

**BIRTH TO 3 PROGRAM
 INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP)**

Completion of this form is voluntary. All supporting information identified below must be included. In lieu of this form, county Birth to 3 agencies may use locally designed forms with approval from the Children's Services Section. Personally Identifiable Information is only being collected for eligibility purposes and will only be used for that reason; it will not be used for any other purpose.

County Birth to 3 Program:

Name – Child

Birth Date

Gender

Male

Female

Service Coordinator's Name

Phone Number

E-mail Address

Referral Date

Early Intervention Team/IFSP Due Date

Initial IFSP Date

Next IFSP Review Due Date

IFSP Review Date(s)

1)

2)

3)

4)

5)

6)

CHILD AND FAMILY INFORMATION

Name - Child			Date		
Child lives with Parent/Legal Guardian Name			Other Parent/Legal Guardian Name (if applicable)		
Relationship			Relationship		
Street Address			Street Address		
City	State	Zip Code	City	State	Zip Code
Home Phone Number:			Home Phone Number:		
Work Phone Number:			Work Phone Number:		
Alternate Telephone Number:			Alternate Telephone Number:		
E-mail Address:			E-mail Address:		
Other parent/legal guardian (if different from above):					
Street Address					
City			State		Zip Code
Home Phone Number:			Work Phone Number:		
Primary Language of Parents:			Race:		
Primary Language of Child:			Ethnicity: Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No		
Spends day with: (Check relationship below)					
<input type="checkbox"/> Mom		<input type="checkbox"/> Childcare Provider:			
<input type="checkbox"/> Dad		<input type="checkbox"/> Other (Specify):			
Siblings and/or other important people:					
Referral source/contact information:					
Primary Medical Care Provider/Medical Home:					

Formal Supports

Services and programs my child/family currently use include: (check boxes as appropriate):

<input type="checkbox"/> Children & Youth with Special Health Care Needs (CYSHCN) <input type="checkbox"/> County Dept. of Human Services <input type="checkbox"/> Family Resource Center <input type="checkbox"/> Family Support Program <input type="checkbox"/> County Public Health Dept. <input type="checkbox"/> Women, Infants & Children (WIC)	<input type="checkbox"/> Medicaid (Healthy Start, BadgerCare Plus) <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Katie Beckett Program <input type="checkbox"/> Children's Long-Term Support (CLTS) Waivers <input type="checkbox"/> FoodShare Wisconsin <input type="checkbox"/> Wisconsin Works (W-2)	<input type="checkbox"/> Library <input type="checkbox"/> YMCA <input type="checkbox"/> Head Start <input type="checkbox"/> Support Groups <input type="checkbox"/> FACETS <input type="checkbox"/> Parents as Leaders (PALS) <input type="checkbox"/> Other:
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We want more information about the following programs:

SUMMARY OF CHILD'S DEVELOPMENT
 (For use with the Early Intervention Team Report, IFSP and Child Outcome Summary Data)

Child's Name		Date:
Birth Date	Age at Evaluation	Adjusted Age

Information Gathering (list all participants by name and role, include family members):

Procedures used for obtaining information (Check all that apply):

Medical Records

Professional Observations

Discussion with Parents/Others

Ongoing Visits with Child/Family

Research

Assessment Tools (list):

Received in IEP Team Meeting

Information gathered in the following locations:

Health (Include only information appropriate and relevant to child's development)

Vision/Hearing (Screening, Glasses, Hearing Aids, History of Ear Infections)

Positive Social Emotional Skills (Including social relationships)

- Relating with adults
- Relating with other children
- Following rules related to groups or interacting with others (if older than 18 months)

