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| INDIVIDUALIZED FAMILY SERVICE PLAN |
| *The Individualized Family Service Plan (IFSP) is a working document that outlines the Early Intervention (EI) services to be provided. The initial IFSP (based on a timely and comprehensive multidisciplinary evaluation and assessment) is completed within 45 days of referral. The plan is developed collaboratively among IFSP Team Members - including parents, caregivers, EI staff, Specialty Services Provider (SSP) staff and/or others, as needed. Participants in the development of the IFSP may also include community representatives, extended family members, and others as requested by the parent if feasible to do so. The EI Service Coordinator is responsible for implementing the plan, preparing for ongoing IFSP meetings, and meeting state and federal timelines.* |

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| Child’s Legal Name | Date of Birth | Gender |
| Address | Primary Language |
| Email  |  | DPH ID# |
| Change of Address |  |  |

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|  | IFSP Team Members(including family members, caregivers, EI and SSP providers and others) |
| **Name** | **Role** | **Phone** | **Start Date** | **End Date** |
|  | Parent/Guardian |  |  |  |
|  | Parent/Guardian |  |  |  |
|  | Service Coordinator |  |  |  |
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*Program Information Here:*

\* *A review of the Individualized Family Service Plan (IFSP) for a child and the child’s family must be conducted every six (6) months or more frequently if conditions warrant or if the family requests a meeting to review the IFSP.*

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| **ROUTINES:** | **EASY** | **NOT EASY** |  | **EASIEST OR MOST ENJOYABLE TIMES?**(list top 3 routines) | *Why? What makes this time go so well?**Who is involved?* |
| Waking up  |  |  |
| Meal time |  |  | 1 |  |
| Nap time |  |  |
| Play time |  |  |
| Down time/hanging out |  |  | 2 |  |
| Bath time |  |  |
| Bed time |  |  |
| Family activities |  |  | 3 |  |
| Social and community gatherings |  |  |
| Coming and going from home |  |  |
| Drop off/pick up |  |  | **HARDEST OR MOST CHALLENGING TIMES?**(list top 3 routines) | *Why? What makes this time so challenging?**Who is involved?* |
| Running errands |  |  |
| Work/School schedule |  |  | 1 |  |
| Child care |  |  |
| Doctor‘s (or other) appointments |  |  |
| Others: |  |  |
| 2 |  |
| 3 |  |

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| DAILY ROUTINES, STRENGTHS AND NEEDS  |
| *Child Outcomes are a way to measure a child’s progress as a result of their participation in an Early Intervention Program. Early Intervention supports children in the achievement of three Federal Child Outcomes: (1) developing positive social-emotional skills (including social relationships); (2) acquiring and using their knowledge and skills (including early language/communication); and (3) using appropriate behaviors to meet their needs. Information gathered from daily routines is important when determining a child’s progress in each of these areas as they become active participants at home and in the community.* The three Federal Child Outcomes refer to actions that children need to be able to carry out and knowledge that children need to use in order to function successfully across a variety of settings. To be successful in these settings, it is important for children to be able to, for example, get along with others, follow the rules in a group, continue to learn new things, and take care of their basic needs in an appropriate way. Ultimately, achieving these outcomes will help children thrive at home, in school, and in many settings throughout their communities. |

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| CONCERNS:*What keeps us up at night?**What would we like to be able to do?* | PRIORITIES:*What is important for us, our child and family? Where would we like to focus our energy/effort?* | RESOURCES TO SUPPORT THE CHILD’S DEVELOPMENT:*What do we have or would be helpful to have?* List resources that the family may have and may need. |
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| MATERIAL RESOURCES: *(Toys/equipment, child care, transportation, financial, etc.)* |
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| INFORMATIONAL RESOURCES: *(Infant/toddler development, diagnosis, activities to do together, community opportunities, etc.)* |
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| SUPPORTIVE RESOURCES: *(Connections to other parents, friends & family members, medical/other professionals, etc.)* |
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| FAMILY CONCERNS, PRIORITIES AND RESOURCES |
| ***Family Outcomes*** *are a way to measure how a family has gained information and achieved success as a result of their participation in an Early Intervention Program. Early Intervention supports families to develop skills in (1) knowing their family rights; (2) communicating their child’s needs; and (3) helping their child develop and grow. This information helps other members of your child’s team understand your family’s concerns, resources and priorities, and supports the development of meaningful outcomes for your child and family.* |

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| HEALTH & ELIGIBILITY SUMMARY |
| *This page documents information gathered during the evaluation and assessment process and reflects the child’s eligibility for Early Intervention. Included here are statements regarding child’s medical history and current health status as well as other pertinent information that the family chooses to share.* |

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| **DATE OF ELIGIBILITY EVALUATION:** **EVALUATION TEAM MEMBERS:**  (include participants’ names and disciplines)**ELIGIBILITY EVALUATION RESULTS:**  |
| **HEALTH HISTORY:** (include child’s previous health and medical experiences)**CURRENT HEALTH STATUS:** (include vision, hearing, and oral health status) |
| **ADDITIONAL INFORMATION:** (include relevant information provided by parent interviews and review of records along with reason for referral to EI) |

