



# Individualized Family Service Plan Process and Resource Guide





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Service Plan

Process and  
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# Introduction

Washington's Early Support for Infants and Toddlers (ESIT) Program revised its Individualized Family Service Plan (IFSP) form to be used statewide for eligible infants and toddlers and their families. The ESIT IFSP was revised in conjunction with stakeholders including parents, Family Resources Coordinators (FRCs), and service providers throughout Washington who used the form and provided valuable feedback. It reflects the entire IFSP process, from initial referral through the development of the IFSP; for this reason, the title of the document is the Individualized Family Services Plan Process Document, or IFSP-PD. For the purposes of this document, the form will be referred to as the IFSP.

The purpose of this document is to provide Washington Part C early intervention personnel guidelines for developing an IFSP that encompasses all aspects of the IFSP process including the measurement of the three global outcome areas for program accountability. This guidance document provides instructions for completing the IFSP form including sections related to evaluation and assessment of the child, present levels of development including measurement in the three global outcome areas, functional IFSP outcomes with related supports and services, and resources to assist families. In addition, Washington developed revised procedural safeguard forms and a *Procedural Safeguards Technical Assistance (TA) Guide* (<http://www.del.wa.gov/publications/esit/>) that are referenced throughout, to be used together with this guide.

This guide is designed to facilitate the IFSP process and three global outcome areas measurement procedures and provide a framework for consistent and effective practices, while ensuring compliance with federal regulations. Information is gathered through evaluation and assessment activities, including from family members and caregivers, to provide an understanding of the child's behavior, relationships, knowledge and skills in various routines and activities of everyday life. This information is used to develop a plan of services (the IFSP) and to complete the development of individual functional IFSP child and family outcomes.

This guide explains the steps of the IFSP process, the state forms related to each step, and instructions for completing the process and the forms. The information gathered to complete these forms will be entered into the data management system (DMS) to create the IFSP. This guide will help practitioners:

1. Gather information from families about what's working and what's challenging in their everyday routines and activities as well as the family's interests, concerns, and priorities;

2. Review evaluation/assessment information on the child's skills and functional performance across settings to determine eligibility;
3. Use the information gathered to assist IFSP Teams, including families, to develop functional IFSP outcomes for the child and family; and
4. Determine appropriate supports and services to meet the functional IFSP outcomes.

The IFSP document is used to record information and decisions over time and is completed by the IFSP Team during one or more IFSP Meetings. The IFSP is a dynamic document that changes over time as the needs of the child and/or family change.

In the IFSP process, the family and a team of early intervention personnel come together to decide on functional child/family IFSP outcomes based on the concerns and priorities of the family and the abilities and needs of the child. The team also decides on the supports, services and specific strategies that will be used to meet those functional IFSP outcomes.

The ESIT DMS contains the IFSP forms and allows ESIT to collect data on the IFSP process and measurement of the three global outcome areas across the state. It provides an efficient mechanism for FRCs to maintain documentation of the IFSP process and captures families' previous IFSPs, providing documentation of changes over time. The IFSP forms in the DMS were upgraded to reflect the IFSP process and feedback provided by Washington stakeholders.

While IFSP information must be entered into the DMS for storing and archiving, providers may choose whether to complete the IFSP forms by hand or electronically during the IFSP process. All members of the IFSP Team, including the family, must be provided with copies of each IFSP.

ESIT's IFSP form meets federal Individuals with Disabilities Education Act Part C (Part C) regulations and Washington state requirements. When the IFSP process is conducted as described in this guidance, the IFSP Team and program administrators can be sure of meeting federal and state requirements. Key regulations are included throughout this document.

This guide and the resources provided are based on research and evidence-based practices in early intervention. A list of research used in this document's development is available from ESIT. The forms and guidance also support the ESIT *Guiding Concepts*, (<http://www.del.wa.gov/publications/esit/>).

# How to Use this Guide

This guide provides support and resources for completing the IFSP process and the IFSP forms to reflect the results of that process. It can be used to assist IFSP Team members both in conducting the IFSP process and completing the IFSP forms, whether completed in paper form or electronically. Icons are used throughout the guide to direct attention. Similar icons are used in the Data Management System (DMS) to link to content from this guide. The document includes:



A guide to the IFSP process: step-by-step instructions for completing the IFSP process and each section of the IFSP, including measuring the three global outcome areas



Helpful hints for completing the IFSP process and forms



Checklists to determine whether each section has been completed correctly



Warnings of common IFSP challenges



Family friendly dialogue guides to support positive relationships with the family/caregiver



Links to other tools and resources (training modules, etc.) developed to assist FRCs and service providers



References to what is required by IDEA



Frequently asked questions

## SECTION I

### Child and Family Information, Family Resources Coordinator's Information and Referral and Medical/Health Information

This IFSP cover section serves as the place where many of the required content fields of the IFSP as well as information required for the Data Management System (DMS) are recorded and updated as needed. This section is also used to record referral/intake information, the child's primary care information and the child's general health information.

#### A Guide to the IFSP Process:

When a referral is received by the Local Lead Agency, a Family Resources Coordinator (FRC) is assigned to coordinate the steps of the IFSP process. Some or all of the demographic information and child health information can be gathered during an initial phone conversation or visit with the family. During the initial conversations with parents, sufficient information should be gathered to determine if the child has an established condition that makes the child automatically eligible, or if screening is needed to determine if an evaluation and assessment are needed. Please refer to the ESIT practice brief on screening for more information about screening.



#### The Family Resources Coordinator:

- Explains the ESIT program to the family including information about the purpose of the program, intended functional IFSP outcomes for children and families, eligibility criteria and the eligibility process, and the IFSP process and measurement of the three global outcome areas.
- Shares brochures - *A Family's Guide to Early Intervention in Washington State*, *Family Outcomes Brochure* and *ESIT Guiding Concepts* (<http://www.del.wa.gov/publications/esit/>).
- Explains parent rights and procedural safeguards and provides the family with *ESIT Parent Rights* (<http://www.del.wa.gov/publications/esit/>).
- Discusses reasons for referral and uses this opportunity to probe for information about the child's functioning in the three global outcome areas. Information gathered can be recorded in the DMS or on a note-taking form.
- Determines if the family wishes to participate in the Part C program.



#### If the family does wish to participate in Part C:

- Determines if screening is needed to decide if an evaluation/assessment is appropriate. If screening is necessary:
  - provides Notice and Consent for Screening to parents. This is a specific Washington form and the general written prior notice form is not required.
  - explains parent rights and procedural safeguards; and
  - conducts the screening.
- Provides Notice & Consent for Initial Evaluation (a specific Washington procedural safeguard form) to meet written prior notice requirements and obtain parental consent for initial evaluation and assessment.
- Obtains written parental consent to obtain information from other agencies and to release ESIT information.
- Explains to the family that the information will be shared with other team members.

(See *Procedural Safeguard TA Guide* and the webinar on Procedural Safeguard Forms and Guidance (<http://www.del.wa.gov/publications/esit/>) for more information on the procedural safeguard forms and process.)

#### Completing this Section:

Most of the information in this section can be completed prior to the IFSP meeting, based on information received in the referral. If the information is completed in advance, it should be verified with the family.



#### 1. Type of IFSP

- a. Initial IFSP. The initial IFSP is the first IFSP developed by the team, including the family, upon referral and eligibility determination.
- b. Interim IFSP. An interim IFSP is used ONLY when there is an immediate need for a service(s) prior to the completion of the evaluation. The use of an Interim IFSP does not waive the requirement for the evaluation and assessment and the meeting to develop the Initial IFSP to be completed within 45 days from the date of referral.
- c. IFSP Review. The IFSP is a fluid, flexible document that can be updated as the child's and family's needs change. The IFSP must be reviewed at least once every six months if not more frequently. It must be reviewed at the request of a team member, including the family. A full IFSP is not completed at an IFSP Review and the due date for

the Annual IFSP does not change when an IFSP Review is conducted. When the IFSP is reviewed, Section IX, IFSP Review, must be completed and the date of the review should be entered, even if the plan does not change. This section is also used to record the transition conference date (if not completed at an annual IFSP), as the summary is included in Section IX.

- d. Annual IFSP. Each year, the IFSP must be re-written to reflect the child's current levels of development and functional child and family IFSP outcomes. It is the responsibility of the IFSP Team to meet to determine if progress is being made as expected on the functional IFSP outcomes, if the services are appropriate, and if revisions to the functional IFSP outcomes or services are needed.

**2. IFSP Date** is the actual date the IFSP meeting is held and the plan is completed.

**3. Child and Family Information** includes contact information for each parent if they live separately. Alternate contact information may be included, and will be useful if a parent does not have a telephone at his or her home or if the child is living with a foster family and the biological parent is still involved. If the family does not have a telephone and is not able to provide an alternate telephone contact, "no phone" is written rather than leaving this space blank. If the family has separate physical and mailing addresses, both are recorded.

**4. Family Resources Coordinator Contact Information** is recorded to ensure that contact information is available for the family and other IFSP Team members. Federal regulations require that the name of the FRC (i.e., service coordinator) be included in the IFSP.

**5. Referral and Medical/Health Information.**

- a. Referral date is the date the referral was received by Part C. This date is used to calculate compliance with federal requirements and must be accurate.
- b. Reason for referral should be obtained from the referral source.
- c. Referral source is the person/affiliation that made the initial referral.

IFSPs must be written in language that is understandable to all readers, especially the family. Acronyms are spelled out and the use of technical jargon is avoided.



**6. Primary Care Information** includes the primary care physician's name, phone number and email address. This information allows communication, with parent consent, about the child's progress and his or her medical conditions that may impact intervention.

**7. Child Health Information** may be used for establishing eligibility. It should be used to plan appropriate services for a child. This section includes space for summarizing the FRC's review of pertinent records including the child's birth history, any medical conditions or diagnoses, etc. Information the family/ caregiver provides about child health is also recorded here.

**This section has been completed correctly if:**

- ALL requested information is completed;
- The type of IFSP is recorded;
- Accurate contact information for the family is recorded;
- The name and contact information for the FRC and the primary care provider is recorded; and
- The child information includes a statement of the child's current health status based on a review of the child's health records and a parent/caregiver interview.



All sections of the IFSP are intended to be completed for each child. If there is a section for which information is not available or not applicable for a specific child, the section should be labeled as such and not left empty.





## Relevant Federal Part C Regulations:

- *The content of the IFSP must include the name of the service coordinator (FRC) 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 [Part C]), who will be responsible for the implementation of the IFSP and coordinator with other agencies and persons. In meeting [this requirement], the public agency may assign the same service coordinator (FRC) who was appointed at the time that the child was initially referred for evaluation to be responsible for implementing a child's and family's IFSP or appoint a new service coordinator (FRC). (34 CFR 303.344(g)(1)-(2))*
- *IFSP meetings must be conducted in settings and at times that are convenient to families and in the native language of the family or other mode of communication used by the family, unless it is clearly not feasible to do so. Meeting arrangements must be made with, and written notice provided to, the family and other participants early enough before the meeting date to ensure that they will be able to attend. (34 CFR 303.342(b))*
- *A meeting must be conducted on at least an annual basis to evaluate the IFSP for a child and child's family, and as appropriate, to review its provisions. The results of any current evaluations conducted . . . 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. (34 CFR 303.342(d)-(e))*
- *The IFSP must include a statement of the child's present levels of physical development (including vision, hearing, and health status), cognitive development, social or emotional development, and adaptive development. (34 CFR 303.344(1)).*

**Note:** This resource guide was developed before the new IDEA Part C regulations were released in September 2011. The resource guide will be revised as Washington implements the new regulations. The new regulations may be found at <http://idea.ed.gov/>.



## SECTION II

### Child/Family Routines and Activities and Family Concerns, Resources, Priorities

This section guides conversations with the family to gather information about their child and family interests, routines, and activities. This information helps identify their concerns, priorities and resources. Each family decides what information they share and what information they are comfortable including in the IFSP. The family should not feel pressured to give information in each section of everyday routines, activities and places or in the concerns, priorities and resources section.

The information gathered along with the results of the child evaluation and assessment will support the IFSP Team in developing a meaningful and functional IFSP. The IFSP will build on the family's strengths and resources to address their priorities and concerns and assist them in participating in everyday routines and activities that are important to them.

#### A Guide to the IFSP Process:

The Family Resources Coordinator (FRC):

- Initiates conversation with family to begin information gathering:
  - In the context of this conversation, begins gathering functional information about the three global outcomes and the child's participation in everyday activity settings.
  - Gathers initial information from families about what's working/challenging in everyday routines and parent concerns/priorities.
- Reviews parent rights and procedural safeguards as needed.
- Explains to the family that the information will be shared with other team members so the information can help guide the team's planning process.
- If the family chooses NOT to share their concerns, priorities, and resources and/or include them in the IFSP, asks the parent to initial the statement on the form. Explain that the child and family will still be able to receive early intervention services if the child is found eligible. Based on the family's decision not to share, the FRC will need to gather information through observation and other means to develop outcomes.



## Completing this Section:

The Child/Family Routines and Activities and Family Concerns, Resources, Priorities sections of the IFSP are usually started during the first visit with the family. Conversations with the family about their everyday, routines, activities, and places as well as their concerns, priorities and resources begin with referral and the first contact. More detailed information is gathered from the family once there is a decision that an evaluation and assessment of the child is appropriate.

