presently can do and is ready for or interested in doing next.

TIPS FOR COMPLETING THIS PAGE

1. This page is a required component of all IFSPs.

2. Use all information from conversations with families, observations of the child in his/her daily routines, other assessments, and medical reports to write the integrated summary.

3. Reflect information gathered on the **Development** page**, Daily Routines, Activities, and Interactions** page, and the **Family Resources, Priorities, Concerns and Interests** page in this summary.

4. Remember to include information on:
   - physical development, including vision, hearing, health, and nutritional status;
   - speaking and understanding (communication); for example: *How does your child use her/his voice and gestures to communicate? How does he/she show you that she/he understands what you are communicating to him/her?*
   - understanding and problem solving (cognitive), for example: *How does your child use his/her thinking skills to solve problems, such as how to get an object that is out of reach?*
   - social/emotional development; for example: *How does your child interact with other people, express and respond to emotion?*
   - using hands and body (gross and fine motor skills); for example: *How does your child use large muscles for activities like crawling, sitting and walking (gross motor)? How does your child use small muscles such as his/her eyes, lips, hands, and fingers (fine motor)?*
   - dressing, eating and toileting (self-help skills); for example: *How does your child do with sleeping, eating, dressing and using the toilet (self-help)?*

5. Indicate date and types of information used to develop this summary (family interview, play observation, formal assessments, and medical reports). Do not rewrite detailed evaluation information on the IFSP. Scores and /or age ranges are not an appropriate part of this description.

REMEMBER:

- Look through the Summary you have written. Some of the information you have gathered and included from a variety of sources (including family discussion, observation, medical and other records, completed evaluations and IPP pages 1 – 7) reflects the family's resources, priorities concerns, and interests. This information is the basis of the discussion for possible family and child Outcomes. Using Jasmine's example, your discussion might look like this*: "It was great to hear about all the things that Jasmine is doing. She certainly enjoys being around the family activity. I also understand your concern about her sitting independently, and wanting her to be a part of the activities when your family gets together. Let's talk more about that."* **Note - HERE IS YOUR POSSIBLE OUTCOME – GO TO THE OUTCOMES PAGE NOW.**

- Each item included in the summary will not necessarily result in an Outcome. It is useful to review each item with the family to guide your discussion.

- When it becomes apparent that significant developmental changes have occurred, it is important to work with the family to add to and date the information contained on this page and to share this updated information with other team members. If new information is added to this section after the IFSP meeting, include the date the information is added, and ask the parents to initial the changes. The service coordinator is responsible for sharing the update with other IFSP team members.

- If changes in the daily routines, activities or interactions impact the identified outcomes or supports and services, and revision, modification, deletion or addition of an outcome is considered, refer to page 34for directions.

***Related Legal Requirements*:**
Individuals with Disabilities Education Act (IDEA), Early Intervention Program for Infants and Toddlers with Disabilities (Part C)
34 CFR §303.344 Content of an IFSP, (a) Information about the child's status.
(1) The IFSP must include a statement of the child's present levels of physical development (including vision, hearing, and health status), cognitive development, communication development, social or emotional development, and adaptive development.
(2) The statement in paragraph (a)(1) of this section must be based on professionally acceptable objective criteria.
Note: Because the needs of infants and toddlers change so rapidly during the course of the year, certain evaluation procedures may need to be repeated before conducting the periodic reviews and annual evaluation meetings in paragraphs (b) and (c) of this section.

Summary of Child's Present Levels of Development

As we plan how to provide you and your child with supports/services, we prepare a summary of your child's health, growth and development. It is important for us to think about your child's vision, hearing, and nutritional status. Other information that might effect planning include birth history, additional diagnosis, medications, issues that might effect your child's performance, etc.. You have already helped us gather this information. Possible sources of information for this summary include conversations we have had with you, observations of your child in daily routines, formal assessments and medical reports.

