



Individualized Family Service Plan (IFSP)

Under Part C of IDEA, the IFSP is required to enhance the capacity of families to meet the needs of children birth to age three who have developmental delays or disabilities.

Type and Date of IFSP: ☐ Initial IFSP _____ ☐ Annual IFSP _____
☐ Interim IFSP _____ ☐ IFSP Review _____

I. Child and Family Information

Child's Name:	
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent's/Guardian's Name(s):	Surrogate Parent: <input type="checkbox"/> Yes <input type="checkbox"/> No
Address(es):	
City/State/Zip:	
Phone Number(s): () - Work <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> () - Work <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> () - Work <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/>	() - Work <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> () - Work <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> () - Work <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/>
Email Address(es):	
Ethnicity:	
Family's Primary Language:	Is an Interpreter Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Resident School District:	
Service Area:	
Alternate contact:	
Relationship to child:	
Address:	
City/State/Zip:	
Phone Numbers: () - () - () -	Work <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/>
Email Address:	
Who lives in your home?	
Describe previous developmental evaluations/assessments, early intervention and/or therapy services received (if any):	

Family Resources Coordinator's Information

Family Resources Coordinator's Name:	
Agency	
Agency Address:	
City/State/Zip	
Phone Number: () -	Work <input type="checkbox"/> Cell <input type="checkbox"/>
Email Address:	

Referral and Medical/Health Information

Referral Information		
Referral Date:		
Reason for Referral:		
Referral Source:		
Address:		
City/State/Zip		
Phone Number: () -	Fax: () -	Email Address:

Primary Care Information		
Primary Care Provider's Name:		
Address:		
City/State/Zip		
Phone Number: () -	Fax: () -	Email Address:

Child Health Information

Summary of child's health status based on review of pertinent records *(This includes child's birth history, medical conditions or diagnoses (i.e. allergies), illnesses, hospitalizations, medications, vision and hearing screenings, other developmental evaluations):*

What else should the team know about your child's health so we can better plan and provide services for your child and family?

II. Family Strengths, Concerns, Resources, Priorities

Family's concerns and priorities drive the development of IFSP outcomes. Family resources and supports are critical for supporting and enhancing desired changes and children's functioning and learning. Families should share only the information they are comfortable sharing.

I choose **not** to share information about my concerns, priorities and resources and/or include this information in the IFSP. I understand that if my child is eligible, he/she can still receive appropriate services as determined by the IFSP team even if I choose not to complete this section.

_____ (parent's initials)

Summary of Family Concerns: *(based on challenges in everyday routines and activities)*

Priorities of the Family: *(based on concerns identified above)*

Strengths, Resources that Family has to Meet their Child's Needs: *(include family, friends, community groups, financial supports, etc. that are helpful to you)*

In addition to the information you have already provided, do you have any additional concerns that you have not yet shared, or that others have shared with you about your child? Is there anything else you like to tell us that would be helpful in planning supports and services with you to address what is most important to your child and family?

III. Child's Present Levels of Development

Understanding a child's skills, as identified through evaluation and assessment (including observations, parent report, testing), assists the team (including parents) in planning supports and services that enhance the child's learning.