The information in these sections may be collected and completed in conversations between the family and the FRC and other service providers prior to the IFSP meeting. Information that is gathered related to these questions should be summarized at the IFSP meeting so the parents can confirm the information as recorded is correct and provide additional information, if they wish. It is important to have the information from prior conversations with the family available to refer to while discussing functional IFSP outcomes for their child and family. The FRC and other IFSP Team members may wish to pose additional questions or follow up probes during the IFSP meeting to complete this section.

It is not expected that the family's answers to these questions be recorded word-for-word. After giving the parent an opportunity to respond to the questions, additional probes for clarification and a summary of the main points may be appropriate. If the parents agree, capture that summary on the IFSP.

### 1. Child/Family Routines and Activities.

Understanding the routines and activities of children and families assists the team in identifying the numerous learning opportunities that can support children's learning and development. Young children learn best through routines and activities that they are interested in and that they participate in with family members, caregivers and other important relationships in their lives.

When gathering information about the family's routines, activities, and places, it is important to listen to the family. Active listening, including the use of clarifying questions and adding probes to the main questions will ensure the key points that the family wants to keep in mind while planning are recorded.

*"You were saying that Calvin really likes playing in the sandbox at the park. It sounds like he gets frustrated when the other children move away from him and play in other areas of the park. Tell me a little more about what you have tried and how things go at the park with the other children."*



- a) **Where does your child spend the day? Who is involved? How would you describe your child's relationship(s) with you and the people he or she spends the most time with in different settings?** This information helps the team understand the natural environments where the child spends time within a typical day or week. It is also helpful to understand if there are other caregivers for the child or people whose relationships are important to the child and the family who may need to be included in the IFSP planning and implementation process. More detailed information about how the child relates to caregivers, siblings, friends and the nature of their relationships is recorded here.

*"It sounds like Gloria is almost always with her brother, Ramon, who attends the same child care. What is their relationship like?"*



- b) **What are the things your child enjoys most (including toys, people, places, activities, etc.)?** Children learn best when they are interested, having fun, and around people, places, and things that are familiar and important to them. Understanding the child's interests and preferences helps the team think about where and how the family might implement intervention strategies in order to effectively engage the child.

*"Earlier you said that Michael is very happy when he is in the car. What is it that he likes about being in the car? What are other similar activities that he enjoys? Who is in the car with him when he is having the most fun?"*



- c) **What does your family enjoy doing together and why? Who is involved? When does this occur?** Understanding positive family activities can help providers and families select settings and routines where children can practice new skills through interest-based participation. This section should include more detailed information about activities the child engages in with caregivers, siblings and friends mentioned above and what makes these activities go well. Such information can help providers and families select intervention strategies and identify people who can help work on various functional IFSP outcomes.

*"Earlier you said that Rachel and her grandfather enjoy spending time together. How often does he spend time with Rachel and what activities do they do together?"*



d) **What activities and relationships are going well?**

The family's answers to previous questions may have already addressed this section. Providers can summarize what they heard and ask about any other parts of the day that weren't mentioned as especially interesting or enjoyable, but are still going well.

*"From what we've talked about, I know Missy loves bath and reading time before bed. You all enjoy family outings to the park and taking the kids to play at your sisters' house with her kids. How about the rest of your routines? What other activities are going pretty well most of the time? What makes these times go so well?"*



e) **What, if any, routines and activities do you find difficult or frustrating for you or your child?**

Information on the challenges families face in their typical routines and activities can help providers understand where they can help families problem solve and identify additional supports or adaptations that could help the child participate more successfully.

If Josh's dad says, *"Mealtimes are not when Josh is at his best – in fact, I dread having to get him to eat,"* the provider may ask more about the mealtime routine – where he eats, how he behaves as he is put in his highchair. The provider should ask Dad to describe what is challenging, what he's tried so far, and what he wants mealtime to look like.



Routines and activities that are frustrating should be considered as possible times for observation as part of the evaluation and functional assessment processes.



f) **What are the activities and routines your family currently does not do because of your child's needs, but is interested in doing now or in the near future?** Providers will also help identify both child and family functional IFSP outcomes and assure families that early intervention can support needs and interests that are in addition to those of the child with special needs. This question will allow families to reflect on how their lives have changed with the addition of their child with developmental concerns. For example, the mother may share:

*"John and I used to be able to go out once in a while. It used to be easy to get a babysitter for Jenny. Now that we have Nicky it's not so easy. I don't feel like I can leave him with anyone. Even getting to the grocery store is difficult."*



## 2. Family Concerns, Priorities and Resources.

In completing this section, the following information will be documented:

- **Concerns** = what the family is worried or wondering about;
- **Priorities** = what the family feels is most urgent and should be addressed first; and
- **Resources** = things, including family members, friends, community groups, financial supports, etc., the family is able to draw upon and finds helpful.

Identifying concerns, priorities and resources related to the development of their child is the family assessment included in IDEA and is strictly voluntary on the part of families. Families must be informed that the assessment is voluntary prior to moving into this discussion after conversations regarding everyday routines, activities and places. Families also must be informed that if they choose not to share this information or include such information on this section of the IFSP, the child and family will still be able to receive services if their child is found eligible.

The identification of family concerns can usually be summarized from information shared during conversations with the family regarding their everyday routines and activities, challenges, or difficulties. It may be most effective to complete these two sections together. For example, if the parents talk about sleep routines being difficult for the child when talking about routines, move to this section, list sleep/bedtime under concerns, and establishing a bedtime and sleeping through the night as a priority.



This section is **not** intended to be handed to the family to complete on their own. In fact, IDEA regulations require that this information be based on a personal "interview" (i.e., conversation) with the family.



- a. **Summary of Family Concerns.** Summarize family concerns about what is challenging or difficult for their child and family. Sometimes families choose to also share concerns that are not directly related to the child's development. These concerns should be addressed by the FRC who will provide information and help with referrals and related supports. These functional IFSP family outcomes and strategies for assistance can be recorded on the Functional IFSP Outcomes Supported by the Family Resources Coordinator Related to Accessing Community Resources and Supports page in Section IV of the IFSP.

*“Earlier we talked about mealtime and bedtime being challenges for your family and Jami. What other areas you are concerned about? What are the most important things for us to focus on right now?”*



- b. **Priorities of the Family.** Once family concerns have been summarized, families should be asked to identify what concerns the family feels are most urgent and should be addressed first. These statements can lead directly to the functional IFSP outcomes and should begin to be phrased functionally.

*For example, a parent might say “I want Johnny to talk” as they describe their priority or what they want to see for Johnny. To link this priority to activity settings that promote independence, social relationships and participation in everyday routines needed for the IFSP outcome (e.g., “Grandpa will understand what Johnny says when babysitting on Wednesdays”), one or more of the following probes might be asked:*



- *How would that make a difference in your day or make different times during your day easier?*
- *When would it be most helpful?*
- *What would you be doing during that time?*
- *What does the ideal situation look like?*

- c. **Strengths, Resources that Family has to meet their Child’s Needs.** Understanding family resources can assist the IFSP Team to identify appropriate strategies, supports and services to meet functional IFSP outcomes. Include resources that the family is comfortable sharing and that may help in developing an effective plan, as well as strengths that the family has for supporting their child’s development. Include family members, friends, community groups, financial supports, etc.

**This section has been completed correctly if:**

- The team understands and has documented the child and family’s typical daily and weekly activities;
- The team understands and has documented what the child enjoys the most and the things she or he finds most challenging;
- The team understands and has documented what is of interest to the family and their priorities for their child’s participation in family and community activities;



- The information obtained through this interview process, along with information gathered through evaluation and assessment of the child, can be used to develop functional IFSP outcomes and intervention strategies that will help the primary caregivers support the child’s participation in the family’s typical routines, activities, and places;
- Resources that the family has reported they find helpful and that they want included on the IFSP have been noted.
- The family’s words are used as much as possible when summarizing the information that is shared; and
- The family agrees that what they had intended to include on the IFSP is included.

**Relevant Federal Part C Regulations:**



- *With 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. (34 CFR 303.344(b))*
- *Any family assessments conducted 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. (34 CFR 303.322(d)(1))*
- *Any family assessment that is conducted must be voluntary on the part of the family. (34 CFR 303.322(d)(2))*
- *If an assessment of the family is carried out, the assessment must be conducted by personnel trained to utilize appropriate methods and procedures, be based on information provided by the family through a personal interview, and incorporate the family’s description of its resources, priorities, and concerns related to enhancing the child’s development. (34 CFR 303.322(d)(3))*

**Note:** This resource guide was developed before the new IDEA Part C regulations were released in September 2011. The resource guide will be revised as Washington implements the new regulations. The new regulations may be found at <http://idea.ed.gov/>.

## SECTION III

### Child's Present Levels of Development, Eligibility for Part C Services and Summary of Functional Performance, and Assessment Team

This section of the IFSP provides a picture of a child's present levels of development and how they affect his or her functional participation in family and community life. It is designed to meet federal regulations that require a statement of the child's present levels of development and unique needs in each developmental area are included in the IFSP. It will not include all the information learned about a child during eligibility and ongoing assessment opportunities, but it summarizes key developmental information about the child for the team, eligibility, and the three global outcome areas.



Some programs may require an evaluation report for reimbursement and other purposes and/or have separate evaluation reports in the child's file when assessments were conducted by providers outside the system prior to referral to the program. These reports are not part of the IFSP but should be included in the child's file.

An online module provides more detail on how to conduct and use the results from a functional assessment. Functional assessment includes activities such as observing and probing parents for information about child functioning. The information gathered in the previous section will help determine what combination of assessment tools, interviews with caregivers, and functional observations in various settings are needed to develop a meaningful picture of the child's functioning across settings relative to what is expected for the child's age. Not only does assessment occur in initial program planning, but it is most useful when it includes ongoing progress monitoring that is incorporated into activities.

#### A Guide to the IFSP Process:

The evaluation/assessment team, including the Family Resources Coordinator and the family:



- Use all information gathered to identify a plan for the evaluation and assessment process including:
  - Information from families about everyday routines and parent concerns/priorities; and
  - Evaluations and/or assessments of the child completed prior to referral to Part C (e.g., physical therapist at a hospital).

- Reviews medical information to determine if child has an established condition and is automatically eligible.
- Discusses the evaluation/ assessment process:
  - Reviews information that the FRC gathered with the family, adding new information as appropriate;
  - Discusses the proposed approach for the evaluation/assessment process; and
  - Describes what to expect from the evaluation/ assessment process, how family members will participate in that process, and what the team hopes to learn; and
  - Shares how evaluation/ assessment results will be used to determine present levels of development, eligibility, and ratings in the three global outcome areas in the summary of functional performance.
- Conducts the evaluation and assessment using tools and methods planned. If the child is automatically eligible due to the presence of a diagnosed condition that has a high probability of resulting in a developmental delay (see Washington's eligibility criteria), the team only needs to conduct functional assessments.
- Ensures that enough information has been gathered to:
  - Make an informed eligibility decision; and
  - Have an informed team discussion about the child outcomes summary rating (e.g., summary of functional performance descriptor statement decision).
- Determines and communicates the present levels of development and eligibility decision to the family:
  - Considers all information gathered as well as informed clinical opinion; and
  - Provides written prior notice related to the result of the eligibility decision (see p. 12).
- During the IFSP meeting, discusses, summarizes and documents a summary of the child's functioning by discussing and describing the child's current functioning in each of the three global outcome areas across settings and with different people. The team compares the child's skills and abilities to age expectations, including information from across the developmental domains. Further information on the summary of functional performance and related resources are available.
- Selects and documents an outcome descriptor statement for each of the three global outcomes at entry and exit.



## Completing this Section:

Be cautious to ensure that the most current information available is used to complete this section. Evaluations provided by referral sources and other agencies may not describe the child's current performance and provide all the information needed to complete this section.



### 1. Child's Present Levels of Development

- a. **Description of Skills/Status.** The team should briefly summarize the child's skills in each developmental area by listing what they know about the child's various abilities, strengths, and needs demonstrated through everyday routines and activities. Evaluation and assessment findings inform the development of these descriptions, but the information should focus on major things that the child can/cannot do within the developmental area rather than just providing a list of assessment items and whether or not the child received credit for each of them.

A brief description of the child's vision and hearing is also required. The descriptions can be based on a review of pertinent records from other sources (e.g., results of newborn hearing screening, result of EPSDT screen or physician screening) or on observations of the child's behavior. Washington Sensory Disabilities Services developed a three-pronged approach for service providers to identify concerns about infants' and toddlers' hearing and vision status. While not a "screening" per se, it incorporates information gained via observation, parent interview, and medical history to document parent concerns, observable infant behaviors, and risk factors and signs that may indicate high risk for vision impairment. Users can download the "Three Pronged Approach" tool from the WSDS website: [www.wsdsonline.org](http://www.wsdsonline.org). A parent report on its own is not adequate to describe the child's vision and hearing.



- b. **Developmental Level.** A percent of delay, standard deviation score or the child's age equivalence for each of the developmental areas must be included if available. The information recorded will depend on the method used to determine eligibility. A percent of delay or standard deviation must be recorded if the child is not eligible as the result of an established condition but may be eligible based on a delay. For children with established conditions, age equivalence may be used as standardized testing is not required to determine eligibility.