Areas of Development Include:	Responses				
<p><u>Cognitive development</u> (thinking; learning; problem solving; playing with adults or peers; attending; imitating actions of peers)</p> <p><u>Social Emotional</u> (regulating emotions; engaging with peers, siblings, parents and other adults; showing affection)</p> <p><u>Communication</u> (expressing self through gestures, sounds or words to indicate needs; communicating with peers; imitating sounds and gestures)</p> <p><u>Adaptive Development/Self Help</u> (adapting to changes in routine or setting; helping meet own needs during routines with family, such as requesting more food during meals, putting on coat after play date; avoiding common dangers)</p> <p><u>Motor Skills</u> (ability to move and manipulate objects during play; reacting to changes in environment; need for positioning so child can interact with family and peers)</p>	<p>In addition to the comprehensive summary, provide evidence to answer the following questions:</p> <ul style="list-style-type: none"> • Does the child ever function in ways that would be considered age-appropriate? • Does the child use any immediate foundational skills upon which to build age-appropriate functioning across settings and situations? • To what extent is the child using immediate foundational skills across settings and situations? <hr/> <p>Evidence to support Child Outcome Process:</p> <ul style="list-style-type: none"> • • • <p>Date:</p> <hr/> <p>Functional Summary: <i>Does the child function in ways that would be considered age appropriate in this outcome?</i></p> <table border="1"> <thead> <tr> <th style="text-align: left;"><u>NO</u> — Use these descriptions</th> <th style="text-align: left;"><u>YES</u> - Use these descriptions</th> </tr> </thead> <tbody> <tr> <td> <p>Does the child use any immediate functional skills?</p> <p><input type="checkbox"/> 1. Not yet</p> <p><input type="checkbox"/> 2. Yes but rarely</p> <p><input type="checkbox"/> 3. Yes, most of the time</p> </td> <td> <p>Are these skills age appropriate all or most of the time?</p> <p><input type="checkbox"/> 4. Skills are rare or emerging at this time</p> <p><input type="checkbox"/> 5. Child shows skills some of the time, they're mixed</p> <p><input type="checkbox"/> 6. Skills are demonstrated but there's some concern</p> <p><input type="checkbox"/> 7. Child is age appropriate in this area</p> </td> </tr> </tbody> </table> <hr/> <p>Entry Rating : #</p> <p>Exit Rating: #</p> <hr/> <p>Has the child shown <u>any</u> new skills or behaviors related to each outcome area since the previous rating?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<u>NO</u> — Use these descriptions	<u>YES</u> - Use these descriptions	<p>Does the child use any immediate functional skills?</p> <p><input type="checkbox"/> 1. Not yet</p> <p><input type="checkbox"/> 2. Yes but rarely</p> <p><input type="checkbox"/> 3. Yes, most of the time</p>	<p>Are these skills age appropriate all or most of the time?</p> <p><input type="checkbox"/> 4. Skills are rare or emerging at this time</p> <p><input type="checkbox"/> 5. Child shows skills some of the time, they're mixed</p> <p><input type="checkbox"/> 6. Skills are demonstrated but there's some concern</p> <p><input type="checkbox"/> 7. Child is age appropriate in this area</p>
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SUMMARY OF CHILD’S DEVELOPMENT (continued)

Child’s Name		Date:
Birth Date	Age at Evaluation	Adjusted Age

Child’s Use of Knowledge & Skills: (Including communication, language and early literacy)

- Thinking, reasoning, remembering, and problem solving
- Understanding symbols
- Understanding the physical & social worlds

Areas of Development Include:	Responses						
<p><u>Cognitive development</u> (exploring toys; problem solving; shifting attention; repeating activities that are interesting; developing play skills)</p> <p><u>Social Emotional</u> (reacting to familiar voices; reacting to familiar songs or stories)</p> <p><u>Communication</u> (pointing to items of interest; listening; ability to engage with books; repeating sounds or gestures; following directions, using words to express self/ideas)</p> <p><u>Adaptive Development/Self Help</u> (adapting to changes; helping meet own needs; safety awareness)</p> <p><u>Motor Skills</u> (imitating movements and actions; ability to move and manipulate objects; ability to explore environment; using hands to explore toys)</p>	<p>In addition to the comprehensive summary provide evidence to answer the following questions:</p> <ul style="list-style-type: none"> • Does the child ever function in ways that would be considered age-appropriate? • Does the child use any immediate foundational skills upon which to build age-appropriate functioning across settings and situations? • To what extent is the child using immediate foundational skills across settings and situations? <hr/> <p>Evidence to support Child Outcome Process:</p> <ul style="list-style-type: none"> • • • <p>Date:</p> <hr/> <p>Functional Summary: <i>Does the child function in ways that would be considered age appropriate in this outcome?</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"><u>NO</u> — Use these descriptions</td> <td style="width: 50%; padding: 5px;"><u>YES</u> - Use these descriptions</td> </tr> <tr> <td style="padding: 5px;"> Does the child use any immediate functional skills? <input type="checkbox"/> 1. Not yet <input type="checkbox"/> 2. Yes but rarely <input type="checkbox"/> 3. Yes, most of the time </td> <td style="padding: 5px;"> Are these skills age appropriate all or most of the time? <input type="checkbox"/> 4. Skills are rare or emerging at this time <input type="checkbox"/> 5. Child shows skills some of the time, they’re mixed <input type="checkbox"/> 6. Skills are demonstrated but there’s some concern <input type="checkbox"/> 7. Child is age appropriate in this area </td> </tr> <tr> <td style="padding: 5px;">Entry Rating : #</td> <td style="padding: 5px;">Exit Rating: #</td> </tr> </table> <hr/> <p>Has the child shown <u>any</u> new skills or behaviors related to each outcome area since the previous rating?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<u>NO</u> — Use these descriptions	<u>YES</u> - Use these descriptions	Does the child use any immediate functional skills? <input type="checkbox"/> 1. Not yet <input type="checkbox"/> 2. Yes but rarely <input type="checkbox"/> 3. Yes, most of the time	Are these skills age appropriate all or most of the time? <input type="checkbox"/> 4. Skills are rare or emerging at this time <input type="checkbox"/> 5. Child shows skills some of the time, they’re mixed <input type="checkbox"/> 6. Skills are demonstrated but there’s some concern <input type="checkbox"/> 7. Child is age appropriate in this area	Entry Rating : #	Exit Rating: #
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SUMMARY OF CHILD'S DEVELOPMENT (continued)