Developmental Area	Description of Skills/Status <i>(list child's skills in each developmental area/describe status; include information about sensory needs in each domain)</i>	Developmental Level <i>(% of delay, standard deviation, age equivalent)</i>	Information Source <i>(Instrument(s), Parent report, observation)</i>	Evaluator's Name and Evaluation/Assessment Date
Adaptive Feeding, eating, dressing, sleeping <i>(ex., holds a bottle; reaches for toy, helps dress himself or herself)</i>				
Cognitive Thinking and learning <i>(ex., looks for dropped toy; pulls toy on a string; does a simple puzzle)</i>				
Expressive Communication Making sounds, gesturing, talking <i>(ex., vocalizes vowels; points to objects to express wants; uses 2 or more words)</i>				
Receptive Communication Understanding words and gestures <i>(ex., looks when hears name; points to body parts and common objects when named; follows simple 1 & 2 step directions; understands simple words)</i>				
Physical: Fine Motor Using hands and fingers <i>(ex., reaches for and plays with toys; picks up raisin; strings beads)</i>				
Physical: Gross Motor Moving and using large muscles <i>(ex., rolls from tummy to back; sits independently; walks holding on)</i>				
Social/Emotional Interacting with others <i>(ex., smiles and shows joy; makes good eye contact; seeks help from familiar caregivers; takes turns; shares toys)</i>				
Vision <i>(ex., passed an InfantSee exam if 12 mo. old or younger; visually tracks objects, attends to faces of familiar people, or shows other age appropriate visual behaviors.</i>				
Hearing <i>(ex.,passed newborn hearing screen if 12 mo.old or younger; shows age appropriate speech/language and hearing development</i>				

Initial Eligibility for Part C Services

The evaluation and assessment of each child and the determination of the child's initial eligibility for Part C early intervention services must include the use of informed clinical opinion. Eligibility determination is a team decision.

☐ Your child is **eligible** for Part C Services because he/she has (*check one or more below*):

☐ A 1.5 standard deviation or 25% delay in development in one or more areas (*check all that apply*):

- | | | | |
|--|---|--|-----------------------------------|
| <input type="checkbox"/> Cognitive | <input type="checkbox"/> Physical: fine motor | <input type="checkbox"/> Physical: gross motor | <input type="checkbox"/> Adaptive |
| <input type="checkbox"/> Social or emotional | <input type="checkbox"/> Expressive Communication | <input type="checkbox"/> Receptive Communication | |

☐ A diagnosed condition that is likely to result in delay in development (*identify*):

☐ Informed Clinical Opinion (*check if this is the only method used for determining eligibility*):

Informed Clinical Opinion Summary (*given that informed clinical opinion must be used throughout evaluation and assessment, this section must be completed regardless of the criteria used to determine eligibility*):

Summary of Functional Performance

This section summarizes how a child uses skills in various domains to function across settings and situations. It provides information that assists the team (including the parents) in developing functional IFSP outcomes and strategies to meet these outcomes and so progress can be monitored over time. This information also assists in the completion of the Child Outcomes Summary information.

Positive Social/Emotional Skills (including social relationships): *(relating with adults; relating with other children; following rules related to groups or interacting with others)*

Summary of Child's Functioning:

Outcome Descriptor Statement (Select one):

Acquiring and Using Knowledge and Skills (including early language/communication): *(thinking, reasoning, remembering and problem solving; understanding symbols, understanding the physical and social worlds)*

Summary of Child's Functioning:

Outcome Descriptor Statement (Select one):

Use of Appropriate Behaviors to Meet their Needs: *(taking care of basic needs, e.g. showing hunger, dressing, feeding, toileting, etc.; contributing to own health and safety, e.g., follows rules, assists with hand washing, avoids inedible objects (if over 24 months); getting from place to place (mobility) and using tools (e.g., forks, strings attached to objects, etc.))*

Summary of Child's Functioning:

Outcome Descriptor Statement (Select one):

Date child outcomes descriptor statements were selected by the team: ____/____/____