When this section is completed for annual IFSPs, age equivalence may be used in place of percent delay or standard deviation. Information obtained through ongoing progress monitoring should be included in the narrative description of skills and status (see section IX, IFSP Reviews).

If evaluation results are not conclusive, and/or did not yield valid scores in one or more domains, summarize the supporting evidence obtained from other assessment sources (e.g., parent report, observation) about the child's functioning that demonstrates that the child's development is delayed (at least 25 % in one or more domain) in the description of skills/status section and record that the developmental level is not applicable. This information will be used as supporting evidence for making the child eligible by informed clinical opinion. Note: Any successfully completed tests yielding scores or percentiles should still be included in the relevant domains, even if the scores do not indicate a delay.



- c. **Information Source.** List the type of approach used to determine the present level of development. Examples include the specific name of instruments, parent report, interview, or observation.
- d. **Administered By and Date.** Include the name of the person who administered the evaluation/assessment tool or collected the information and the date on which it was administered or collected.

Logical links should exist between the information included here and on the Child/Family Routines and Activities and Family Concerns, Resources, and Priorities sections. For example, if in those sections the parents indicated that they want to learn ways to help their child behave/manage challenging behaviors and describe what a difficult time the child has with dressing and bathing, the assessment should have included observations and/or assessment tool results that inform the description of the child's functioning in these areas.



The completed present levels of development section may look different based on how eligibility is determined. This example is completed for a child who is found eligible based on a developmental delay. Note that the developmental levels are expressed in terms of standard deviation.

<b>Developmental Area</b>	<b>Description of Skills/ Status</b> (list child's skills in each developmental area/ describe status; include information about sensory needs in each domain)	<b>Developmental Level</b> (% of delay, standard deviation, age equivalent)	<b>Information Source</b> (Instrument(s), Parent report, observation)	<b>Evaluator's Name and Assessment Date</b>
<b>Expressive Communication</b>  <b>Making sounds, gesturing, talking</b> (ex., vocalizes vowels; points to objects to express wants; uses 2 or more words)	<ul style="list-style-type: none"> <li>• <i>Jonah pets and pats at family dog</i></li> <li>• <i>Jonah greets family members with gesture and "hi"</i></li> <li>• <i>Grunts when frustrated</i></li> <li>• <i>Points at items he wants</i></li> </ul>	<i>2 Standard deviations below the mean</i>	<i>Battelle, observation, parent report</i>	<i>Joe Morgan, 2/17/11</i>

This example is completed for a child who is found eligible based on an established condition. Because only a functional assessment was required, the developmental levels are expressed as age equivalencies.

<b>Developmental Area</b>	<b>Description of Skills/ Status</b> (list child's skills in each developmental area/ describe status; include information about sensory needs in each domain)	<b>Developmental Level</b> (% of delay, standard deviation, age equivalent)	<b>Information Source</b> (Instrument(s), Parent report, observation)	<b>Evaluator's Name and Assessment Date</b>
<b>Adaptive Feeding, eating, dressing, sleeping</b> (ex., holds a bottle; reaches for toy, helps dress himself or herself)	<ul style="list-style-type: none"> <li>• <i>Kim is able to drink a 1 ounce of liquid at a time out of a cup held for her.</i></li> <li>• <i>Kim accepts a variety of foods (different textures and tastes) by spoon;</i></li> <li>• <i>She can hold a spoon, but is unable to bring it to her mouth.</i></li> <li>• <i>Kim is not able to assist in dressing or bathing due to her motor challenges.</i></li> <li>• <i>Kim is challenged by her limited movement to be able participate in independent feeding.</i></li> </ul>	<i>12 months</i>	<i>AEPS,OT report, Parent Interview</i>	<i>Alicia Jones, 12/15/10</i>  <i>Susan Maula, 12/15/10</i>  <i>Laura Donaldson, 12/13/10 and 12/15/10</i>

**2. Eligibility for Part C Services.** The evaluation and assessment **team determines** eligibility (not individual evaluators) based on the results from the assessment and evaluation including the child's present level of performance in all the required developmental domains, information gathered from the first contact/screening, observation of the child, family/caregiver report, any collateral information available (for example, therapy specific evaluations that may have previously been conducted), and informed clinical opinion. In Part C, informed clinical opinion is used throughout the assessment process and must be used for all children.

Washington's eligibility criteria for Part C are included in the state's policies and procedures. A child is eligible if he or she has: 1) a 1.5 standard deviation or 25% delay in development in one or more of the following areas: cognitive, physical: fine motor, physical: gross motor, adaptive, social or emotional, expressive communication, or receptive communication; 2) a diagnosed condition that is likely to result in delay; or 3) informed clinical opinion, used as the sole determinant of eligibility in exceptional circumstances. More detailed information on evaluation, assessment and determining eligibility is available in the *ESIT Evaluation, Assessment and Initial IFSP Practice Guide* (<http://www.del.wa.gov/publications/esit/>) and an ESIT practice brief on informed clinical opinion.

### Informed Clinical Opinion

Use of informed clinical opinion is not limited to determining eligibility for Part C but should be used in completing this section of the IFSP for all children. It is used in compiling both quantitative and qualitative information from multiple sources, which goes beyond test scores, to also develop a functional and meaningful IFSP.

**See NECTAC Notes:** *Informed Clinical Opinion at [www.nectac.org/~pdfs/pubs/nnotes10.pdf](http://www.nectac.org/~pdfs/pubs/nnotes10.pdf)*; the webinar on *Valid Use of Clinical Judgment (Informed Opinion) for Early Intervention* [www.nectac.org/~calls/2010/earlypartc/earlypartc.asp#session3](http://www.nectac.org/~calls/2010/earlypartc/earlypartc.asp#session3); and the ESIT practice brief on informed clinical opinion for more information about informed clinical opinion.)



Once the team has determined eligibility, fill in the criteria under which the child was found eligible for Part C services. Be sure that the evaluation results and narrative support the eligibility decision.

- Each child must have the appropriate eligibility category marked.
- No one member of the team, or the results from a single instrument, can be the sole determiner of eligibility.
- If informed clinical opinion is the only basis for determining the child eligible, explain why a percent or percentile of delay could not be obtained or does not adequately reflect the child's development. Provide a concise statement, summarizing evidence of delay from the **Child's Present Levels of Development** chart in each domain in which delays were observed or reported.

### Ongoing Eligibility

Reviewing a child's eligibility determination is part of the annual IFSP review but does not require conducting standardized assessments and determining eligibility at each review. At any time, if a child was originally eligible by delay (not by established condition) and appears to no longer be exhibiting a delay according to Washington's eligibility criteria and no longer needs early intervention services based on the team's informed clinical opinion, then the IFSP team may determine that it is appropriate to re-evaluate the child for purposes of determining ongoing eligibility. Please see the ESIT practice brief on ongoing eligibility additional information.

**Written prior notice** is required to be provided to the child's parents following eligibility determination. This occurs as follows:



*If the child is eligible for Part C services:*

- Written prior notice regarding eligibility is provided in conjunction with the confirmation of IFSP schedule notice provided prior to the IFSP meeting. The check box on the written prior notice form should be marked indicating that the child was found eligible and an IFSP meeting will be held to develop the initial IFSP.

*If the child is **not** eligible for Part C services:*

- If the child is not found eligible, parents must be provided written prior notice and given a verbal explanation about what led to the decision informing them of the decision. It is required that parents also must be provided with written prior notice informing them of the decision and their option to dispute the eligibility decision.



- As appropriate, and to the extent it is of interest to the family, the family should be linked with other supportive services in the community through referrals or by setting up appointments for the family. Informational resources should also be provided to these families to provide an overview of developmental milestones to watch for in case there are additional concerns and they would like their child re-evaluated in the future. Families should be thanked for their careful observations and for initiating contact and taking time to participate in the evaluation and assessment process.
- Documentation of the eligibility determination should be completed for the child and a copy provided to the parents. This documentation should also be maintained for children who are not found eligible.

See *Implementing Part C Procedural Safeguards in Washington State: A Step-by-Step Model* in Appendix A, the Procedural Safeguard TA Guide and the webinar on Procedural Safeguard Forms and Guidance (<http://www.del.wa.gov/publications/esit/>) for more information on the procedural safeguard forms and process.

Eligibility for Part C services is based on overall knowledge about the child from the evaluation and assessment process and as reflected in the present levels of development section of the IFSP. The summary of functional performance listed on the following page and associated summary of child’s functioning is not intended for eligibility determinations. Neither the summary of child functioning, nor the outcome descriptor statements, should be used as a rationale to qualify or disqualify a child from services.



**3. Summary of Functional Performance.** The summary of functional performance is the part of the IFSP where the evaluation and assessment team (including the parents) synthesizes all the information known about the child from a variety of sources and across settings to create a snapshot of the child’s functioning relative to same-aged peers in each of three global outcome areas. The snapshot of functioning includes both a descriptive/narrative portion and an outcome descriptor statement for each of the areas:

- Positive social/emotional skills;
- Acquiring and using knowledge and skills (including early language/communication); and
- Use of appropriate behaviors to meet their needs.

Information to reference in this section includes, but is not limited to:

- Information gathered when completing the Child/Family Routines and Activities and Family Concerns, Resources, Priorities sections;
  - Information from all of the evaluation and assessment activities conducted by the program or from outside sources and the child’s present levels of development;
  - Any additional notes from a note-taking guide or other format.
- a. **Summary of Child’s functioning.** The IFSP Team should write a summary narrative describing the child’s functioning with regard to each of the three global outcome areas. The information in this section builds on, but does not duplicate information from the previous sections of the IFSP and therefore should not be copied directly from the present levels of development or other sections.

The summary of child functioning is a brief snapshot of the child’s functioning in each of the three global outcome areas at the current time and is based on all sources of information and all team members. It describes how the child functions in activities that are meaningful to the child, using whatever adaptive technology is routinely available to the child. The summary references where different types of functioning are in the developmental sequence (age-expected, immediate foundational, or foundational) **without** correcting the child’s age for prematurity.

The final content on the form needs to reflect the discussion and views of all team members, rather than the views of just one person who writes something for the section. The narrative should reference what the functioning looks like as well as the level of functioning.



## 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 (example):

- At 13 months, Nathan is interacting with other people in the same ways as many other kids his age.
- Nathan smiles and responds to greetings by adults and warms up fairly quickly to new people.
- He strongly expresses displeasure when his mother leaves the room.
- Greets his father by saying "dada," smiling, and hugging him when he comes home in the evening.
- Nathan is beginning to show pride in his accomplishments by looking to his mother for praise and, sometimes, by clapping for himself.
- He likes to snuggle in his mother's lap to read books and takes turns with her by turning a page, pointing, and then making eye contact to see what she will tell him about the picture before turning to the next picture.
- At this time Nathan has limited opportunities to play with peers. Although he is aware of other children and smiles around them, he is content to play on his own when he is with his peers.
- Nathan is especially fascinated by another little baby in the church nursery and sometime reaches out to touch her curly hair when they are together in the church nursery.
- If another child attempts to take what he has, Nathan will defend his possessions by holding tightly onto them. Nathan's mother is helping him learn to trade toys (you can have this and I'll take what you have) when she wants him to play with something else.
- When he is angry, he requires adult assistance to calm. Nathan gets frustrated when he is not understood or when what he wants is not granted (e.g., to go down stairs when he wants or when he can't have something he wants).
- He seeks hugs from his mother by crawling up in her lap – this is an enjoyable time for both of them.
- No interactions in social relationships were observed with Nathan that were below what would be expected for a child his age. Nathan's mobility challenges have not impacted his social-emotional functioning in everyday environments.



- b. **Outcome Descriptor Statement.** After the team discusses the child's functioning, it selects the outcome descriptor statement that is the best match for the overall functioning of the child in each of the three global outcome areas. Teams should use the decision tree as a guide for which set of descriptor statements might be appropriate and then select the specific statement that most closely matches the description for the child. The decision tree contains the logic and identifies the key distinctions between different criteria for child outcomes summary ratings.

The outcome descriptor statements cannot be altered; they map onto specific child outcomes summary rating words (e.g., not yet, emerging, somewhat, completely) and numbers (i.e., 1 – 7) that later will be used for reporting and accountability. A complete list of the outcome descriptor statements as well as the ratings and summary rating words associated with each is available.



- c. **Date.** Record the date that the outcome descriptor statements were selected by the team. This is important because the date when statements were selected may be different from the other dates on the IFSP.

The summary of functional performance will also be completed when the child exits the program.