Child's Name		Date:
Birth Date	Age at Evaluation	Adjusted Age

CHILD'S INDEPENDENCE & ABILITY TO MEET OWN NEEDS

- Taking care of basic needs (e.g., showing hunger, dressing, feeding, toileting)
- Contributing to own health & safety (e.g., follows rules, assists with hand washing, avoids inedible objects)
- Getting from place to place (mobility) and using tools (e.g., forks, pencils, strings attached to objects)

Areas of Development Include:	Responses		
<p><u>Cognitive development</u> (entertaining self with a toy; imitating activities during play; remembering favorite activities)</p> <p><u>Social Emotional</u> (regulating emotions; showing interest or displeasure with help with dressing or mealtimes; following rules)</p> <p><u>Communication</u> (directing caregivers attention; expressing self through gestures and words; ability to be understood)</p> <p><u>Adaptive Development/Self Help</u> (using tools to help with feeding, assisting with dressing and toileting; reacting to safety issues)</p> <p><u>Motor Skills</u> (ability to manipulate objects and toys; using hands and upper body to explore toys; need for support for success with eating, dressing, sleeping, toileting, ability to move to meet needs)</p>	<p>In addition to the comprehensive summary provide evidence to answer the following questions:</p> <ul style="list-style-type: none"> • Does the child ever function in ways that would be considered age-appropriate? • Does the child use any immediate foundational skills upon which to build age-appropriate functioning across settings and situations? • To what extent is the child using immediate foundational skills across settings and situations? <hr/> <p>Evidence to support Child Outcome Process:</p> <ul style="list-style-type: none"> • • • <p>Date:</p> <hr/> <p>Functional Summary: <i>Does the child function in ways that would be considered age appropriate in this outcome?</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px; vertical-align: top;"> <p><u>NO</u> — Use these descriptions</p> <p>Does the child use any immediate functional skills?</p> <p><input type="checkbox"/> 1. Not yet</p> <p><input type="checkbox"/> 2. Yes but rarely</p> <p><input type="checkbox"/> 3. Yes, most of the time</p> </td> <td style="width: 50%; padding: 5px; vertical-align: top;"> <p><u>YES</u> - Use these descriptions</p> <p>Are these skills age appropriate all or most of the time?</p> <p><input type="checkbox"/> 4. Skills are rare or emerging at this time</p> <p><input type="checkbox"/> 5. Child shows skills some of the time, they're mixed</p> <p><input type="checkbox"/> 6. Skills are demonstrated but there's some concern</p> <p><input type="checkbox"/> 7. Child is age appropriate in this area</p> </td> </tr> </table>	<p><u>NO</u> — Use these descriptions</p> <p>Does the child use any immediate functional skills?</p> <p><input type="checkbox"/> 1. Not yet</p> <p><input type="checkbox"/> 2. Yes but rarely</p> <p><input type="checkbox"/> 3. Yes, most of the time</p>	<p><u>YES</u> - Use these descriptions</p> <p>Are these skills age appropriate all or most of the time?</p> <p><input type="checkbox"/> 4. Skills are rare or emerging at this time</p> <p><input type="checkbox"/> 5. Child shows skills some of the time, they're mixed</p> <p><input type="checkbox"/> 6. Skills are demonstrated but there's some concern</p> <p><input type="checkbox"/> 7. Child is age appropriate in this area</p>
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EARLY INTERVENTION TEAM REPORT*

Wisconsin Early Intervention Eligibility Determination

Name – Child	Date of Report
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Written Prior Notice (WPN): The following decision has been made regarding your child's eligibility determination:

- This child meets the eligibility criteria for early intervention (Birth to 3 Program). Check 1, 2, or 3 and complete the "And / Or" section below.**
- This child does not meet eligibility criteria for early intervention (Birth to 3 Program). Check 1, 2, or 3 and complete the "And / Or" section below.**

This eligibility determination is being made based upon the following information / reasons:

- 1) A developmental delay of 25% or greater, or -1.3 standard deviation in the following area(s) / based upon:

- 2) A diagnosed physical or mental condition exists that has a high probability of resulting in a development delay.