Date April 15, 2002
Jasmine Jacob is currently 8 months old. She was born at 40 weeks by caesarian section in Phoenix, Arizona. She weighed 8 pounds 12 ounces. She did not require a long stay in the hospital and did not need any oxygen. [IPP Pg. 5] *About a month and a half after she was born, her family had concerns about her vision and she was referred to Dr. Charles Hatton, pediatric ophthalmologist. Jasmine was diagnosed with Peter's Anomaly, a fairly rare eye condition that has required surgery for cataracts, corneal transplants, and resulted in high intraocular pressures. Jasmine wears glasses at this time of +15.00 in both eyes. Her near visual acuity is 20/380.* [Family discussion] *Jasmine is given two medications for her eyes: Pred Forte as an anti-inflammatory and Timoptic to reduce the risk of severe eye pressure that could cause glaucoma (damage to the eye that would cause permanent vision loss).* [IPP pg. 5 and family discussion]

Jasmine must have toys and books held very close to her face and she enjoys looking at lights and toys with bright and high contrasting colors. [Family discussion and observation during home visit*]* *Her family would like her to play independently with toys, so they do not have to hold her all the time. They would also like her to be able to see toys in the water at bath time.* [IPP pg. 3] *Making sure the toys have bright colors or lights and music will be important.* [Completed evaluations and records obtained by team leader.]

Jasmine smiles and interacts playfully with her mother, father and her 3-year-old brother, Jeff if they are close to her face. [IPP pg. 2 & Observation] She does not smile at other people unless they are very close to her and she can see them. [Completed evaluations and family discussion and observation] Her family is concerned that she is not social with other children that come to their home because she does not see them. [IPP pg. 2,3] She is not yet responding to her name. Her family has a special nickname for her and would like her to become familiar with it. [IPP pg 2 and 3] She is vocalizing and making noises with her mouth, especially in response to noises that are made to her. She smacks her lips and uses her tongue to make noises. [Completed evaluation, family discussion & observation] She is not yet forming any sounds into words, but is able to get the attention of her family with various noises. [IPP pg 5 & 6]

Summary of Child's Present Levels of Development, continued

Jasmine is rolling over from back to front and front to back. She is not quite sitting independently. [IPP pg 2 and 3 and completed evaluations] *Her mother would like her to start sitting so she can put Jasmine in the high chair for family mealtime and be safer when taking her to gatherings at the home of friends.* [IPP pg 3*] She lifts her head and shoulders when on her tummy, especially when looking at her brother playing near her. She is holding her bottle for short periods of time and doing some grasping, but is not yet reaching for toys or her bottle, though she does look at the toys for brief periods if they are held close to her eyes.* [IPP pg 2,3, family discussion and observation & completed evaluations.] *Her family would like her to grasp toys that are in her crib.* [IPP pg 3]

Jasmine's family is encouraging her to independently hold her bottle, especially while in the car going to appointments and the store. [IPP pg 2,3, family discussion] *She is growing and gaining weight,* [IPP pg 5] *and the family is comfortable with her steady development.* [IPP pg 4] *Some of Jasmine's favorite activities are listening to her carousel box and music.* [IPP pg 6] *There are no concerns about her hearing and she passed the hearing screening (3/13/01).* [IPP pg 6] *Her other favorite toys are her Father, her thick blanket, a soft clothing outfit, and her purple rattle, which she takes to bed with her.* [IPP pg 2,3] *She also enjoys the family's Dalmatian dog (she can see those spots).* [Family discussion, completed evaluations and IPP pg 3] *The family is interested in information about Jasmine's eye condition and meeting another family with a child with Peter's Anomaly.* [IPP pg 3 & family discussion]

This information about Jasmine was gathered through discussions with Jasmine's mother and father, a developmental assessment (4/5/02), observation of Jasmine's play and a review of the medical records (8/01—2/02).

CHILD/FAMILY DESIRED CHANGE – OUTCOME #___ PAGES

The Intent/Purpose of This Page:

- To identify (discuss and develop) outcomes that offer early intervention which supports families and the well-being, development, learning and full participation of their children in their homes and communities.

TIPS FOR COMPLETING THIS PAGE

1. This page is a required component of all IFSPs.

2. Use all of the information on the previous pages of the IPP document (daily routines, activities and interactions; resources, priorities, concerns, and interests; summary of present level of development) to develop one or more outcome pages. Follow the *Jasmine* example.