#### 4. Assessment Team.

- a. Enter the name and credentials of each member of the team (including the FRC and family members) who participated in aspects of the evaluation and assessment process and their role and organization. If the individual has multiple roles (e.g., SLP and FRC), include them. If information from assessments conducted by someone who referred the child has been referenced, also include that individual on the list if the information is relevant or needed for the eligibility decision; in addition to their role and organization, note their role in the referral process.
- b. In the third column check each box that applies to describe the various roles that individual had in the process. Multiple boxes may be selected for each individual.
  - **Child's Present Levels of Development (PLOD).** *The individual participated in assessment activities or contributed to the information included in the PLOD section of the IFSP.*
  - **Eligibility for Part C Services.** *The individual participated in the eligibility decision for this child.*
  - **Contributed information for the Summary of Functional Performance.** *The individual provided information about the child's functioning that contributed to the summary of the child's functioning in the summary of functional performance section.*
  - **Participated in selection of outcome descriptor statements.** *The individual helped identify which descriptor statement (and therefore child outcomes summary rating) was selected.*
- c. Family participation. Check the appropriate boxes to describe how the family was involved in the summary of functional performance process and the ways the team collected information from the family about their child's functioning.
- d. Sources of information. List the assessment instruments that informed the summary of functional performance. Record the other types/ sources of information used as the basis for the summary of functional performance including practitioner reports and observations. There should be multiple sources of information.

#### These sections have been completed correctly if:

- All boxes contain information that is written in language that is understandable and meaningful to all team members.
- Developmental levels are recorded in each developmental area in order to clearly document the child's developmental status in each domain area. This information is also evidence for how a child is determined eligible under the developmental delay category.
- The information is related to and consistent with information included in previous sections and can be used to develop the Functional IFSP Outcomes for Children and Families section.
- A summary of child's functioning and a summary outcomes descriptor statement has been completed for each of the three global outcomes.
- The information describes the child's functional abilities, strengths, and needs in the three global outcomes as demonstrated through everyday routines and activities across settings.
- The Assessment Team page is completed, and information about the family's participation in the summary of functional performance is filled out.



## Frequently Asked Questions:



- Q:** The boxes for the PLOD developmental level are really small and there is not enough for the whole evaluation. How much information should go in those boxes?
- A:** Regarding the size of the boxes, the boxes will expand when typed into using a computer. Those boxes and data entry spaces will also expand in the DMS. If you are using a paper copy, you may wish to add additional spaces in the boxes prior to printing the form. It is important to note that the Present Levels of Development page is not intended to record the whole evaluation and assessment report, but to briefly list the child's strengths and needs in each domain of development. Evaluation and assessment reports may be included in the child's file.
- Q:** Is it okay to put the same information in the PLOD and summary of functional performance sections?
- A:** While the information in the PLOD section will be used to develop rationale for the summary of functional performance, the information will be different. In the PLOD section, information is presented by domain. In the summary of functional performance section, information is integrated across domains to describe the child's functioning in each of the three outcome areas. Although the functional performance rationale will be informed by the PLODs, the evidence to support it rating will have to be reorganized across domains and reflect how the child actually acts/ interacts/ problem solves/ expresses needs/ gets needs met etc.

## Relevant Federal Part C Regulations:

- *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" and that this statement "be based on professional acceptable objective criteria". (34 CFR 303.344(a))*
- *The evaluation and assessment of the child must:*
  - *be conducted by personnel trained to utilize appropriate methods and procedures;*
  - *be based on informed clinical opinion;*
  - *include the following:*
    - *a review of pertinent records related to the child's current health status and medical history;*
    - *an evaluation of the child's level of functioning in each of the following developmental areas;*
      - *Cognitive development;*
      - *Physical development, including vision and hearing;*
      - *Communication development;*
      - *Social or emotional development;*
      - *Adaptive development;*
- *An assessment of the unique needs of the child in terms of each of the development areas . . .including the identification of services appropriate to meet those needs. (34 CFR 303.322(c))*



**Note:** This resource guide was developed before the new IDEA Part C regulations were released in September 2011. The resource guide will be revised as Washington implements the new regulations. The new regulations may be found at <http://idea.ed.gov/>.



## SECTION IV

### Functional IFSP Outcomes Supported by the Family Resources Coordinator

This section pulls together all of the information the family has shared so far, with the expertise of the IFSP Team members, to determine the functional IFSP outcomes that will be addressed. Functional IFSP outcomes are the central discussion point of the IFSP meeting. They are used to determine which early intervention services, as well as informal supports, will be used to support parents and other caregivers to promote the child's learning and development throughout daily routines and activities.

#### A Guide to the IFSP Process:

The Family Resources Coordinator (FRC):

- Schedules the Initial IFSP Meeting at a convenient time and location for the family within 45 days of referral.
- Provides a written meeting notice to the parent(s) and other IFSP Team members using the *Confirmation of Individualized Family Service Plan (IFSP) Schedule* form to facilitate their participation. The date, time, and place of the IFSP meeting must be included.



This written meeting notice to the parents and IFSP Team members is **not** the same as written prior notice. In some cases, when the child is clearly eligible, the IFSP meeting may be scheduled during an early conversation with the family and may include the discussion of eligibility. A written meeting notice must be provided to parents in advance of the meeting. (See *Implementing Part C Procedural Safeguards in Washington State: A Step-by-Step Model* in Appendix A and the *Procedural Safeguard TA Guide* (<http://www.del.wa.gov/publications/esit/>.)



The IFSP Team meeting should include the family, representative(s) of the evaluation/assessment team, the FRC, early intervention providers, as appropriate, and others invited by the family.

During the IFSP meeting:

- Family priorities drive the selection of outcomes. The FRC summarizes previous conversations and asks families if other priorities/concerns have emerged to help inform the selection of IFSP outcomes. IFSPs reflect where families want to focus immediately and need not address challenges in all domains or all three global child outcome areas.
- The IFSP Team develops functional IFSP outcomes and identifies methods and strategies to meet the outcomes.
- The FRC discusses linkages to community supports and resources using the Functional IFSP Outcomes Supported by the Family Resources Coordinator Related to Accessing Community Resources and Supports section in the IFSP. For example, the FRC may say, "In listening to your concerns, you noted you wanted your child to play with other children to encourage use of more words. Let's talk about community options where that could happen." This helps families better understand the role of the FRC.



#### Completing this Section:

Outcomes are the heart of the IFSP. The link between family priorities and routines, the child's developmental levels, skills and functioning, IFSP outcomes, and subsequent supports and strategies should be clear to anyone looking at the IFSP.

Functional IFSP outcomes must be:

- Based on family concerns and priorities and related to activities in everyday routines;
- Measurable;
- Relevant to the child's current functioning; and
- Able to be realistically progressed toward in the agreed upon review period and by the projected completion date.



Given how quickly infants grow and change, meaningful outcomes should be written taking into consideration the amount of time required to meet the outcome. Establishing a broad outcome that the infant or toddler will take a long time to achieve (writing “Cara will walk” when she is not yet pulling to a stand) is not as useful as being functional and targeting emerging skills and behaviors in the context of routines (“Cara will pull to standing and take steps in her playroom during morning play time”). This more focused outcome is more helpful in determining strategies, services and progress.

More information on developing functional outcomes, including several examples of functional outcomes, is included in the ESIT practice brief on developing functional outcomes.

This section has two parts:

- Part 1, Functional IFSP Outcomes for Children and Families — designed to enhance the child’s learning and the capacity of the family to meet the needs of the child.
- Part 2, Functional IFSP Outcomes Supported by the Family Resources Coordinator Related to Accessing Community Resources and Supports — designed to address priorities for family members and may not be directly related to the child (e.g., Mom wants to complete a GED, the family needs to find new child care).



While not every family will need or desire family-oriented outcomes, their needs should be addressed if they are expressed. All supports and services should focus on enhancing family capacity in facilitating their child’s learning and participation.

Each child and family outcome that is identified by the team should be documented separately. Multiple blank copies of the Outcomes section should be available to the IFSP Team as they collaboratively develop the IFSP.

## Part 1: Functional IFSP Outcomes for Children and Families

1. The outcome statement, **What would your family like to see happen for your child/family?** The outcome statement should be written in clear terms that are easy for all team members (and other readers of the IFSP) to understand, not just a restatement of the family’s words. The team should work together to formulate the wording of each outcome to ensure that it is functional and measureable. Each outcome should be numbered.

## 2. What’s happening now related to this outcome?

This section provides a brief summary of what is happening now. This information should be more succinct than related information recorded earlier in the IFSP and provides a basis for measurement of progress for the IFSP Team during IFSP reviews.

For example, consider a situation in which Libby’s parents are frustrated because she is refusing to ride in her car seat. The outcome statement decided upon by the IFSP Team is:

*Libby will accompany the family for car rides while sitting happily in her car seat.*

What is happening now is described as:

*Libby must stay home with mom or dad because she refuses to ride in her car seat so the family can go on outings together.*



## 3. What are the ways in which your family and team will work toward achieving this outcome? Who will help and what will they do? This section records the strategies and methods that will lead to achievement of the outcome and who will help with this outcome (e.g., both early intervention providers and informal supports).

- a. **Strategies** are WHO will do WHAT in WHICH everyday routines, activities, and places. Describe in detail what the various team members (including family members, friends and other caregivers) will do in order to meet the outcome.
- b. **Methods** of service delivery describe the practitioners’ approach to supporting child and family in achievement of functional IFSP outcomes. The method may be:
  - *Direct service:* Provider working with caregiver and child;
  - *Consultation:* Team members conferring without the child and caregiver present;
  - *Joint visit:* Two or more team members providing direct service to caregiver and child together; or
  - *Assessment:* Specific evaluation or assessment of child’s functioning in area of concern (not part of the on-going assessment that is part of service provision). For example, after a child is determined eligible, the IFSP team may agree that the child would benefit from an additional physical therapy or assistive technology assessment.

These strategies and methods should be described as they will occur during **daily activities and routines**.

- *The early childhood specialist will provide direct services by using coaching strategies with Libby's family to problem solve what is contributing to Libby's fussing while in her car seat and find strategies that will help make car travel more enjoyable for Libby.*
- *The physical therapist will consult with the early childhood specialist to evaluate Libby's car seat and her positioning to determine if adaptations need to be made.*



4. **How will we know we've made progress or if revisions are needed?** The progress section records how the team will know whether progress is being made toward the outcome. Three elements are required:

a. **Criteria** for determining progress. What observable action or behavior will the child or family do to show that progress is being made?

- *Libby will ride in the car in her car seat for short distances without fussing.*
- *Libby's parents will report they are able to go on family outings.*
- *Brittany will crawl from the living room to her bedroom to interact with her siblings.*
- *Sam will say "juice" and "cookie" to indicate his preferences during meals and snacks.*



b. **Procedures** for determining progress (often "parent report" or "team observation"); and

c. **Timelines** for determining progress. Young children's and their family's needs and priorities change frequently. Functional IFSP outcomes should be written to be realistically achieved within a reasonable time frame and no longer than one year. Recommended practice is to set shorter times for periodic review of progress (i.e., three months, four months, six months) to ensure that the IFSP Team reviews progress often and makes adjustments accordingly to ensure outcomes are met. Timeline information should be written in terms that are meaningful to the family; dates of family events and celebrations are often helpful time lines.

5. **How did we do?** The IFSP Team uses this section to rate progress toward the outcome when reviewing the IFSP and the functional IFSP outcomes periodically. Using the criteria, procedures and timelines set for determining progress, the team should record:

- a. Whether the functional IFSP outcome was achieved or progress was made toward the outcome; and
- b. If anything about the situation surrounding the outcome has changed, necessitating discontinuing or revising the outcome.

## **Part 2: Functional IFSP Outcomes Supported by the Family Resources Coordinator Related to Accessing Community Resources and Supports**

Family resources coordination is provided to all families. One responsibility of the FRC is to help families identify and access community resources and supports that they or their child may need, based on the family's current priorities. This page outlines the steps and activities that the FRC will take to connect the family with those resources.

1. The outcome statement, **What do we want to accomplish?**, similar to the functional IFSP outcomes, is the desired outcome for someone other than the child.
2. **Who will do what?** Record strategies, activities, or information that will be provided to reach the outcome as well as who is responsible.
3. The **Review Date, Progress and Comments** sections are to be filled out when the outcome is reviewed by the IFSP Team.

These outcomes, like the child and family outcomes should be functional. They may or may not relate directly to child outcomes but are outcomes for the family (not the FRC). This section is an opportunity for the FRC to document the intended functional outcomes of service coordination and should reflect the family's individualized needs and priorities.



An example is a plan to find child care so that a parent can go back to work. The strategies include what the family, the FRC might do to help. In this case, the FRC may obtain a list of agencies that provide respite care to parents, the parent may research each of the care providers, and the FRC may provide the family with information on child care funding options or programs.

### This section has been completed correctly if:

- The IFSP outcomes are functional, measurable, and written in clear and understandable language.
- The functional IFSP outcomes reflect the family's priorities and concerns.
- The team, including the parent(s)/ caregiver(s), knows how progress toward achieving the outcomes will be measured.
- It is clear who will be doing what to support progress towards the outcomes.