Diagnosis:

- Related conditions:

- The Early Intervention team reviewed the following documents identifying the diagnosis:

-
- 3) Atypical development based on:

And / Or

- Test Results – Name of Test(s):

- Observations:

Parental Input:

Other options considered include:

These options were rejected based upon the information / reasons explained below. The **information** used to reject this option included (e.g., screening tool, test, observation, medical reports, parent report or other sources):

These **reasons** for rejecting this option included (e.g., screening tool, test, observation, medical reports, parent report or other sources):

You have the right to refuse consent to the eligibility determination. Accompanying this Early Intervention Team Report is a copy of the parent and child rights statement. This is a brief review of the rights. If you would like a complete copy of the parent and child rights, please contact the County Birth to 3 Program Service Coordinator.

EARLY INTERVENTION TEAM REPORT, continued

If this child has met the eligibility criteria for early intervention, the next step is to develop an Individualized Family Service Plan (IFSP). Check the appropriate box(es) below:

This child meets the eligibility criteria for early intervention services; however, family declines IFSP development at this time.

If this child did not meet the eligibility criteria for early intervention, the following are being offered to the family:

Offer to re-screen the child within six months—Notes:

The following community resources listed below might benefit the family:

The following information listed below was given to the family:

PARTICIPANTS IN EARLY INTERVENTION TEAM MEETING	Date of Meeting:
SIGNATURES	Title
	Parent / Guardian
	Parent / Guardian
	County Coordinator
	Service Coordinator

TELL US ABOUT YOUR FAMILY

Name – Child	Date
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This page is a summary of the information you have shared with us about your family. The purpose of this information is to:

- understand or get to know how your family works (things you do)
- who is important (friends, community)
- what is important to you

This is a starting point; information is gathered in an ongoing fashion during your participation in the Birth to 3 Program. This information is used to help develop a plan and intervention strategies that are meaningful to you.

<i>Some possible questions: Use interest-based checklist or other tool</i>	Responses
<p><u>Natural Supports & Resources:</u></p> <ul style="list-style-type: none"> • <i>When something exciting or wonderful happens, who is the first person you call?</i> • <i>Who comes to help?</i> • <i>People or supports that are helpful to your family?</i> <p><u>Routines/Activities:</u></p> <ul style="list-style-type: none"> • <i>How does your family spend the day?</i> • <i>What are other family members doing during the activity?</i> • <i>What is going well for your child and family?</i> • <i>What are difficult times for your child?</i> • <i>What are some activities you enjoy doing with your child and family?</i> <p><u>Priorities of the Family:</u></p> <ul style="list-style-type: none"> • <i>What are you most proud of?</i> • <i>If you had a magic wand, what would you change?</i> • <i>What are some activities that your family would like to do?</i> 	Date:

CHILD / FAMILY OUTCOMES

Name – Child	Date
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Outcomes

_____ will participate in _____ by doing _____.

Some possible questions: <i>Use interest-based checklist or other tool</i>	Responses
--	------------------

Family Assessment (interest, RBI, etc.) Information:

- What is already happening?
- What has the family already tried?
- What is working?
- What are the family's natural / already-occurring supports?

Outcome Development:

- What do you want to see happen next?
- What would an improvement in that routine look like?
- How would your child's day look different if they could?

Joint Planning:

- What will be different?
- Where will our joint planning begin?
- Where are you going to use these strategies?
- What opportunities are available to work on this outcome?
- How will we support the family's natural supports in helping the child meet the outcome?
- When do we hope the child will meet this outcome (think about holidays, upcoming events, etc.)?
- How will we know if we are making progress?
- How will the team support the family through coaching?

Date:

Progress/Modifications or Revisions Date:

CHILD'S TRANSITION PLAN

Name – Child	Date
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A transition is any major event that impacts a child and family, such as moving out of county or state, moving into or between programs, coming home from the NICU, changing a child care situation, or turning 3 years old. The most common transition is leaving the Birth to 3 Program at age three.