3. Discuss with the family what they would like to have happen for themselves and/or their child.

4. When completing the Outcome, use the words of the family. See the *Jasmine* example.

5. **The provision of services, such as home visits, speech, occupational therapy, or physical therapy, is never an outcome; neither should ideas or activities be outcomes**. **Outcomes must be determined before supports/services are determined. All supports/services must be linked to an outcome.**

6. The ideas, activities, people, and environments/contexts are the method of support or service delivery.

7. The team's shared knowledge and understanding of the family's outcomes, existing resources, and the child's strengths form the basis for the discussion and determination of supports and services that will support the achievement of the identified outcomes.

8. Sometimes physicians write a prescription for therapy services that exceeds the amount being recommended by the rest of the team. The recommendation from each team member, including the physician, is considered in the decision-making process. No single team member has a unilateral decision-making authority. The therapy recommendation of the physician that are based on medical needs can be listed on Other Services.

REMEMBER:

- Sometimes, families make general statements about what they would like for themselves and/or their child. For example, Jasmine's parents might say, "We want Jasmine to play better." Using the information that the family has shared to get a clearer picture of what the family is hoping for, you might explore with them what Jasmine's current play looks like. After you discuss this with the family you may discover that they really want Jasmine to sit so she can play independently. The Outcome then becomes more clear. (See example on Outcome Page).

- When writing outcomes in the family's language it is not necessary to write down everything they say or the first words they share. Develop meaningful outcomes with the family with enough discussion that all team members understand what they are working towards and why it is important to the family.

- As the team works together to describe, "What is happening now related to this outcome?" it is important to use all available information to develop a complete description. What has the family already tried? Who and what have been helpful to them up to this point as they worked on this outcome? It is important to describe not only the developmental information, but also the activities, people, and situations related to this outcome.

- Most of the information that will be written in the Ideas and Activities/People/Natural Environments/Context sections should be linked to the **Daily Routines, Activities, and Interactions** page. The ideas and activities should also be appropriate to the child as described in the **Summary of Child's Present Levels of Development.** These sections call upon the IFSP team to begin to address the desired outcome by building on existing routines, interests and interactions.

- The ideas and activities should be in keeping with family priorities. For example, if Jasmine's family is worried about focusing attention on Jasmine at the expense of quality time for her brother, the ideas and activities will need to be things that help to address this issue and do not increase demands on the parents' time away from Jasmine's brother.

- People (who will teach, learn, do) might include the child's parents, child care provider, brothers or sisters, grandparents or other relatives, other people with whom the child regularly interacts in the community, or a service provider, such as an early interventionist, a service coordinator, a nutritionist, or a therapist. Often a combination of people will be helpful in teaching, learning and doing.

- Outcomes are developed in response to the family's resources, priorities and interests. **There does not need to be an outcome to address every area of delay**. Team members might suggest ideas and activities that enhance the child's

development in several areas while addressing the family's chosen outcome. For example, if a child has global delays and the parents' priority at this time is walking, the team may have ideas and activities that incorporate support of other areas of development while addressing walking.

- The IFSP should be linked to evaluation and assessment information, addressing the outcomes, using ideas and activities that are developmentally appropriate and individualized**, but not all recommended goals would result in outcomes**. **Outcomes must be determined before supports/services are determined. All supports/services must be linked to an outcome.**

- Based on the **Family's Resources, Priorities and Interests** and a review of the **Summary of Child's Present Levels of Development**, outcomes will be developed. Once the family has identified the outcomes for their child and family, the team develops 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 supports/services will be provided must occur only after the development of outcomes and strategies**. Supports/services that address the strategies are selected through a collaborative process between the parents and other team members and must be delivered as documented in the IFSP.

- Natural environments are not only locations, but settings, routines, activities and interactions.

WHAT TO DO IF CHANGES ARE NEEDED TO THE IFSP AT ANY TIME OTHER THAN REVIEWS OR ANNUAL EVALUATION OF THE IFSP

- Families may experience a variety of changes in their lives during the time they participate in early intervention, and may want support for these changes from the IFSP team. Changes such as the mother returning to school or work and the child entering a new childcare situation could be addressed through an IFSP outcome. Other examples include moving from hospital to home, and changes in the family, such as new siblings or a move.