### Relevant Federal Part C Regulations:

- The IFSP must include:
  - A statement of the major outcomes expected to be achieved for the child and family, and the criteria, procedures, and timeliness used to determine the degree to which progress toward achieving the outcomes is being made and whether modifications or revisions of the outcomes or services are necessary. (34CFR 303.344(c))
- Service Coordination.
  - (a)(1) Service coordination means the activities carried out by a service coordinator (FRC) to assist and enable a child eligible under this part and the child's family to receive the rights, procedural safeguards, and services that are authorized to be provided under the State's early intervention program.
  - (2) Each child eligible under this part and the child's family must be provided with one service coordinator (FRC) who is responsible for--
    - (i) Coordinating all services across agency lines; and
    - (ii) Serving as the single point of contact in helping parents to obtain the services and assistance they need.
  - (3) Service coordination is an active, ongoing process that involves--
    - (i) Assisting parents of eligible children in gaining access to the early intervention services and other services identified in the individualized family service plan;
    - (ii) Coordinating the provision of early intervention services and other services (such as medical services for other than diagnostic and evaluation purposes) that the child needs or is being provided;
    - (iii) Facilitating the timely delivery of available services; and



- (iv) Continuously seeking the appropriate services and situations necessary to benefit the development of each child being served for the duration of the child's eligibility.
- (b) Specific service coordination activities. Service coordination activities include--
  - (1) Coordinating the performance of evaluations and assessments;
  - (2) Facilitating and participating in the development, review, and evaluation of individualized family service plans;
  - (3) Assisting families in identifying available service providers;
  - (4) Coordinating and monitoring the delivery of available services;
  - (5) Informing families of the availability of advocacy services;
  - (6) Coordinating with medical and health providers; and
  - (7) Facilitating the development of a transition plan to preschool services, if appropriate.
- (c) Employment and assignment of service coordinators (FRCs).
  - (1) Service coordinators (FRCs) may be employed or assigned in any way that is permitted under State law, so long as it is consistent with the requirements of this part.
  - (2) A State's policies and procedures for implementing the statewide system of early intervention services must be designed and implemented to ensure that service coordinators (FRCs) are able to effectively carry out on an interagency basis the functions and services listed under paragraphs (a) and (b) of this section.
  - (d) Qualifications of service coordinators (FRCs). Service coordinators (FRCs) must be persons who, consistent with Sec. 303.344(g), have demonstrated knowledge and understanding about--
    - (1) Infants and toddlers who are eligible under this part;
    - (2) Part C of the Act and the regulations in this part; and
    - (3) The nature and scope of services available under the State's early intervention program, the system of payments for services in the State, and other pertinent information. (34CFR 303.23)

**Note:** This resource guide was developed before the new IDEA Part C regulations were released in September 2011. The resource guide will be revised as Washington implements the new regulations. The new regulations may be found at <http://idea.ed.gov/>.



## SECTION V

### Transition Planning

When a child is getting ready to leave the ESIT program, the Transition Plan helps the IFSP Team ensure that the child and family experience a smooth and effective transition as required by federal Part C regulations. Through discussions with the family, specific steps and actions are determined to facilitate the family's transition from early intervention to other needed supports and services. The FRC is responsible for guiding, coordinating and facilitating this process. The Transition Plan is a "to do list" – who will do what, by when; in order to make sure transition happens smoothly and effectively.

#### A Guide to the IFSP Process:

While the transition conference is not required until at least 90 days and up to 9 months before the child's third birthday, it is important to discuss transition at every IFSP meeting. Transition planning begins when a child is referred to Part C and may be included on each IFSP, including the initial IFSP. As a child nears his or her third birthday, the transition plan is a required element of the IFSP. Early IFSPs may simply provide information about the Part C program and a description of service options for a child at age 3, or sooner, as appropriate (e.g., preschool special education, if eligible, early head start, head start, regular preschool programming). Families should also be aware that some children only need Part C services for a short period of time and may transition to other community services, if appropriate, prior to their 3rd birthday.



#### Completing this Section:

The list of transition requirements and activities assist FRCs with transition planning and ensure compliance with federal Part C requirements.

1. **Priorities and Goals for Your Child's Transition:** The IFSP Team should pay careful attention to the family's priorities and goals for transition as they plan and implement the steps and activities. These are also used to inform functional IFSP outcomes as the child nears transition. Transition activities may not be completed in each IFSP. Those activities that are relevant to the child and family (based on child's age and family's priorities) may be included. For very young children, this section of the IFSP may be partially completed and then at subsequent IFSP meetings (including the transition conference), additional activities may be addressed. The transition conference is considered an IFSP meeting; therefore, any changes to this section or other sections of the IFSP must include the completion of the IFSP Review Section.

- a. **Action Steps.** These steps may be as simple as explaining to families that the Part C program continues until the third birthday at the initial IFSP meeting. They will become more specific, with specific timelines attached, as the third birthday nears.
- b. **Role of Person Responsible.** Generally, this will be the FRC but may be others.
- c. **Date Initiated and Date Completed.** For most requirements, these dates are for purposes of tracking what has been done. For the transition notification and conference requirements, however, these dates are used to determine compliance with Part C requirements.

#### Transition Planning Requirements and Activities:


1. In early stages of the transition discussion, describe for parents what "transition" from early intervention means, including eligibility and age guidelines for early intervention services. Provide families with a general idea of potential service options that are available in the community for children when they transition from Part C services.
2. As the child gets closer to the time when he or she will transition (i.e., at age 2), explain to the family all potential options that are available when their child is no longer eligible for Part C services.
3.
  - a. Notification is required to LEAs of children who are approaching age 3. ESIT will provide this information to the LEA. This includes providing the child's name, address, phone number and date of birth and parent consent is not required.
  - b. Additional notification is also required of children who are potentially eligible for Part B services. The LLA should provide this information to the LEA.
4. Provide the family with further information on potential programs for their child. Consider visits to potential receiving agencies or a meeting to which parents go to hear about services from a variety of agencies.
5. It is important to prepare the child for the transition. The functional IFSP outcomes set by the IFSP Team as the child nears transition should include preparing the child to adjust and function in his or her new setting.
6. It is helpful for any receiving agency to be sent information (with parent consent) about the child well ahead of time.




7. Encourage the parents to request a written copy of their rights within the new service system from the receiving agency.
8. The transition conference for children potentially eligible for Part B is required to be held at least 90 days or up to nine months before the child's 3rd birthday. It is recommended that the meeting be scheduled as early in this period as possible for a smooth transition. Written prior notice must be provided prior to the transition conference. (See *Implementing Part C Procedural Safeguards in Washington State: A Step-by-Step Model* in Appendix A, the *Procedural Safeguard TA Guide* and the webinar on Procedural Safeguard Forms and Guidance (<http://www.del.wa.gov/publications/esit/>) for more information on the procedural safeguard forms and process.)
9. **Transition Conference.** This part of the IFSP should be used to document the decisions made at the transition conference with the school district for children who are potentially eligible for Part B services, which must be convened if the parent agrees. Representative(s) from the school district who will be serving the child after transition has occurred must be invited.
  - a. Document the activities that the team, including the family and Part B representative(s), decides should occur before the child transitions.
  - b. Review current evaluation information and assist Part B representative(s) to determine if any further evaluations are needed to determine eligibility for Part B.
  - c. Assist Part B representative and parents to schedule an IEP meeting, if the child will transition into preschool special education.
  - d. Discuss program options from the child's third birthday to the end of the school year.
  - e. Note any need for follow up.
10. Other transition activities as identified by the team should be included.



### This section has been completed correctly if:

- The family made informed decisions about transition, based on complete information about available options.
- The team planned all the activities that need to occur in order to ensure a smooth and effective transition. 
- Specific action steps are described and team members know who is responsible for which activities.
- The target dates to complete the activities are recorded.
- The Transition Plan, including documentation regarding the decisions made at the transition conference, is included as part of the child's IFSP.

### Frequently Asked Questions

- Q:** What do we use to document the transition meeting (i.e., signature page and who participated)? 
- A:** The transition meeting is a meeting of the IFSP Team with the LEA representative. If it does not occur at an annual IFSP review when a new IFSP is developed, an IFSP Review (Section IX) will be used to document the meeting and any changes made to the IFSP.
- Q:** How will we address the child's transition steps, such as working with the child to be able to sit in a circle with the other children?
- A:** If there are functional outcomes that a child needs to reach in order to ensure a smooth transition, those skills should be included as functional IFSP child and family outcomes and added to the IFSP when it is updated at the transition meeting.

## Relevant Federal Part C Regulations:

- The IFSP must include:
  - Steps to be taken to support the transition of the child . . . to preschool services under Part B of the Act, to the extent that those services are appropriate or [to] other services that may be available if appropriate.”
- Discussions with, and training of, parents regarding future placements and other matters related to the child’s transition;
- Procedures to prepare the child for changes in service delivery, including steps to help the child adjust to, and function in, a new setting; and
- With parental consent, the transmission of the information about the child to the local educational agency, to ensure continuity of services, including evaluation and assessment information . . . and copies of IFSPs that have been developed and implemented . . . (34 CFR 303.344(h))
- The Lead Agency will:
  - notify the LEA for the area in which the child resides that the child will shortly reach the age of eligibility for preschool services under Part B . . . as determined in accordance with State Law;
  - In the case of a child who may be eligible for preschool services under Part B of the Act, with the approval of the family of the child, convene a conference among the lead agency, the family, and the local educational agency at least 90 days, and at the discretion of the parties, up to [9] months before the child is eligible for the preschool services, to discuss any services that the child may receive; or
  - In the case of a child who may not be eligible for preschool services under Part B of the Act, with the approval of the family, make reasonable efforts to convene a conference among the lead agency, the family, and providers of other appropriate services for children who are not eligible for preschool services, to discuss any services that the child may receive;
  - Review the child’s program options for the period from the child’s third birthday through the remainder of the school year; and
  - Establish a transition plan. (34 CFR 303.148)



## Relevant Federal Part B Regulations:

- The State must have in effect policies and procedures to ensure that--
  - (a) Children participating in early intervention programs assisted under Part C of the Act, and who will participate in preschool programs assisted under Part B of the Act, experience a smooth and effective transition to those preschool programs in a manner consistent with section 637(a)(9) of the Act;
  - (b) By the third birthday of a child described in paragraph (a) of this section, an IEP or, if consistent with Sec. 300.323(b) and section 636(d) of the Act, an IFSP, has been developed and is being implemented for the child consistent with Sec. 300.101(b); and
  - (c) Each affected LEA will participate in transition planning conferences arranged by the designated lead agency under section 635(a)(10) of the Act. (34 CFR 300.124)
  - Initial IEP Team meeting for child under Part C. In the case of a child who was previously served under Part C of the Act, an invitation to the initial IEP Team meeting must, at the request of the parent, be sent to the Part C service coordinator (FRC) or other representatives of the Part C system to assist with the smooth transition of services. (34 CFR 300.321(f))



**Note:** This resource guide was developed before the new IDEA Part C regulations were released in September 2011. The resource guide will be revised as Washington implements the new regulations. The new regulations may be found at <http://idea.ed.gov/>.

## SECTION VI

### Summary of Services and Other Services

This section is a summary of the service information related to each of the functional IFSP outcomes, making it easy to see which provider is providing what services, to address which outcomes, for how long, when, and under what payment arrangements. It is important that the team consider all functional child and family IFSP outcomes in determining what **early intervention services** will be provided to meet the needs of children and families.

#### A Guide to the IFSP Process:

During the IFSP Meeting:

- Services and supports are identified to meet the child and family functional IFSP outcomes including:
  - Various team members' and others roles and responsibilities in accomplishing the functional IFSP outcomes.
  - Frequency/intensity and methods, setting, and agencies responsible.
- Other services needed by the child and family, but not entitled under Part C must also be identified.

The IFSP Team must value and support the family's typical routines when identifying services, supports and strategies necessary to achieve the IFSP outcomes. Services must "fit the family" instead of making the family "fit the service."



#### Completing this Section:

1. Review all IFSP Outcomes and determine the **early intervention service(s)** needed to achieve the outcomes:
  - a. Services listed should match the services described as needed to implement strategies in the outcomes sections.
  - b. A single service (e.g., occupational therapy) should be listed more than once if more than one service delivery method will be used.
2. With each service, include the **number(s) of the outcome(s)** this service will help address. It may be that more than one service is needed to help address a single outcome and that several outcomes are addressed through a specific service.
3. Next, looking across all functional IFSP outcomes for which the particular service (e.g. occupational therapy) is needed, calculate how many times it will occur during the designated time frame (**frequency**) and for how many minutes each time (**intensity**) that service will be provided to address the applicable outcomes listed. These should agree with the start and end dates.
4. Indicate the **method(s)** that will be used in providing this service. Methods of service delivery describe the practitioners' approach to supporting child and family in achievement of functional IFSP outcomes. The method may be:
  - a. Direct service: Provider working with caregiver and child;
  - b. Consultation: Team members conferring without the child and caregiver present;
  - c. Joint visit: Two or more team members providing direct service to caregiver and child together; or
  - d. Assessment: Specific evaluation or assessment of child's functioning in area of concern (not the on-going assessment that is part of service provision). For example, after a child is determined eligible, the IFSP team may agree that the child would benefit from an additional physical therapy or assistive technology assessment.
5. Specify the **setting** where each service will be provided (i.e., home, child care) and whether that setting is a natural environment. If the setting is not a natural environment, complete Section VII, Natural Environment Justification. For consultation, the setting is not applicable.
6. List the **payment arrangements** for the service, if any.
7. Indicate the date the service will begin (**Start Date**) as well as the date the team anticipates that the service will end (**End Date**). These dates may or may not be the same as the IFSP start and end dates. These service start and end dates must fall within the period of time that is covered by the IFSP.
8. Fill in the name(s) of the **agency(ies)** responsible for these services.
9. Include any relevant notes in the **documentation of discussions to reach consensus about services** section. While this section is not required, it may be useful to include notes from the conversation. It is particularly important to record in this section if services were offered that the parent refused or is going to pursue or dispute through dispute resolution.