Transition Type		
<input type="checkbox"/> Turning three years	<input type="checkbox"/> Moved	<input type="checkbox"/> IFSP outcomes met
<input type="checkbox"/> Family declines services	<input type="checkbox"/> Other (explain: _____)	

Outcome(s) for Child and Family During Transition

POTENTIAL ELIGIBILITY WRITTEN PRIOR NOTICE

Your child is close to turning three years. We propose your child:

is potentially eligible for services through the LEA.

This decision means limited contact information about your child will be shared with the LEA.

is not potentially eligible for services through the LEA.

Other decision considered:

is potentially eligible for services through the LEA

is not potentially eligible for services through the LEA

Not applicable; other decision not discussed

This decision is recommended upon the following information and reasons:

OTHER WRITTEN PRIOR NOTICE

This decision is recommended based upon the following information and reasons:

DISCHARGE WRITTEN PRIOR NOTICE

Last date in the Birth to 3 Program:

This decision is recommended upon:

Other decision options considered were rejected based upon:

Some possible questions: <i>Use interest-based checklist or other tool</i>	Responses		
<ul style="list-style-type: none"> • <i>What kind of transition is this?</i> • <i>What does your family want and hope for your child during this transition?</i> • <i>What factors may be impacting this transition?</i> • <i>What other services/supports would the family like to explore?</i> • <i>Where will our joint planning begin; steps to accomplish the transition and outcomes?</i> 	Who	What Action Steps	When
<p>If potentially eligible for services through the LEA:</p> <ul style="list-style-type: none"> • Refer child to LEA • Offer a TPC 	<p>If child is potentially eligible for services through the LEA:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Family given 'When I'm 3, Where Will I Be?' booklet <input type="checkbox"/> Family Opted Out of LEA Notification by 2 years, 3 months of age. Date: _____ <input type="checkbox"/> LEA Notification (step 1) sent to school district. Date: _____ <input type="checkbox"/> Transition Planning Conference held. Date: _____ <input type="checkbox"/> Referral (LEA Notification step 2) made at least 90 days before 3rd birthday. Date: _____ <input type="checkbox"/> Additional information, with signed consent, sent to LEA Date: _____ 		
<p>If not potentially eligible for services through the LEA: Explore other services such as:</p> <ul style="list-style-type: none"> • Head Start • Child Care • Private therapy, etc. 	<p>Notes:</p>		

Written Prior Notice

Documentation of discussions to reach consensus about services.

(Include information on "Other Options" discussions about any services refused or declined, as well as any negotiations about frequency, intensity or method of service delivery, who the primary provider will be, etc.)

- The services listed on the previous page were chosen to be part of this IFSP based upon the following information and reasons:**

-
- The following service(s) or service options were rejected:**

* All services are provided in the natural environment for the child to the maximum extent appropriate; or justification is completed and attached.

JUSTIFICATION FOR SERVICES PROVIDED IN LOCATIONS OTHER THAN NATURAL ENVIRONMENTS

Name – Child	Date
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Services can be provided in settings other than a natural environment that are most appropriate, as determined by the IFSP team, including the parent, only when early intervention services cannot be achieved satisfactorily in a natural environment.

Service Location

List services and activities provided in a setting other than the child's natural environment:

Team recommendation, explaining why this outcome cannot be met in the child's natural environment:

Other decision options considered were rejected based upon:

Some possible questions: <i>Use interest-based checklist or other tool</i>	Responses		
	Who	What Action Steps	When
• <i>How will the outcome be met in this setting?</i>			
• <i>What activities will be provided to include this outcome in the child's home and community environment?</i>			
• <i>What is the plan to transition services to being provided in the child's home and community environment (with time frame)?</i>			
• <i>Who will be completing specific action steps?</i>			

NEEDED MEDICAL AND OTHER SERVICES

Name – Child	Date
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These are resources, supports or services that assist the child or family and are needed or being received but are not required or funded by the Birth to 3 Program.

FAMILY'S CURRENT SERVICES

Some possible questions:	Responses
<p><i>Consider the family's needs, including educational, medical, financial, social, etc.</i></p>	<p>Services needed:</p>
<p>Current Services:</p> <ul style="list-style-type: none"> • <i>What services from other programs or agencies is the family currently receiving?</i> • <i>What supports or services is the family receiving informally from friends and other family members?</i> 	<p>Services currently received:</p>
<p>Future Services:</p> <ul style="list-style-type: none"> • <i>What other services or supports is the family looking for?</i> • <i>Are there formal or informal supports they will need to support the family?</i> 	<p>Steps to be taken to assist the child and family in securing these services:</p>

IFSP Team discussion found that no medical or other services were identified at this time.