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| **SUMMARY OF DEVELOPMENT:**For each domain, provide statement of how child’s present level of development impacts their participation in daily activities. This may include results from other evaluations and functional assessments. |
| ADAPTIVE: |
| PERSONAL-SOCIAL: |
| COMMUNICATION: |
| MOTOR: |
| COGNITION: |

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| DEVELOPMENTAL SUMMARY |
| *This page describes the child’s current level of functioning. Information collected throughout the evaluation and assessment process should be summarized here and must include information about the five developmental domains. Information may include results from supplemental assessments.* |

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| CHILD AND FAMILY IFSP OUTCOMES |
| *This page outlines the specific measurable results and outcomes that have been developed with the family, service coordinator and other members of the IFSP Team. The outcomes are based on the concerns identified through the evaluation and assessment process along with family priorities.*  |

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| **CONCERN/PRIORITY:** |
| **OUTCOME:** *What changes do we want to see happen for our child and family?* | **MEASURABLE CRITERIA and PROCEDURES:** *How will we measure and know when we have met this outcome?* | **TIME FRAME/TARGET DATE:** *When do we think we might achieve the desired outcome?* |
| **OUTCOMES PROGRESS REVIEW:** The degree to which progress toward achieving the results or outcomes identified is being made and whether modifications or revisions are necessary. |
| **DATE:** |  | [ ]  We’re making progress[ ]  Let’s make adjustments[ ]  No longer a priority at this time [ ]  Outcome met - We did it |
| **DATE:** |  | [ ]  We’re making progress[ ]  Let’s make adjustments[ ]  No longer a priority at this time [ ]  Outcome met - We did it |

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| SERVICE DELIVERY PLAN |
| *This page identifies the services that are necessary to meet the unique need(s) of the child and family in order to achieve the measurable results or outcomes. The provider of each EI service should be identified by discipline and the location of each service should indicate the natural environment such as home, childcare, playgroups, and other community settings. All services are provided in a natural setting to the extent possible. Changes in specific EI services, frequency, or location require parental consent. EI services are paid for by the Department of Public Health through state and federal funds or public/private health insurance with parental consent.* |

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| **EARLY INTERVENTION SERVICES:** |
| **EI/SERVICE & METHOD** | **PROVIDED BY:**(Discipline Responsible) | **LOCATION OF SERVICE** | **FREQUENCY & LENGTH** | **INTENSITY**(Individual/Group) | **DURATION OF SERVICE** | **START DATE** | **END DATE** |
| *Home Visit* | *Developmental Specialist* | *Home* | *1x week; 1.0 hour* | *Individual* | *6 months* |  |  |
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| Include a justification for any EI service (determined by the parent and the IFSP team) that will not occur in our child’s natural environment. |
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| **OTHER SERVICES:** |
| *What other services and supports (medical, recreational, religious, social and other child-related activities) do we have or need that are* ***not*** *required or funded by EI?* | *What steps might the service coordinator or family take to get the services and supports needed?* |
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| CONSENT |
| *Early Intervention is a voluntary service and parent(s) have the right to provide, withhold or revoke consent for any and all services. Parents must give written consent before services can begin. Parents may choose to give consent for some services and not others. Your consent means that you agree to the services outlined in this IFSP. If the parents do not give consent for an Early Intervention Service or if they withdraw consent after first giving it, that specific service will not be provided. Any service for which a parent provides consent must be provided within 30 days.* |

 **ELIGIBILITY:**

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| IFSP services are provided for as long as a child is eligible or until the parent/guardian revokes consent for any or all services. is eligible: [ ]  For based on the eligibility evaluation and assessment completed on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.(Child’s Name) [ ]  Until (but not on) our child’s third birthday based on a diagnosis from in the DPH Diagnosed Conditions List.Eligibility must be re-established on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.\*\**Services may occur for less than the specified period based on the child’s age at the time of the eligibility evaluation. All EI services end one day prior to the child’s third birthday.* |
| **FAMILY RIGHTS NOTICE** |
|  (Parent Initials)  | I/We have been informed of and received a copy of our Family Rights during the IFSP development process and understand that any accepted services will be provided.  |
| **CONSENT FOR SERVICES** |
| [ ]  I/We have participated in the development of our IFSP and: [ ]  I/We agree to the services described in this plan. ***OR*****[ ]** I/We decline IFSP services at this time.***OR***[ ]  I/We agree to the services in this plan with the following **exceptions**: |
| Parent/Guardian Signature: | Date: |
| Parent/Guardian Signature: | Date: |
| **CONSENT TO ACCESS INSURANCE** |
| [ ]  I/We consent for the EI Program to access our public and/or private insurance for payment of Early Intervention services described in this plan.  |
| Parent/Guardian Signature: | Date: |
| Parent/Guardian Signature: | Date: |