- The service coordinator will ensure that the parents receive prior written notice indicating the purpose of the changes and the action being proposed.

- If the changes or updates to the IFSP impact the identified IFSP outcomes, the service/support coordinator is responsible for contacting the team member(s) directly involved in supporting the achievement of the outcome, to review whether changes or modifications to the outcome and/or the supports and services pages are needed. This review may be carried

out by a meeting or by another means acceptable to the family, such as phone discussions or conference calls, or home visits).

- If team members concur that changes or modifications to the existing outcome are necessary, or that a new outcome needs to be developed, the service coordinator will document the changes on the Outcome page. Be sure to include all necessary dates: the date of the review, the date the outcome was met, the date of any revision, and the date team members were informed of changes. The revision date must also be noted on the Team page.

- Parents indicate their approval of the changes by initializing and dating the changes on the IFSP.

- The service coordinator is responsible for ensuring that all team members receive a copy of changes to the IFSP. If any member of the team disagrees with the changes they can contact the service coordinator to convene an IFSP review with the full team.

- A formal review, including all team members, must be conducted every six months. The service coordinator is responsible for ensuring that all team members have the most up to date copy of the IFSP for review.

WHAT TO DO IF THE IFSP TEAM DISCOVERS THAT AN OUTCOME CANNOT BE MET IN A NATURAL ENVIRONMENT

The Individuals with Disabilities Education Act allows the team to choose to use other than natural environments only when the outcomes cannot be met providing supports/services in natural environments. In those few cases where the team decides that it is impossible to meet an outcome in natural environments, it will usually be after the program has attempted to achieve the outcome in a natural environment and it has not worked out.

The IFSP form requires a “justification for early intervention that cannot be achieved satisfactorily in a natural environment.” When documenting the justification on the IFSP team must follow these steps:

1. Explain how and why the IFSP team determined that the child’s outcome(s) could not be met if the support/service were provided in the child’s natural environment with supplementary supports provided. If the child has not made satisfactory progress toward an outcome in a natural environment, the explanation must include a description of why alternative natural environments have not been selected or why it is inappropriate to modify the outcome.

2. Explain how supports/services provided in this setting will be generalized to support the child's ability to function in his/her natural environment; and

3. **DEVELOP A PLAN, WITH TIMELINES AND THE SUPPORTS NECESSARY, TO ALLOW THE CHILD'S OUTCOME(S) TO BE SATISFACTORILY ACHIEVED IN HIS OR HER NATURAL ENVIRONMENTS.**

Related Legal Requirements
Individuals with Disabilities Education Act (IDEA), Early Intervention Program for Infants and Toddlers with Disabilities (Part C)
§303.12 Early Intervention Services (b) Natural environments.
To the maximum extent appropriate to the needs of the child, early intervention services must be provided in natural environments, including the home and community settings in which children without disabilities participate.

§ 303.18 Natural environments
As used in this part, natural environments means settings that are natural or normal for the child's age peers who have no disabilities.

§303.342 Procedures for IFSP development, review, and evaluation.
(b) Periodic review. (1) A review of the IFSP for a child and the child's family must be conducted every six months or more frequently if conditions warrant, or if the family requests such a review. The purpose of the periodic review is to determine—
(i) The degree to which progress toward achieving the outcomes is being made; and
(ii) Whether modification or revision of the outcomes or services is necessary.
(2) The review may be carried out by a meeting or by another means that is acceptable to the parents and other participants.
(c) Annual meeting to evaluate the IFSP. A meeting must be conducted on at least an annual basis to evaluate the IFSP for a child and the child's family, and, as appropriate, to revise its provisions. The results of any current evaluations conducted under Sec. 303.322 ©, and other information available from the ongoing assessment of the child and family, must be used in determining what services are needed and will be provided.