Assessment Team

The following individuals participated in the evaluation and assessment:		
Printed name and Credentials	Role/organization	Assessment Activities
		<input type="checkbox"/> Child's Present Levels of Development <input type="checkbox"/> Eligibility for Part C Services <input type="checkbox"/> Contributed information for Summary of Functional Performance <input type="checkbox"/> Participated in selection of Outcomes Descriptor Statements
		<input type="checkbox"/> Child's Present Levels of Development <input type="checkbox"/> Eligibility for Part C Services <input type="checkbox"/> Contributed information for Summary of Functional Performance <input type="checkbox"/> Participated in selection of Outcomes Descriptor Statements
		<input type="checkbox"/> Child's Present Levels of Development <input type="checkbox"/> Eligibility for Part C Services <input type="checkbox"/> Contributed information for Summary of Functional Performance <input type="checkbox"/> Participated in selection of Outcomes Descriptor Statements
		<input type="checkbox"/> Child's Present Levels of Development <input type="checkbox"/> Eligibility for Part C Services <input type="checkbox"/> Contributed information for Summary of Functional Performance <input type="checkbox"/> Participated in selection of Outcomes Descriptor Statements
		<input type="checkbox"/> Child's Present Levels of Development <input type="checkbox"/> Eligibility for Part C Services <input type="checkbox"/> Contributed information for Summary of Functional Performance <input type="checkbox"/> Participated in selection of Outcomes Descriptor Statements

Family role in Child Outcomes Summary process (check only one):

- ☐ Family was present for the discussion *and* the selection of the descriptor statements
☐ Family was present for the discussion, but not the selection of the descriptor statements
☐ Family provided information, but was not present for the discussion

Family information on child functioning (check all that apply):

- ☐ Received in team meeting ☐ Collected separately ☐ Incorporated into assessment
☐ Not included (Please explain :)

Assessment instruments informing child outcomes summary:

Other sources of information (e.g., practitioner observation; information from child care provider):

IV. Functional IFSP Outcomes for Children and Families

Functional outcomes must reflect the changes families would like to see happen for themselves and their children and be based on family priorities and the developmental needs of the child.

Outcome # _____	Start Date: _____ Target Date: _____
What would your family like to see happen for your child/family? <i>(The outcome must be functional, measurable and in the context everyday routines and activities.)</i>	
What's happening now related to this outcome? What is your family currently doing that supports achieving this outcome? <i>(Describe your child and/or family's functioning related to the desired change/outcome.)</i>	
What are the ways in which your family and team will work toward achieving this outcome? Who will help and what will they do? <i>(Describe the methods and strategies that will be used to support your child and family to achieve your outcomes within your daily activities and routines. List who will do what including both early intervention services and informal supports, including family members, friends, neighbors, church or other community organizations, special health care programs, parent education programs.)</i>	
How will we know we've made progress or if revisions are needed to outcomes or services? <i>(What criteria [i.e., observable action or behavior that show progress is being made], procedures [i.e., observation, report, chart], and realistic timelines will be used?)</i>	
How did we do? <i>(Review of progress statement/Criteria for Success)</i> Date: _____ Achieved: We did it! Date: _____ Continue: We are part way there. Let's keep going. The situation has changed: Date: _____ Discontinue: It no longer applies. Date: _____ Revise: Let's try something different. Date: _____ Explanations/Comments:	

Functional IFSP Outcomes Supported by the Family Resources Coordinator Related to Accessing Community Resources and Supports

Family Resources Coordination is provided to all families enrolled in early intervention services. A Family Resources Coordinator will help you identify and access community resources and supports that you or your child may need, based on your current priorities. This page outlines the steps and activities that you and your team will take to connect you with these resources.

Outcome # ____	What do we want to accomplish? (<i>Desired Outcome</i>)	Start Date: _____ Target Date: _____
Who will do what? (<i>Strategies/Activities</i>)		
Review Date: _____		
Progress Code (circle one): Achieved Continue Discontinue Revise		
Comments:		
Outcome # ____	What do we want to accomplish? (<i>Desired Outcome</i>)	Start Date: _____ Target Date: _____
Who will do what? (<i>Strategies/Activities</i>)		
Review Date: _____		
Progress Code (circle one): Achieved Continue Discontinue Revise		
Comments:		
Outcome # ____	What do we want to accomplish? (<i>Desired Outcome</i>)	Start Date: _____ Target Date: _____
Who will do what? (<i>Strategies/Activities</i>)		
Review Date: _____		
Progress Code (circle one): Achieved Continue Discontinue Revise		
Comments:		

V. Transition Planning

The Transition Plan outlines steps and activities to support children and families leaving early intervention at age three and transitioning to other community or school services.