Early Intervention Services	Outcome # (list all that apply)	Frequency/ Intensity	Methods	Setting	Natural Environment Y/N*	Payment Arrangements (if any)	Start Date	End Date	Agency(ies) Responsible
Occupational Therapy/Special Instruction/ Developmental Therapy	1, 2, 4	20 1-hour visits	Joint visit	Home	Y	Medicaid/ Special Education	1/1/11	6/30/11	Apples and Oranges Occ Therapy, Apple City EI, and Orchard Speech and Development
Occupational Therapy/Special Instruction/ Developmental Therapy	1, 2, 4	6 (monthly) 30-minute planning meetings	Consultation	NA	NA	Medicaid/ DDD	1/1/11	6/30/11	Apples and Oranges Occ Therapy, Apple City EI, and Orchard Speech and Development
Occupational Therapy	1, 4	6 30-minute visits	Direct service	Child care	Y	Medicaid	1/1/11	6/30/11	Apples and Oranges Occ Therapy
Occupational Therapy	1	12 45-minute visits	Direct Service	Home	Y	Medicaid	3/1/11	6/30/11	Apples and Oranges Occ Therapy

### Other Services

This section lists the services needed by the child and family but not provided or funded by Part C. The checklist is intended to assist families to identify the services they are already receiving. The list of services is also designed to provide ideas to the family for other community services and supports that they may want to receive. The services are divided into three areas:

1. Financial and Other Basic Assistance;
2. Health and Medical Services; and
3. General Services.

Record names, contact information, and funding sources for any services that the child and family are currently receiving in the comments section.

In the next section, record any other services that the family or child needs and wants to access. For each service, note the **Provider** responsible and the **Steps to be Taken to Help Family Access These Services or Funding Sources to be Used**. In some cases, the provider may not yet be determined. In this case, the FRC will assist the family to identify the provider or funding source.



Do you or your child currently receive any of the following services?					
Check if applicable	Financial & Other Basic Assistance	Check if applicable	Health and Medical Services	Check if applicable	General Services
	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		Hospital OT does follow up every 3 months for NG tube issues
	Other financial services:		Indian Health Services		
			Other health services:		
<p><b>Comments</b> (include names, contact information and funding sources for above services as appropriate):</p> <p><i>Primary care provider – David Johnson, MD – Apple City Pediatrics – (123) 234-2000 – Johnson@acpediatric.com</i>  <i>Nutritionist – Janie Smith, RN – Apple City Pediatrics – (123) 234-2000</i>  <i>Neurologist (team lead for Kim in Seattle that coordinates other specialists as well) – Dr. Shane Slocum – (123) 458-3817 (most recent team report attached)</i>  <i>Dentist – An Apple a Day Dentistry – (123) 458-3255</i>  <i>Hospital OT – Betty Davis, OT – Seattle Grace Memorial – (123) 458-3636 (most recent progress report attached)</i></p>					

**This section has been completed correctly if:**

- All sections of the table are completed for each service listed.
- The team, including the family, has a clear record of the services and supports to be provided.
- The services listed are a complete summary of the early intervention services described in the strategies section of all functional IFSP outcomes.
- The other services listed include providers, contact information, location, and funding sources or steps to procure funding.



## Relevant Federal Part C Regulations:

- The IFSP must include a statement of the specific early intervention services necessary to meet the unique needs of the child and the family to achieve the outcomes . . . , including:
  - The frequency, intensity, and method of delivering the services; (Frequency and intensity means the number of days or sessions that a service will be provided, the length of time the service is provided during each session, and whether the service is provided on an individual or group basis and method means how a service is provided)
  - 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;
  - The location of the services (location means the actual place or places where a service will be provided); and'
  - The payment arrangements, if any. (34 CFR 303.344(d))
- The IFSP must include the projected dates for initiation of the services . . . as soon as possible (i.e., no later than 30 days) after the IFSP meetings . . . and the anticipated duration of those services. (34 CFR 303.344(f))
- 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 . . . This does not apply to routine medical services (e.g., immunizations and "well-baby" care) unless a child needs those services and services are not otherwise available or being provided. (34 CFR 303.344(e))



**Note:** This resource guide was developed before the new IDEA Part C regulations were released in September 2011. The resource guide will be revised as Washington implements the new regulations. The new regulations may be found at <http://idea.ed.gov/>.

## SECTION VII

### Natural Environment Justification

In accordance with federal Part C requirements, each IFSP service is required to be provided in natural environments unless early intervention (e.g., an outcome or outcomes) cannot be achieved satisfactorily by doing so. If a service cannot be provided in a natural environment, a justification must be provided on the IFSP.



Providing services in natural environments is not only the law, but more importantly, it supports one of the key purposes of early intervention services: to enhance the capacity of the family in facilitating their child's development through natural learning opportunities that occur in community settings where children live, learn, and play. Providing early intervention within routine activities (bath time, mealtime, reading, playing, etc) that occur in natural settings (home, childcare, playground, etc) offers numerous opportunities to support the family in helping the child to learn and practice new skills to enhance growth and development.

For more information about natural environments, see *Guidelines for Implementing Early Intervention Services in Natural Environments* at <http://www.del.wa.gov/publications/esit/docs/NaturalEnvironmentsGuidelines.pdf> and the ESIT practice brief on natural environments and justifications for services provided outside of the natural environment.



#### A Guide to the IFSP Process:

In developing the IFSP, **functional child and family IFSP outcomes are identified prior to determining the necessary services and supports and where the services will be provided.**



When identifying services and supports, the IFSP Team:

- Makes the decision together about where the early intervention services/supports within the daily activities and routines of the child and family are to be provided. No individual member of the team may unilaterally determine the setting for service delivery. Every effort is made to select a setting that the entire IFSP Team, including the parent, supports. OSEP has clarified that family preferences, or the preferences of one team member, are not sufficient justification for not providing services in a natural setting.

- Documents the natural environments in which services are provided under location of service.
- Determines if a service needs to be provided in a setting that is not a natural environment in order to achieve a specific outcome.
- Considers the following guidance in determining whether a setting is a natural environment:
  - Children and families participate in a variety of community activities that are natural for them including those that occur in their home. Therefore, **if the family does not want services in their home, another community setting is identified** where the child's outcomes can be met.
  - **Natural groups of children are groups that would continue to exist with or without children with disabilities.** Groups that are not "natural groups" include playgroups, toddler groups or child care settings that include only children with disabilities. However, while an acceptable natural environment under IDEA, even the most "natural" of groups is not a natural setting for a particular child if it is not part of that child's family's routine or community life.
  - **Service settings that are not "natural settings" include clinics, hospitals, therapists' offices, rehabilitation centers, and segregated group settings.** This includes any settings designed to serve children based on categories of disabilities or selected for the convenience of service providers.
  - **A justification for providing services in a setting outside of a natural environment** must include sufficient documentation to support the IFSP Team's decision that the child's functional IFSP outcome(s) could not be met in natural settings and should **outline how services will be transitioned to a natural setting.**
  - Since parent-to-parent support through parent groups or other means, is critical for families of children with disabilities, such parent activities do not have to be provided in a natural environment. **Such services solely for the parent, however, cannot be used as a justification for providing services to the child in other than natural environments.**

## Completing this Section:

1. **Outcomes #.** The number of the child or family functional IFSP outcome that cannot be achieved in a natural environment. Complete this section for each outcome which cannot be achieved in a natural environment.
2. **Service(s) and/or Support(s).** Indicate which service(s)/support(s) for this outcome will be provided in a setting other than a natural environment.
3. **Setting.** Specify the setting where the service(s)/ support(s) will be provided.
4. **Justification.** Describe why the IFSP Team determined that the outcome could not be achieved in a natural setting in the context of everyday activities and routines of the child and family. Unavailability of therapists to treat in natural settings, and therapist or parent preference are not acceptable justifications.
5. **Plan for Moving Service(s) and/or Support(s) into Natural Environments:** For each justification, provide a description of the steps that will be taken to move services and supports provided in specialized settings into everyday routines and activities of the child and family, including a plan with timelines and supports necessary to return early intervention services to natural settings within the child's and family's daily activities and routines.





Outcome #	Service(s)/Support(s)	Setting (Non-Natural Environment Setting Where Service(s)/Support(s) Will be Provided)
2 – Ana will be able to communicate her needs and wants using her augmentative communication device	Speech-Language Pathologist	Clinic
<p><b>Explanation of Why Outcome Cannot be Achieved in a Natural Environment:</b> Ana needs substantial support related to her ability to communicate and her team has recommended the use of an augmentative communication device. The team needs to assess Ana's ability to manipulate a device, decide which specific device will work best, and then program the device for usability.</p>		
<p><b>Plan for Moving Service(s) and/or Support(s) into Natural Environments:</b> The SLP will assess Ana's ability to access different augmentative communication devices 2-3 times in the clinic and then transition services to Ana's home.</p>		

**This section has been completed correctly if:**

- Each functional IFSP outcome and its relevant service(s)/support(s) that will not be provided in a natural setting have been identified.
- The specialized setting where service(s)/support(s) will be provided is identified.
- The IFSP Team's reason for making the determination that an outcome cannot be met in the context of everyday routines and activities of children and families is appropriately justified.
- A reasonable plan has been documented describing the steps for moving services/supports into natural environments.



- Policies and procedures [must in place] to ensure that--
  - To the maximum extent appropriate, early intervention services are provided in natural environments; and
  - The provision of early intervention services for any infant or toddler occurs in a setting other than a natural environment only if early intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment. (34 CFR 303.167)
- With respect to the requirements in paragraph (d) of this section, the appropriate location of services for some infants and toddlers might be a hospital setting--during the period in which they require extensive medical intervention. However, for these and other eligible children, early intervention services must be provided in natural environments (e.g., the home, child care centers, or other community settings) to the maximum extent appropriate to the needs of the child. (34 CFR 303.344 Note 1)

**Relevant Federal Part C Regulations:**

Part C regulations specify the following regarding 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. (34 CFR 303.12(b))
- Natural environments mean settings that are natural or normal for the child's age peers who have no disability. (34CFR 303.18)



**Note:** This resource guide was developed before the new IDEA Part C regulations were released in September 2011. The resource guide will be revised as Washington implements the new regulations. The new regulations may be found at <http://idea.ed.gov/>.

## SECTION VIII

### IFSP Agreement

This section documents: 1) the informed written consent of the parent, agreeing or not agreeing to the services as described on the IFSP and any actions refused with reasons for refusal; 2) who participated in the development of the IFSP and the IFSP Team meeting (or the 90 day transition conference meeting); and 3) how each person participated. An IFSP agreement section, with signatures, must be completed with each IFSP Review, including the transition conference held prior to the child's third birthday.

The Family Resources Coordinator (FRC) is responsible for ensuring that all members of the IFSP Team, including the parents, receive a copy of each completed IFSP. Team members should also be provided with the provider contact list.



#### Completing this Section:

1. **Written Prior Notice and Parental Consent for Provision of Early Intervention Services:** This section is designed to support the IFSP Team in meeting federal and state requirements related to written prior notice and parental consent. Written consent must be obtained from the parents prior to the provision of early intervention services. (See *Implementing Part C Procedural Safeguards in Washington State: A Step-by-Step Model in Appendix A, the Procedural Safeguard TA Guide* and the webinar on Procedural Safeguard Forms and Guidance for more information on the procedural safeguard forms and process. (<http://www.del.wa.gov/publications/esit/>))

Explain prior written notice and ask parents to sign this page. By signing this section, the parents are agreeing that:



- a. They have received prior written notice to initiate services. 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 services to the child and the child's family.
- b. They participated in the development of the IFSP.

- c. They agree with the IFSP as it is written and give consent for the WA ESIT program and service providers to carry out the activities listed.
- d. They understand that they may accept or decline any early intervention service except FRC services. They can choose not to consent to some services and still receive the other services.
- e. They understand that the IFSP will be shared among the providers and agencies that are implementing the IFSP services.
- f. They received a copy of the Procedural Safeguards (Parent Rights) booklet, their rights have been explained to them and they understand them, and they understand their dispute resolution options.

**NOTE:** If the parent does not agree with the entire IFSP as it is written, and the IFSP Team does not agree to make changes to the IFSP so that the parents do agree, then the IFSP should NOT be signed by the parents. The family must be informed of their right to complaint procedures (e.g., administrative complaint, mediation and/or due process hearing). If a parent agrees to some services, but not others, the child and family may still receive the services they agree to while disputing additional services. The services they agree to are listed on the signed IFSP, disputed services should be included in the **documentation of discussions to reach consensus about services section.**



2. Document the name of **each IFSP participant who attended the IFSP meeting** and participated in the development of the IFSP and their role.
3. Each team member attending the IFSP meeting must sign and date the IFSP.
4. List any team member who **did not attend the meeting but participated through conference call or in writing.** List their method of participation (e.g., conference call or in writing).