§303.344 *Content of an IFSP*
(b) Outcomes.
The IFSP must include a statement of the major outcomes expected to be achieved for the child and family, and the criteria, procedures, and timelines used to determine—
(1) The degree to which progress toward achieving the outcomes is being made; and
(2) Whether modifications or revisions of the outcomes or services are necessary
(d) Early intervention services
(1) The IFSP must include (ii) the natural environments …in which early intervention services will be provided, and a justification of the extent, if any, to which the services will not be provided in a natural environment;
(d) (2) (ii))Method means how a service is provided.

Child/Family Desired Outcome # _____

Date	What does your family want to see changed as a result of early intervention and how will we know we've made progress? (include timelines)
4/15	From our example with Jasmine, we know the family would like her to be able to sit at family activities. So we could write this outcome using the words of the family as follows: *Jasmine will be sitting in her high chair at our family activities. We would like her to be sitting independently by our big family reunion at Christmas.*

Date	What is happening now related to this outcome? (including child and/or family resources and concerns)
4/15	In this discussion the team uses the information gathered from all the sources, to include the activities, situations and people related to this outcome. *Jasmine is rolling over from her back to her tummy and from her tummy to her back (activity). She is trying to sit by herself when we put a blanket behind her (situation). She is also trying to sit by herself in her Daddy's lap (people).*

Date	Ideas/activities *(things we are /will do to make this happen)*	*People* *(who will teach, learn, do)*	Natural Environments *(places to learn/do)*
4/15	*- We want to use a "doughnut" pillow to encourage Jasmine to sit by herself (*family priority*)* *- We have a good highchair that we can take with us to family gatherings and it has a large tray that we can put toys on to keep Jasmine busy (*family routine*)* *- We want to try the safety "bath ring" that Jasmine's grandma gave to us (*resource—both the toy and the grandmother*)* *- At the family gatherings different people can hold Jasmine on their lap after we show them how to give her a little support and keep her safe. (*relate to family interactions*)*	*Mom, Dad, Brother* *Grandmother* *Other Family members and Friends* *Parent Advisor* Vision Specialist Physical Therapist	(Natural Environments are settings as well as locations) *Family Gatherings* (setting & location) *Mealtimes (*setting) *Bath times* (setting) *Grandma babysitting every Wednesday (*setting) *Christmas Family reunion* (location) *Library Toddler Story Time with Brother and neighbor* (location)

REVIEW/CHANGE DATES

_____ We will need to continue_____. _____ We have revised _____.

_____ Completed (reached our outcome). _____ Team members have been informed.

Natural Environments: Early Intervention services must be provided in natural environments (settings that are natural/typical for the child's age peers who have no disabilities) to the maximum extent appropriate, and can only be provided in settings other than natural environments when outcomes can't be achieved satisfactory in natural environments. IDEA requires justification to support the IFSP team decision that outcome/strategies cannot be achieved satisfactorily in natural environments.

1) Why outcomes/strategies cannot be achieved in natural environment.	2) How will intervention be generalized to the natural environment.	3) Plan/ timeline to move service into natural environment.

TRANSITION PLAN AND TIMELINE PAGES

The Intent/Purpose of This Page:

- To outline the responsibilities of the family, Service/Support Coordinator and school district as the child and family transition out of early intervention.

TIPS FOR COMPLETING THIS PAGE

1. This page is a required component of all IFSPs.

2. Discuss transition at the beginning of the child and family's relationship with the early intervention system and throughout their participation in the program. Document the discussions on the **Transition Plan and Timeline** pages during the initial IFSP meeting, the six month reviews, and annual IFSP meetings.

3. Provide verbal support and written information about various programs in the community, including public school system.

4. Obtain parental consent forms to release records to public schools; or to other public, private, or community programs.

REMEMBER:

- The child and family may be exiting the early intervention program with no need for continued special supports/services.
- The Service/Support Coordinator's responsibilities are:
  - ⇨ To call the Local Education Agency (LEA) to schedule the transition conference.
  - ⇨ To gather the information required by the specific school district, and compile a packet for the transition conference.
  - ⇨ To accompany the family to the Transition Planning Conference.
  - ⇨ To arrange and offer to accompany the family on visits to public school program sites.
  - ⇨ To participate in the IEP meeting to support the family as they discuss educational planning and ongoing service needs.
  - ⇨ To support the family in their choices.
  - ⇨ To provide the family with needed records, phone numbers, literature, etc.