Priorities and goals for your child's transition:

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Early Childhood Special Education Contact Information

Early Childhood Special Education
Contact's Name:

Phone Number: () - Work ☐ Cell ☐ Email Address:

Transition Planning Requirements and Activities	Action Steps	Role of Person Responsible	Date Initiated	Date Completed
At any time from the initial IFSP meeting, up to 90 days before the child's third birthday:				
1. Discuss with parents what "transition" from early intervention means, including eligibility and age guidelines for early intervention services and what can be done to plan for this transition.				
2. Discuss with parents possible program options (including preschool special education services; Head Start; child care and other community services) that may be available when child is no longer eligible.				
3. Assist parents to understand their rights and to develop advocacy skills.				
At least 90 days and no more than 9 months prior to the child's third birthday:				
4. Provide LEA and SEA notification that the child is potentially eligible for Part B services (including child's name, address, phone number and date of birth.)				
5. With parental consent, transfer records information (including evaluation, assessments and the IFSP).				

Transition Planning Requirements and Activities	Action Steps	Role of Person Responsible	Date Initiated	Date Completed
At an IFSP meeting at least 90 days and no more than 9 months prior to the child's birthday (that could be the Transition Conference), develop the child's Transition Plan, including the following and any revisions to the functional child and family outcomes or early intervention and other services needed to ensure a smooth transition:				
6. Provide opportunity for parents to meet and receive information from the local education agency or other community program representatives as appropriate.				
7. Establish procedures to prepare the child for changes in service delivery, including steps to help the child adjust to and function in a new setting (i.e. visit the new program, meet with program staff prior to the child's first day, help family secure materials and supplies that will be needed (such as a back pack.)				
8. If the child is transitioning to Part B, review with parents the program options for their child from the child's third birthday through the remainder of the school year.				
9. With parental agreement, schedule the transition conference (at least 90 days and no more than 9 months before the child's third birthday) and invite participants including parents, early intervention personnel, local education agency, Head Start, and other community providers as appropriate.				
10. At the transition conference:				
a. Decide what other activities need to be completed before the child moves into the new service setting (including enrollment; immunizations; transportation issues, medical needs etc.).				
b. Review current evaluation and assessment information. Decide if any further evaluations are needed to determine eligibility to Part B or other programs prior to transition.				
c. As appropriate, help schedule initial evaluation if the child is potentially eligible for preschool special education.				
d. Decide if there is a need for post transition follow-up (including service coordination,				

Transition Planning Requirements and Activities	Action Steps	Role of Person Responsible	Date Initiated	Date Completed
consultation with new staff).				
11.Other transition planning activities:				

VI. Summary of Services

Services and supports are determined following the development of functional IFSP outcomes. They are designed to enhance the capacity of the family in supporting their child's development and to promote the child's learning and development through functional participation in family and community activities.

Early Intervention Services	Outcome # (list all that apply)	Frequency and Length of Services	Intensity		Methods	Setting	Natural Environment Y/N*	Payment Arrangements (if any)	Duration		Agency(ies) Responsible
			Individual	Group					Start Date	End Date	

Documentation of discussions to reach consensus about services: *(Include discussions about any services refused or declined, as well as any negotiations about frequency, intensity or method of service delivery.*

* If setting is not a natural environment, complete the justification.

Other Services

These are additional services that your child and family are currently accessing, but are not entitled under Part C. Such additional services may include medical services such as well-baby checks, follow-up with specialists for medical purposes, etc.