## Finalizing the IFSP

- Discuss with the parents who will receive copies of the completed IFSP.
- Summarize who will be doing what as part of this IFSP.
- Remind all team members that the IFSP will be reviewed in at most 6 months and that their input to this review will be essential. Discuss the process for IFSP Reviews if needed before the scheduled 6-month review.
- Ask parents to sign an IFSP indicating informed written consent ONLY when the IFSP is complete, with strategies described for all functional IFSP outcomes and service decisions, including frequency, intensity, methods, location and duration, clearly and completely documented.
- The IFSP must be kept as current and accurate as necessary to: 1) assure effective and integrated supports and services that meet the family's needs; and 2) assure effective communication among all team members.



## Relevant Federal Part C Regulations:

- *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 services or withdraws 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 303.342(b)-(e))*
- *Participants in IFSP meetings and periodic reviews.*
  - *Initial and Annual IFSP Meetings:*
    - *Each initial meeting and each annual meeting to evaluate the IFSP must include the following participants:*
      - a. *The parent or parents of the child.*
      - b. *Other family members, as requested by the parent, if feasible to do so.*
      - c. *An advocate or person outside of the family, if the parent requests that the person participate.*



- d. *The service coordinator (FRC) 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.*
- e. *A person or persons directly involved in conducting the evaluations and assessments. . .*
- f. *As appropriate, persons who will be providing services to the child or family.*
- *If a person listed in [e above] is unable to attend a meeting, arrangements must be made for the person's involvement through other means, including:*
  - *Participating in a telephone conference call;*
  - *Having a knowledgeable authorized representative attend the meeting; or*
  - *Making pertinent records available at the meeting.*
- *Periodic Review (IFSP Review). Each periodic review must provide for the participation of persons in [a through d above]. If conditions warrant, provisions must be made for the participation of other representatives identified [above]. (34 CFR 303.343)*
- *Prior Notice; native language.*
  - *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.*
  - *Content of notice. The notice must be in sufficient detail to inform the parents about—*
    - (1) *The action that is being proposed or refused;*
    - (2) *The reasons for taking the action;*
    - (3) *All procedural safeguards that are available under Secs. 303.401-303.460 of this part; and*
    - (4) *The State complaint procedures under Secs. 303.510-303.512, including a description of how to file a complaint and the timelines under those procedures.*
  - *Native language.*
    - (1) *The notice must be—*
      - (i) *Written in language understandable to the general public; and*
      - (ii) *Provided in the native language of the parents, unless it is clearly not feasible to do so.*

(2) If the native language or other mode of communication of the parent is not a written language, the public agency, or designated service provider, shall take steps to ensure that—

(i) The notice is translated orally or by other means to the parent in the parent's native language or other mode of communication;

(ii) The parent understands the notice; and

(iii) There is written evidence that the requirements of this paragraph have been met.

(3) If a parent is deaf or blind, or has no written language, the mode of communication must be that normally used by the parent (such as sign language, braille, or oral communication). (34 CFR 303.403)

- Parent consent.

- Consent means that—

- (1) The parent has been fully informed of all information relevant to the activity for which consent is sought, in the parent's native language or other mode of communication;

- (2) The parent understands and agrees in writing to the carrying out of the activity for which consent is sought, and the consent describes that activity and lists the records (if any) that will be released and to whom; and

(3) The parent understands that the granting of consent is voluntary on the part of the parent and may be revoked at any time; (34 CFR 303.401)

- Written parental consent must be obtained before—

- (1) Conducting the initial evaluation and assessment of a child under Sec. 303.322; and

- (2) Initiating the provision of early intervention services (see Sec. 303.342 (e)).

- If consent is not given, the public agency shall make reasonable efforts to ensure that the parent—

- (1) Is fully aware of the nature of the evaluation and assessment or the services that would be available; and

- (2) Understands that the child will not be able to receive the evaluation and assessment or services unless consent is given. (34 CFR 303.404)

- Parent right to decline service. The parents of a child eligible under this part may determine whether they, their child, or other family members will accept or decline any early intervention service under this part in accordance with State law, and may decline such a service after first accepting it, without jeopardizing other early intervention services under this part. (34 CFR 303.405)

**Note:** This resource guide was developed before the new IDEA Part C regulations were released in September 2011. The resource guide will be revised as Washington implements the new regulations. The new regulations may be found at <http://idea.ed.gov/>.



## SECTION IX

### IFSP Reviews

The changes made to an IFSP at any IFSP review when the full IFSP is not revised are recorded in the IFSP review section. This does not include the annual IFSP meeting when the full IFSP is revised but may include the transition conference prior to a child's third birthday.

An IFSP review may be triggered by a number of events. It may be:

- a scheduled, periodic review of the IFSP;
- a parent or service provider may request a review based on changing circumstances for the family or child;
- a service provider may suggest a review because a child has met or made significant progress toward an outcome; or
- a parent may request a review because of a new concern or priority.



Additional information on what constitutes an IFSP Review, including strategies for conducting IFSP reviews, is available in the ESIT practice brief on IFSP reviews.

#### A Guide to the IFSP Process:

Remember, the IFSP is a fluid, flexible document that can be updated as the child's and family's needs change through IFSP Reviews. The IFSP should be reviewed whenever a team member, including the family, feels it would be beneficial. The IFSP Review does not need to be a formal meeting with all IFSP Team members present. A minimum of two providers (one being the Family Resources Coordinator(FRC)) and the parent can change the IFSP. Providers can participate in person, via the phone, web-conferencing, (or other of methods of communicating from a distance) or by providing written input. Providers that are not present should be notified of the changes made during an IFSP review.

Along with the IFSP Review that summarizes the review results and any changes made to the IFSP, an IFSP Review Agreement must also be completed, including providing the parent with prior written notice and obtaining their consent for any change in services.



Any changes to services and outcomes noted in this review must also be updated in the appropriate section of the current IFSP. Even if changes are not made to the IFSP, the discussion should be documented and included in the IFSP including signatures of the members of the IFSP team that participate in the review and the date of the review.

Reviewing a child's eligibility determination is part of the annual IFSP but does not require conducting standardized assessments. However, at any time, if a child was originally eligible by delay (not by established condition) and appears to no longer be exhibiting an eligible delay, then the IFSP team may determine that it is appropriate to reevaluate the child for purposes of determining ongoing eligibility. Please see the ESIT practice brief on ongoing eligibility for additional information.

#### Completing this Section:

The **Summary of Review Results** is intended for documenting changes in the family's concerns, resources and priorities; progress made towards functional IFSP outcomes or new outcomes developed; changes to service provision; pertinent notes from the IFSP review meeting; and plans until next review.

#### Frequently Asked Questions



- Q:** Which sections of the IFSP must be updated during IFSP reviews?
- A:** The IFSP Review Summary (Section IX) and the IFSP agreement Page are the only two sections that are required as part of an IFSP Review. Revision of other sections of the IFSP during regular IFSP reviews will depend on the child and progress made toward reaching their functional IFSP outcomes. The outcome review section should be completed, as appropriate, and any outcomes that need to be updated should be updated. Some sections of the IFSP will only be revised at specific times. See the ESIT practice brief on IFSP reviews for more information.
- Q:** How will the annual IFSP look different from the initial IFSP?
- A:** An annual IFSP is a formal IFSP meeting at which the complete IFSP is revised. In an annual IFSP, the IFSP team updates the present levels of development based on ongoing assessment and progress monitoring; evaluates and revises functional IFSP outcomes as needed; and discusses services needed to meet the outcomes. IFSP teams are encouraged to update the summary of functional performance but are only required to select a descriptor statement at entry and exit.

## Relevant Federal Part C Regulations:

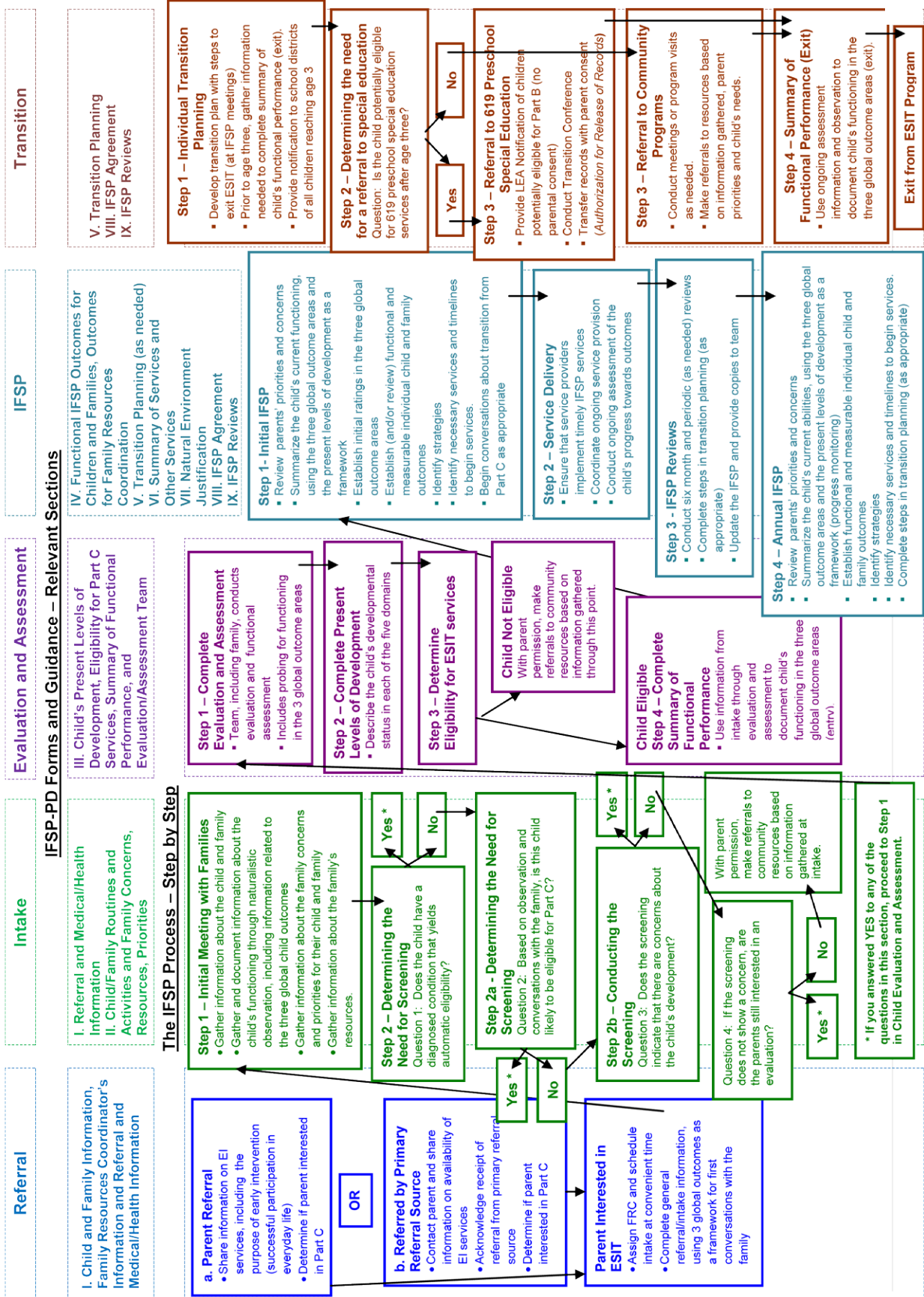
- *Periodic Review.* Each periodic review must provide for the participation of persons in [a through d below]. If conditions warrant, provisions must be made for the participation of other representatives identified [below].
  - a. The parent or parents of the child.
  - b. Other family members, as requested by the parent, if feasible to do so.
  - c. An advocate or person outside of the family, if the parent requests that the person participate.
  - d. The service coordinator (FRC) 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.
  - e. A person or persons directly involved in conducting the evaluations and assessments in Sec. 303.322.
  - f. As appropriate, persons who will be providing services to the child or family. (34 CFR 303.343)