- The goal for successful Transition Planning is for the family to feel that they have made an informed choice.

Related Legal Requirements:
Individuals with Disabilities Education Act (IDEA), Early Intervention Program for Infants and Toddlers with Disabilities (Part C)
Sec. §303.344(h) Content of an IFSP, Transition from part C services.

(1) The IFSP must include the steps to be taken to support the transition of the child, in accordance with Sec.303.148, to—
- *(i) Preschool services under Part B of the Act, to the extent that those services are appropriate; or*
- *(ii) Other services that may be available, if appropriate.*

(2) The steps required in paragraph (h)(1) of this section include—
- *(i) Discussions with, and training of, parents regarding future placements and other matters related to the child's transition;*
- *(ii) Procedures to prepare the child for changes in service delivery, including steps to help the child to adjust to, and function in, a new setting; and*

With parental consent, the transmission of information about the child to the local education agency, to ensure continuity of services, including evaluation and assessment information required in Sec. 303.322 and copies of IFSPs that have been developed and implemented in accordance with §§303.340 through 303.346."

Transition Plan and Timeline

Individual Transition Plan for:_____ **Date:**_____

Transition Event	A Closer Look	Timeline	Date Achieved
Parents informed of available programs and services available after a child's third birthday.	Programs may include: community preschool/daycare, Head Start, school district preschool, etc. Family encouraged to brainstorm questions regarding transition process.	Throughout enrollment in AzEIP	
Sign releases of information.	A release of information is required to share records between programs. **SC is the facilitator and provides records required by PS district, LEA provides information on educational preschool options & eligibility requirements, Procedural Safeguards and other assessment needs.*	At or before the transition conference	
Transition Planning Conference.	Transition Planning Conference District Representative is invited to describe various program options, answer questions and share records when necessary.	3-6 months prior to child's 3rd birthday	

Transition Plan and Timeline continued

Transition Event	A Closer Look	Timeline	Date Achieved
Offer visits to program option sites.	Visits to program sites should be arranged with the family by district representative.	3-6 months prior to child's 3rd birthday	
Multidisciplinary Evaluation Team explains results of the assessment and Procedural Safeguards.	Eligibility or non-eligibility for public school determined. If eligible, family makes decision whether or not to choose public school.	By child's 3rd birthday	
If program other than Public School is chosen by family, referral made to appropriate community program(s).	Other referrals may also be made at this time, but procedures may vary. Service coordinator and family may send release records to selected program(s).	By child's 3rd birthday	

SUPPORTS/SERVICES NEEDED TO MAKE PROGRESS TOWARDS OUTCOMES PAGE

The Intent/Purpose of This Page:

- To define the supports/services needed by the child and family to make progress towards the desired outcomes.

TIPS FOR COMPLETING THIS PAGE

1. This page is a required component of all IFSPs.

2. Link each support and service with at least one outcome. Indicate by number which outcome(s) will be addressed through each support or service.

3. Individualize the frequency (how often) and intensity (for how long each time) of services and supports for each child and family. Link the ideas, activities, people, and environment/contexts from the **Outcomes** page to the frequency and intensity of the support or service.

4. Indicate the name of the person providing the support or service, the agency they work for or contract with, and the place or places where the support or service is provided in the column, “Who Will Do This? Where?”

5. If “Where?” is not a natural environment, provide justification at the bottom of the **Outcome** page.

6. Specify funding sources for each support service in the column, “Who Will Pay?”

7. The team should determine the date a support or service is expected to begin. This date should be as soon as possible after the IFSP meeting. This date must be documented in the column, “Start Date”. ASAP is not a date.

8. Individualize the termination of supports/services for the child and family, and place it in the column, “End Date”. The “anticipated duration” of each support or service must reflect to the Outcome(s) being addressed.

REMEMBER:

- Before supports/services are determined, outcomes, ideas, activities, people, environments, and contexts must be determined.