Do you or your child currently receive any of the following services?					
Check if applicable	<u>Financial & Other Basic Assistance</u>	Check if applicable	<u>Health and Medical Services</u>	Check if applicable	<u>General Services</u>
	Medicaid/Apple Health – child		WIC Nutrition Program		Early Head Start or Head Start
	Medicaid/Basic Health – parent		First Steps		Migrant Head Start – American Indian/Alaska Native Head Start
	Health Insurance - child		Immunizations (Baby Shots)		Child Care
	Health Insurance - parent		Family Planning Clinic		Home Visiting
	Medicaid Premium Payment Program		Well Child Care		Division of Developmental Disabilities (DDD, non-EIS services)
	Food Stamps		Children with Special Health Care Needs Program		Preschool
	Financial Assistance		Primary care - parent		Other general services:
	SSI		Medical specialists (i.e. cardiology, neurology, etc.)		Parent to Parent (P2P) referral
	Child Care subsidies		EPSDT/Medicaid Health Check		Washington State Fathers Network (WSFN) referral
	TANF		Dental care		
	Other financial services:		Indian Health Services		
			Other health services:		

Comments (include names, contact information and funding sources for above services as appropriate):

What other services does your child and family need, and want to access?		
Other Service	Provider	Steps to be Taken to Help Family Access These Services or Funding Sources to be Used

VII. Natural Environment Justification

Children learn best through natural learning opportunities that occur in settings where the child and family normally participate. Early intervention supports and services must be provided in settings that are natural or typical for children of the same age (i.e., natural environments). If the team decides that the outcome cannot be achieved in a natural environment, a justification must be provided including why that decision was made and what we will do to move services and supports into natural environments as soon as possible.

Outcome #	Service(s)/Support(s)	Setting (Non-Natural Environment Setting Where Service(s)/Support(s) Will be Provided)
Explanation of Why Outcome Cannot be Achieved in a Natural Environment:		
Plan for Moving Service(s) and/or Support(s) into Natural Environments:		

VIII. Individualized Family Service Plan (IFSP) Agreement

Prior Written Notice and Parental Consent for Provision of Early Intervention Services

Prior Written Notice:

Prior written notice must be provided to parents of an eligible child a reasonable time before the program proposes or refuses to initiate or change the identification, evaluation or placement of the child or the provision of appropriate early intervention service to the child and the child's family.

Action Proposed:

To initiate the services listed on the IFSP for which consent is provided, according to the Summary of Services.

Reasons for Taking the Action:

After discussing all assessment information, including family observations and their concerns, priorities and resources, the IFSP team, including the family, agreed on the early intervention services and other supports to be provided to achieve desired outcomes.

Action Refused (if any):**Reasons for Refusal (if action refused):**

IFSP Signature Page

Consent:

☐ I participated in the development of this IFSP and I give informed consent for the Washington Early Support for Infants and Toddlers program and service providers to carry out the activities listed on this IFSP.

Consent means I have been fully informed of all information about the activities for which consent is sought, in my native language or other mode of communication; that I understand and agree in writing to the carrying out of the activities for which consent is sought; the consent describes the activities and lists of records (if any) that will be released and to whom; and the granting of my consent is voluntary and may be revoked in writing at any time. Such revocation is not retroactive (it does not apply to any actions that occurred prior to revoking consent.)

☐ I understand that I may accept or decline any early intervention service (except the required procedural functions under the regulations for Family Resources Coordination) and may decline such a service after first accepting it without jeopardizing any other early intervention service(s) my child or family receives through the Washington Early Support for Infants and Toddlers program. (NOTE: Complete the Declining One or More Early Intervention Services or Declining Participation in the ESIT Program form if appropriate.)

☐ I understand that my IFSP will be shared among the early intervention providers and program administrators responsible for implementing this IFSP.

☐ I have received a copy of Washington Early Support for Infants and Toddlers program, Individuals with Disabilities Education Act (IDEA) Part C Procedural Safeguards [Parent Rights] along with this IFSP. This information includes the complaint procedures and timelines I may use if I decide later that I disagree with any decisions. These rights have been explained to me and I understand them.

