

Family's IFSP

(Individualized Family Service Plan)



Child's Name:

Date of Birth:

Gender:

Address:

Phone: Home

_____'s Work:

_____'s Work:

Change of Address:

Primary Language:

Parent / Caregiver:

Relationship:

Parent / Caregiver:

Relationship:

Parent / Caregiver:

Relationship:

Service Coordinator:

Date Assigned:

Service Coordinator:

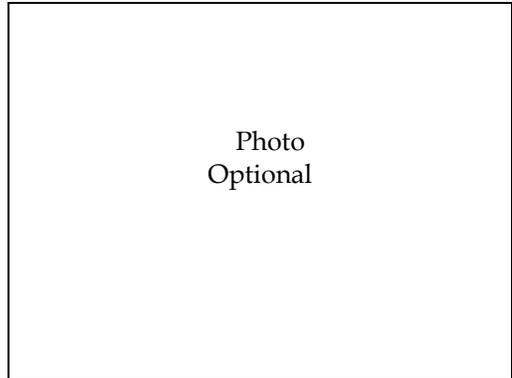
Date Assigned:

Service Coordinator:

Date Assigned:

IFSP Duration: From: _____ To: _____ Review Date(s): _____

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



FAMILY PAGE

Child's Name:

Date of Birth:

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

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

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



Information Given By:

Date:

Child's Name:
Date of Birth:

DEVELOPMENTAL PROFILE

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

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

Eligibility Evaluation Instruments Used:

- Early Intervention Developmental Profile (Michigan)
- Battelle Developmental Inventory - 2nd Edition

Other Assessment and evaluation Input:

- Parent/Caregiver Report Clinical Observation
- Other:

Participants and Disciplines:



MEDICAL HISTORY / HEALTH STATUS:

VISUAL AND HEARING STATUS:

SUMMARY AND RECOMMENDATIONS:

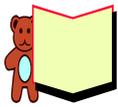
DEVELOPMENTAL PROFILE (Cont.)

Child's Name:
Date of Birth:

Date of Assessment and Evaluation:

Child's Age: mos.

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



OUTCOMES AND STRATEGIES

Child's Name:

Date of Birth:

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

Start Date:	Desired Family Outcomes and Strategies:



SERVICE DELIVERY PLAN

Child's Name:

Date of Birth:

*This page identifies the **Early Intervention Services** to be provided to the child and family and may include home visits, community child groups and EI only child groups, parent groups, transportation, specialty services, etc. The provider of each service should be identified by discipline; and the location should include natural settings such as home, child care settings, playgroups, and other community sites. Changes in specific Early Intervention services, frequency, or location requires prior notification and parent/guardian signature and are recorded on the IFSP Review pages, and updated below. EI services are supported by the Department of Public Health through state and federal funds; Medicaid; private health insurance and fees for some families based on family size and income.*

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

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

Individualized clinical justification on the IFSP for services that do not occur in a natural setting (as determined by the parent and IFSP team) must include the following; An explanation of why the IFSP team determined that the outcomes could not be met in the child's natural settings, an explanation of how services provided in this setting will support the child's ability to function in his/her natural environment, and a transition plan with timelines.

Child's Name:

TRANSITION PLAN Date of Birth:

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

Start Date	Transition Activities/Strategies
	<p><input type="checkbox"/> Provide explanation to family that transition planning activities occur for all children beginning at any time but no later than 30 months, and will be further discussed when appropriate.</p> <p><input type="checkbox"/> Identify the options available to the child and family in the community. (For example, public school, Head Start, child care, preschools, library story hour, Family Networks, parent-child programs, recreational activities etc.) What are the steps to further explore these options? Who will be responsible for these steps?</p> <p><input type="checkbox"/> Review training or informational opportunities available to parents on transition and future placements. These may include trainings and/or informational opportunities with school representatives offered through EI, the local Parent Advisory Council (PAC), Federation for Children with Special Needs Parent Training and Information Center, Family Networks etc.</p> <p><input type="checkbox"/> Explore support options available to parents. These may include working with your Service Coordinator, Family TIES, PAC, parent-to-parent programs, public benefits or respite programs or other local, state and national resources.</p>

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

Review Date: _____

Child's Name: _____

Six-Month Review

NCSEAM Family Survey

Date of Birth: _____

IFSP Review Page

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

Summary of Discussion:

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

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

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

I/We agree to the services described in this plan.

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

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

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

Parent Signature: _____

EI Staff Signature(s): _____

Parent Signature: _____

ANNUAL SIGNATURE PAGE

Child's Name:

Date of Birth:

This **Signature Page** must be completed in order to **begin** EI services. Participants in the development of the IFSP may include community representatives, extended family members, and others invited by the family. Once the IFSP document is signed please send/deliver a copy to the family. Please ensure the parent identifies that they have been given rights **and** accept services.

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

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



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

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

I/We accept the services described in this plan.

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

Signatures

Parent/Guardian _____ Date _____

Parent/Guardian _____ Date _____

Other Team Members:

Service Coordinator _____ Date _____

Other Team Member _____ Date _____

Other Team Member _____ Date _____

Other Team Member _____ Date _____

Director (Optional) _____ Date _____