- **"Other Related Services"** are services that a child or family needs, but that are neither required nor covered under IDEA, Part C. While listing non-required services in the IFSP does not mean that those services must be provided, their identification can be helpful to both the child's family and the Service/Support Coordinator several reasons. First, the IFSP can provide a comprehensive picture of the child's total service needs (including the need for medical and health services, as well as early intervention supports/services). Second, the service coordinator can assist the family in securing the non-required services, for example, by (1) determining if there is a public agency that could provide financial assistance if needed, (2) assisting the family in seeking out and arranging for the child to receive the needed services, and (3) assisting in the preparation of eligibility status or insurance claims, if needed.

- Changes to the supports and services page may occur as a result of the change or modification to the outcomes. Team members (family, service coordinator and other members directly involved in the achievement of the outcome) must reach consensus regarding the necessary supports and services, and document the changes on the Supports and Services page. If a new team member has been identified as necessary to support the achievement of the outcomes, that person should be involved in the discussion.

Related Legal Requirements:
Individuals with Disabilities Education Act (IDEA), Early Intervention Program for Infants and Toddlers with Disabilities (Part C)
34 CFR §303.344 Content of an IFSP, (d) Early intervention services.

(1) The IFSP must include a statement of the specific early intervention services necessary to meet the needs of the child and family to achieve the outcomes identified in paragraph (c) of this section, including—

(i) The frequency, intensity and the method of delivering the services;
(ii) The natural environments, as described in Sec. 303.12(b) and Sec. 303.18 in which early intervention services will be provided, and a justification of the extent, if any, to which services will not be provided in a natural environment;
(iii) The location of the services; and
(iiii) The payment arrangements if any.

9. As used in paragraph (d)(1)(I) of this section—

(i) Frequency and intensity mean the number of days or sessions that a service will be provided, length of time the service is provided during each session, and whether the service is provided on an individual or group basis: and
(ii) Method means how a service is provided.

10. As used in paragraph (d)(1)(iii) of this section, location means the actual place or places where the service will be provided."

34 CFR §303.344 Content of an IFSP, (e) Other services.

(1) To the extent appropriate, the IFSP must include--

Medical and other services that the child needs, but that are not required under this part; and

The funding sources to be used in paying for those services or the steps that will be taken to secure those services through public or private sources.

(2) The requirement in paragraph (e)(1) of this section does not apply to routine medical services (e.g., immunizations and 'well-baby' care), unless a child needs those services and the services are not otherwise available or being provided.

34 CFR §303.344(f) Content of an IFSP, Dates; duration of services.
The IFSP must include—

(1) The projected dates for initiation of the services in paragraph (d)(1) of this section as soon as possible after the IFSP meetings described in Sec. 303.342; and

(2) *The anticipated duration of those services.*

Supports and Services Needed to Make Progress Towards Outcomes

Supports/Services *Remember, each service and support needs to be linked to an outcome.*	Outcome #	How often & how long each time?	Who will do this?	In what activity setting will this take place? *Justification must be written on outcome page.*	Who will pay?	Start Date	End Date
Consultative vision services	1	1 x month for 1 hour with IFSP team	Amy Martin	Home: Mealtimes Bathtime Playtime	ASDB	4/15/02	10/15/02
Parent Advisor	1	2 x month for 1 hour With family	Tina Long	Home: Mealtime Bathtime Wednesday with Grandma Playtime Library story time	ASDB	4/15/02	10/15/02
Consultative physical Therapy	1	1 x month for 1 hour with IFSP team	Lucy Myers	Home: Mealtime Bathtime Playtime	DDD	4/15/02	10/15/02
Other related services needed:							

IFSP TEAM PAGES

The Intent/Purpose of This Page:

- To document: (1) the parent's informed written consent, (2) who attended the IFSP team, (3) what reports were given; (4) dates of the six month and annual review meetings.

TIPS FOR COMPLETING THIS PAGE

1. This page is a required component of all IFSPs.

2. Give the parents a copy of the AzEIP Family Rights Booklet and explain their rights to them before the IFSP meeting. Be sure they completely understand their rights and sign the back of the booklet before the IFSP. **You are required to do this before every IFSP meeting.**

3. Fill this page out at the end of the meeting. Pass it around at the end of the meeting so that each IFSP team member can "sign in." If an IFSP team member needs to leave before the end of the meeting, be sure to have that person sign in on this page before leaving. The parent should be the last person to sign in. Each participant should sign in as an IFSP team member and then sign the form giving informed written consent.