☐ I have received a copy of Washington Early Support for Infants and Toddlers program, System of Payments and Fees Policy along with this IFSP. The policy identifies the procedural safeguards and dispute resolution options I may use if I decide later that I disagree with any decision related to billing public or private insurance, the imposition of fees, and/or the determination of ability or inability to pay. These rights have been explained to me and I understand them.

Signature(s) of <i>(check one)</i> : <input type="checkbox"/> Parent(s) <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Surrogate Parent	Date
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IFSP Participants that attended the IFSP Meeting:			
<i>Printed name and Credentials</i>	<i>Role/organization</i>	<i>Signature</i>	<i>Date</i>

The following individuals did not attend the meeting but participated in the meeting through conference call or in writing (specify which):		
<i>Printed name and Credentials</i>	<i>Role/organization</i>	<i>Conference Call/In Writing</i>

IX. Individualized Family Service Plan (IFSP) Review

The IFSP is a fluid, flexible document that can be updated as you or your child's and family's needs change. Reviews of the IFSP must occur every six months, and additional reviews can be held whenever changes are needed to the IFSP. This page will summarize the changes being made to your child's IFSP at each review.

Date of Review: _____

Summary of Review Results *(i.e., progress made towards outcomes or new outcomes developed; changes in the family's concerns, resources and priorities; changes to service provision; plans until next review, etc.). Any changes to services and outcomes noted in this review must also be updated in the appropriate section of the current IFSP.*

Individualized Family Service Plan (IFSP) Review Agreement

Prior Written Notice and Parental Consent for Provision of Early Intervention Services

Prior Written Notice:

Prior written notice must be provided to parents of an eligible child a reasonable time before the program proposes or refuses to initiate or change the identification, evaluation or placement of the child or the provision of appropriate early intervention service to the child and the child's family.

Action Proposed:

To initiate the services listed on the IFSP for which consent is provided, according to the Summary of Services.

Reasons for Taking the Action:

After discussing all assessment information, including family observations and their concerns, priorities and resources, the IFSP team, including the family, agreed on the early intervention services and other supports to be provided to achieve desired outcomes.

Action Refused (if any):**Reasons for Refusal (if action refused):**

IFSP Signature Page

Consent:

☐ I participated in the development of this IFSP and I give informed consent for the Washington Early Support for Infants and Toddlers program and service providers to carry out the activities listed on this IFSP.

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☐ I understand that I may accept or decline any early intervention service (except the required procedural functions under the regulations for Family Resources Coordination) and may decline such a service after first accepting it without jeopardizing any other early intervention service(s) my child or family receives through the Washington Early Support for Infants and Toddlers program. (NOTE: Complete the Declining One or More Early Intervention Services or Declining Participation in the ESIT Program form if appropriate.)

☐ I understand that my IFSP will be shared among the early intervention providers and program administrators responsible for implementing this IFSP.

☐ I have received a copy of Washington Early Support for Infants and Toddlers program, Individuals with Disabilities Education Act (IDEA) Part C Procedural Safeguards [Parent Rights] along with this IFSP. This information includes the complaint procedures and timelines I may use if I decide later that I disagree with any decisions. These rights have been explained to me and I understand them.

☐ I have received a copy of Washington Early Support for Infants and Toddlers program, System of Payments and Fees Policy along with this IFSP. The policy identifies the procedural safeguards and dispute resolution options I may use if I decide later that I disagree with any decision related to billing public or private insurance, the imposition of fees, and/or the determination of ability or inability to pay. These rights have been explained to me and I understand them.

Signature(s) of (check one): <input type="checkbox"/> Parent(s) <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Surrogate Parent	Date
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IFSP Participants that attended the IFSP Meeting:			
Printed name and Credentials	Role/organization	Signature	Date

The following individuals did not attend the meeting but participated in the meeting through conference call or in writing (specify which):		
Printed name and Credentials	Role/organization	Conference Call/In Writing