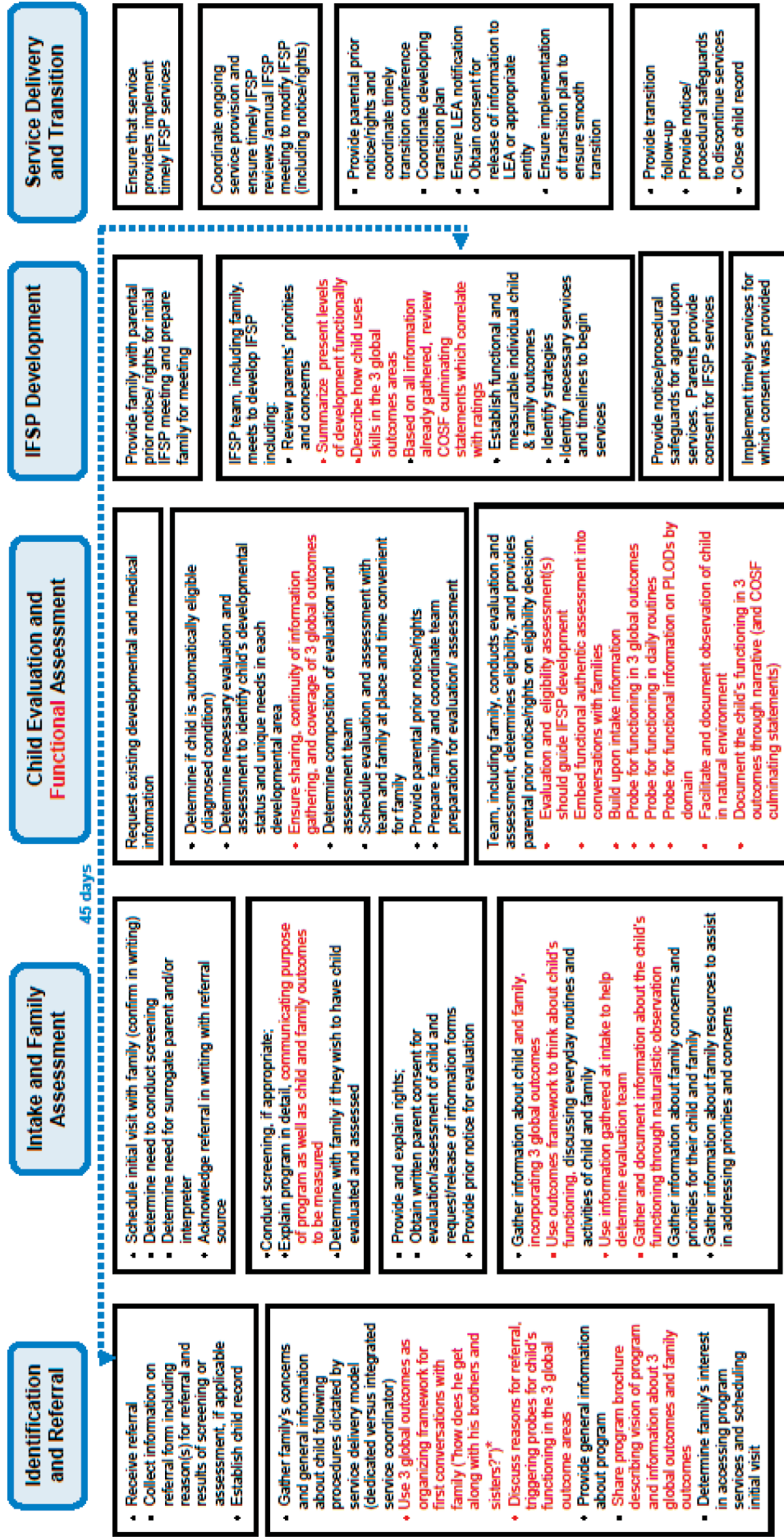
**Note:** This resource guide was developed before the new IDEA Part C regulations were released in September 2011. The resource guide will be revised as Washington implements the new regulations. The new regulations may be found at <http://idea.ed.gov/>.

# APPENDIX A: Flow Charts

## The Individualized Family Service Planning Process, Forms and Guidance in Washington State: A Model



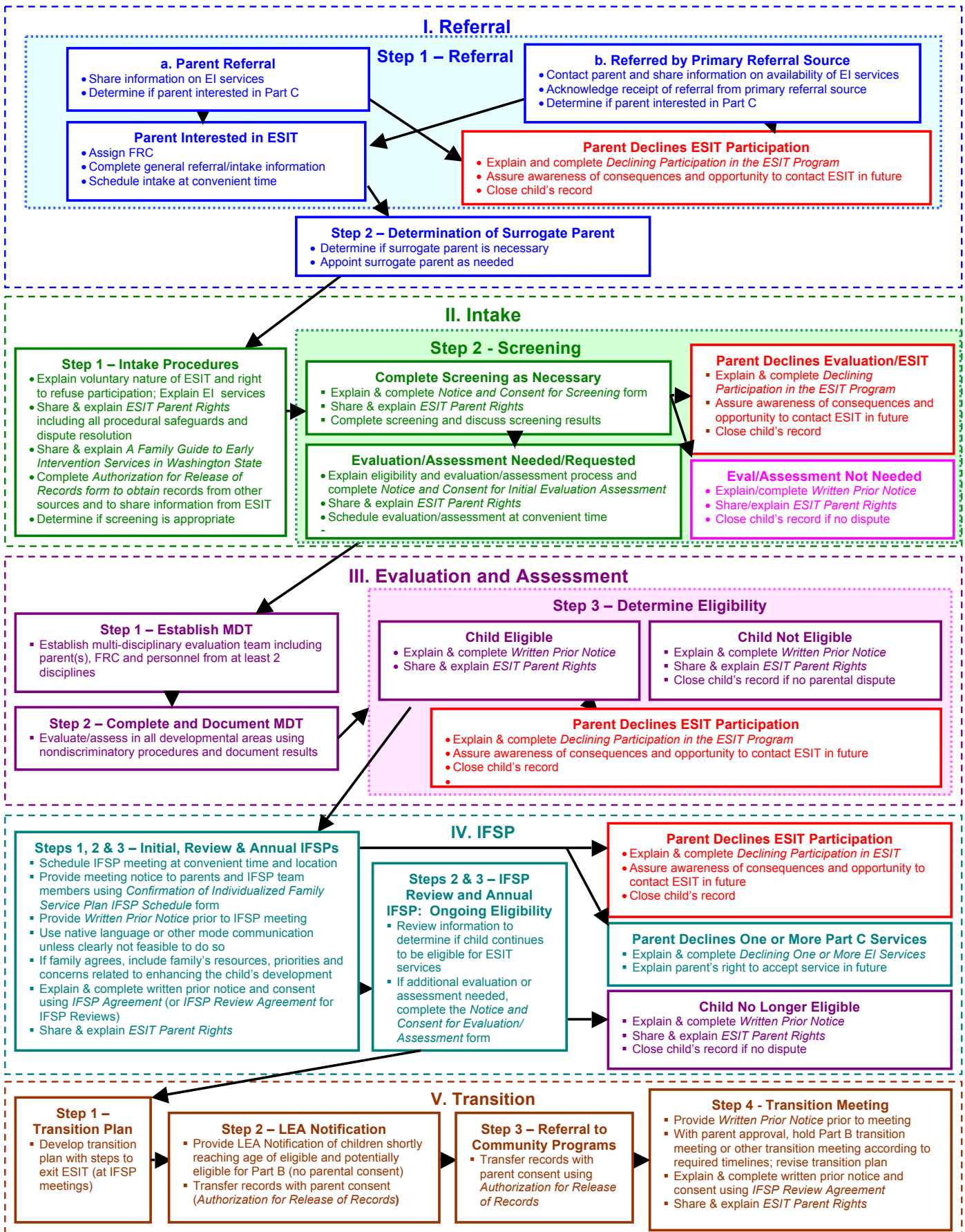
## Integrated Outcomes – Individualized Family Service Plan (IFSP) Process



\*The above outcomes to be measured for federal reporting purposes will be referred to as the "3 global outcomes" throughout, to distinguish them from an individual child's IFSP outcomes. Text in red font indicates outcomes measurement steps; black font indicates IFSP steps.



# Implementing Part C Procedural Safeguards in Washington State: A Step-by-Step Model



## APPENDIX B: Washington IFSP-PD

# Individualized Family Service Plan

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

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

## Family Resources Coordinator's Information

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

## Referral and Medical/Health Information

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

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

### 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. Child/Family Routines and Activities

Understanding the routines and activities of children and families assists the team in identifying the numerous learning opportunities that can support children's learning and development.

**Where does your child spend the day? Who is involved? How would you describe your child's relationship(s) with you and the people they spend the most time with in different settings?**

**What are the things your child enjoys most (including toys, people, places, activities, etc.)?**

**What does your family enjoy doing together and why? Who is involved? When does this occur?**

**What activities and relationships are going well?**

**What, if any, routines and activities do you find to be difficult or frustrating for you or your child?**

**What are the activities and routines your family currently does not do because of your child's needs, but is interested in doing now or in the near future?**

## Family 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
<b>Adaptive</b> <b>Feeding, eating, dressing, sleeping</b>  <i>(ex., holds a bottle; reaches for toy, helps dress himself or herself)</i>				
<b>Cognitive</b> <b>Thinking and learning</b>  <i>(ex., looks for dropped toy; pulls toy on a string; does a simple puzzle)</i>				
<b>Expressive Communication</b> <b>Making sounds, gesturing, talking</b>  <i>(ex., vocalizes vowels; points to objects to express wants; uses 2 or more words)</i>				
<b>Receptive Communication</b> <b>Understanding words and gestures</b>  <i>(ex., looks when hears name; points to body parts and common objects when named; follows simple 1 &amp; 2 step directions; understands simple words)</i>				
<b>Physical: Fine Motor</b> <b>Using hands and fingers</b>  <i>(ex., reaches for and plays with toys; picks up raisin; strings beads)</i>				
<b>Physical: Gross Motor</b> <b>Moving and using large muscles</b>  <i>(ex., rolls from tummy to back; sits independently; walks holding on)</i>				
<b>Social/Emotional</b> <b>Interacting with others</b>  <i>(ex., smiles and shows joy; makes good eye contact; seeks help from familiar caregivers; takes turns; shares toys)</i>				
<b>Vision</b>  <i>(ex., visually tracks object; attends to faces of familiar people; returns head to starting point when watching slowly disappearing object)</i>				
<b>Hearing</b>  <i>(ex., turns head, smiles, or acts in response to voices and, sounds; responds to name)</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.

<input type="checkbox"/> Your child is <b>eligible</b> for Part C Services because he/she has ( <i>check one or more below</i> ):
<input type="checkbox"/> A 1.5 standard deviation or 25% delay in development in one or more areas ( <i>check all that apply</i> ): <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
<input type="checkbox"/> A diagnosed condition that is likely to result in delay in development ( <i>identify</i> ):
<input type="checkbox"/> Informed Clinical Opinion ( <i>check and provide explanation if this is the only method used for determining eligibility although clinical opinion must be used throughout evaluation and assessment</i> ):

## Ongoing Eligibility for Part C Services

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

<input type="checkbox"/> Your child <b>continues to be eligible</b> for Part C Services based upon their present levels of development and/or diagnosed condition.
--

## Summary of Functional Performance

Summarizing how a child uses skills in various domains to function across settings and situations 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.

<b>Outcome # _____</b>	<b>Start Date: _____</b> <b>Target Date: _____</b>
<b>What would your family like to see happen for your child/family?</b> <i>(The outcome must be functional, measurable and in the context everyday routines and activities.)</i>	
<b>What's happening now related to this outcome? What is your family currently doing that supports achieving this outcome?</b> <i>(Describe your child and/or family's functioning related to the desired change/outcome.)</i>	
<b>What are the ways in which your family and team will work toward achieving this outcome? Who will help and what will they do?</b> <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>	
<b>How will we know we've made progress or if revisions are needed to outcomes or services?</b> <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>	
<b>How did we do?</b> <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.  <b>The situation has changed:</b> 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.

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

## V. Transition Planning

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

<b>Priorities and goals for your child's transition:</b>

<b>Early Childhood Special Education Contact Information</b>	
<b>Early Childhood Special Education Contact's Name:</b>	
Phone Number: (    ) -                      Work <input type="checkbox"/> Cell <input type="checkbox"/>	Email Address:

Transition Planning Requirements and Activities	Action Steps	Role of Person Responsible	Date Initiated	Date Completed
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. Provide LEA notification that the child is potentially eligible for Part B services (including child's name, address, phone number and date of birth.)				
4. Provide opportunity for parents to meet and receive information from the local education agency or other community program representatives as appropriate.				
5. 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.)				

Transition Planning Requirements and Activities	Action Steps	Role of Person Responsible	Date Initiated	Date Completed
6. With parental consent, transfer records information (including evaluation and assessments and the IFSP).				
7. Assist parents to understand their rights and to develop advocacy skills.				
8. With parental agreement, schedule the transition conference (at least 90 days 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.				
9. 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, schedule IEP meeting date if the child will transition into preschool special education.				
d. 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.				
e. Decide if there is a need for post transition follow-up (including service coordination, consultation with new staff).				
10. 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/Intensity	Methods	Setting	Natural Environment Y/N*	Payment Arrangements (if any)	Start Date	End Date	Agency(ies) Responsible

**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, i.e., Discussed parents' priority to work on feeding now and wait for motor outcomes until later; Discussed team recommendation for 24 one hour visits for the next 12 weeks, parent only wanted 12 one hour visits for the next 12 weeks.)*

\* 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 &amp; 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:		
<b>Comments</b> (include names, contact information and funding sources for above services as appropriate):  <div style="border: 1px solid black; height: 100px; width: 100%;"></div>					

What other services do 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)
<b>Explanation of Why Outcome Cannot be Achieved in a Natural Environment:</b>		
<b>Plan for Moving Service(s) and/or Support(s) into Natural Environments:</b>		

## VIII. IFSP Agreement

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

#### Written Prior Notice:

Written prior 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):

#### 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.

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.

Signature(s) of (check one):  Parent(s)  Legal Guardian  Surrogate Parent

Date

<b>IFSP Participants that attended the IFSP Meeting:</b>			
<i>Printed name and Credentials</i>	<i>Role/organization</i>	<i>Signature</i>	<i>Date</i>

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

## IX. 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.

## IFSP Review Agreement

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

**Written Prior Notice:**

Written prior 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):****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.

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.)

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Signature(s) of (check one):  Parent(s)  Legal Guardian  Surrogate Parent

Date

**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>



DEL 11-018 (9/11)