Related Legal Requirements

Individuals with Disabilities Education Act (IDEA), Early Intervention Program for Infants and Toddlers with Disabilities (Part C)

34 CFR §303.342(e) Procedures for IFSP development, review, and evaluation, Parental consent

The contents of the IFSP must be fully explained to the parents and informed written consent from the parents must be obtained prior to the provision of early intervention services described in the plan. If the parents do not provide consent with respect to a particular early intervention service or withdraw consent after first providing it, that service may not be provided. The early intervention services to which parental consent is obtained must be provided.

34 CFR §303.343(a) Participants in IFSP meetings and periodic reviews, Initial and annual IFSP meetings

(1) Each initial meeting and each annual meeting to evaluate the IFSP must include the following participants:

(i) The parent or parents of the child.

(ii) Other family members, as requested by the parent, if feasible to do so;

(iii) An advocate or person outside of the family, if the parent requests that the person participate.

(iv) 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.

(v) A person or persons directly involved in conducting the evaluations and assessments in Sec. 303.322.

(vi) As appropriate, persons who will be providing services to the child or family.

(2) If a person listed in paragraph (a)(1)(v) of this section is unable to attend a meeting, arrangements must be made for the person's involvement through other means, including--

(i) Participating in a telephone conference call;

(ii) Having a knowledgeable authorized representative attend the meeting; or

(iii) Making pertinent records available at the meeting.

34 CFR §303.343(b) Participants in IFSP meetings and periodic reviews, (b) Periodic review

Each periodic review must provide for the participation of persons in paragraphs (a)(1)(I) through (a)(1)(iv) of this section. If conditions warrant, provisions must be made for the participation of other representatives identified in paragraph (a) of this section."

34 CFR §303.403 Prior notice; native language, (a) General

Written prior notice must be given to the parents of a child eligible under this part a reasonable time before a public agency or service provider proposes, or refuses, to initiate or change the identification, evaluation, or placement of the child, or the provision of appropriate early intervention services to the child and the child's family.

34 CFR §303.403 Prior notice; native language, (b) Content of notice

The notice must be in sufficient detail to inform the parents about -

. . . (3) All procedural safeguards that are available under §§ 303.401-303.460 of this part; and

(4) The State complaint procedures under §§ 303.510-303.512, including a description of how to file a complaint and the timelines under those procedures."

IFSP Team Page

Parents' Informed Consent for Early Intervention Services:
I have participated in the development of this IFSP and understand the content. I understand I can accept or refuse any or all of the services identified on the IFSP. I understand that my consent for services may be withdrawn at any time.

Please check and sign below:

1. ____ I understand my rights under this program and received a written copy of the AzEIP Procedural Safeguards for Families Booklet.
2 a. ____ I give permission to carry out this Individualized Family Service Plan as written.
2.b. ____ I do not accept this Individualized Family Service Plan as written, however I do give permission for the following supports/services to begin:
4. ____ I have received copies of the AzEIP Family Satisfaction Surveys.

_____

Parent/Surrogate Signature _____Date_____ Parent/Surrogate Signature _____Date_____

Date this IFSP was revised with a meeting: ____/____/____ ___/____/____ ____/____/____ ____/____/____
Note: Parent must indicate their approval for changes made to the IFSP by initialing and dating the changes (unless per phone request by parent).

List all IFSP Team Members, present or not, who have contributed to the development of this IFSP, using additional page if needed.

			Present	Report given
Name	Relationship/Agency	Phone	_____	_____
Address				
Name	Relationship/Agency	Phone	_____	_____
Address				

IFSP Team Page continued

Name	Relationship/Agency	Phone	Present	Report given
Address				
Name	Relationship/Agency	Phone		
Address				
Name	Relationship/Agency	Phone		
Address				
Name	Relationship/Agency	Phone		
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