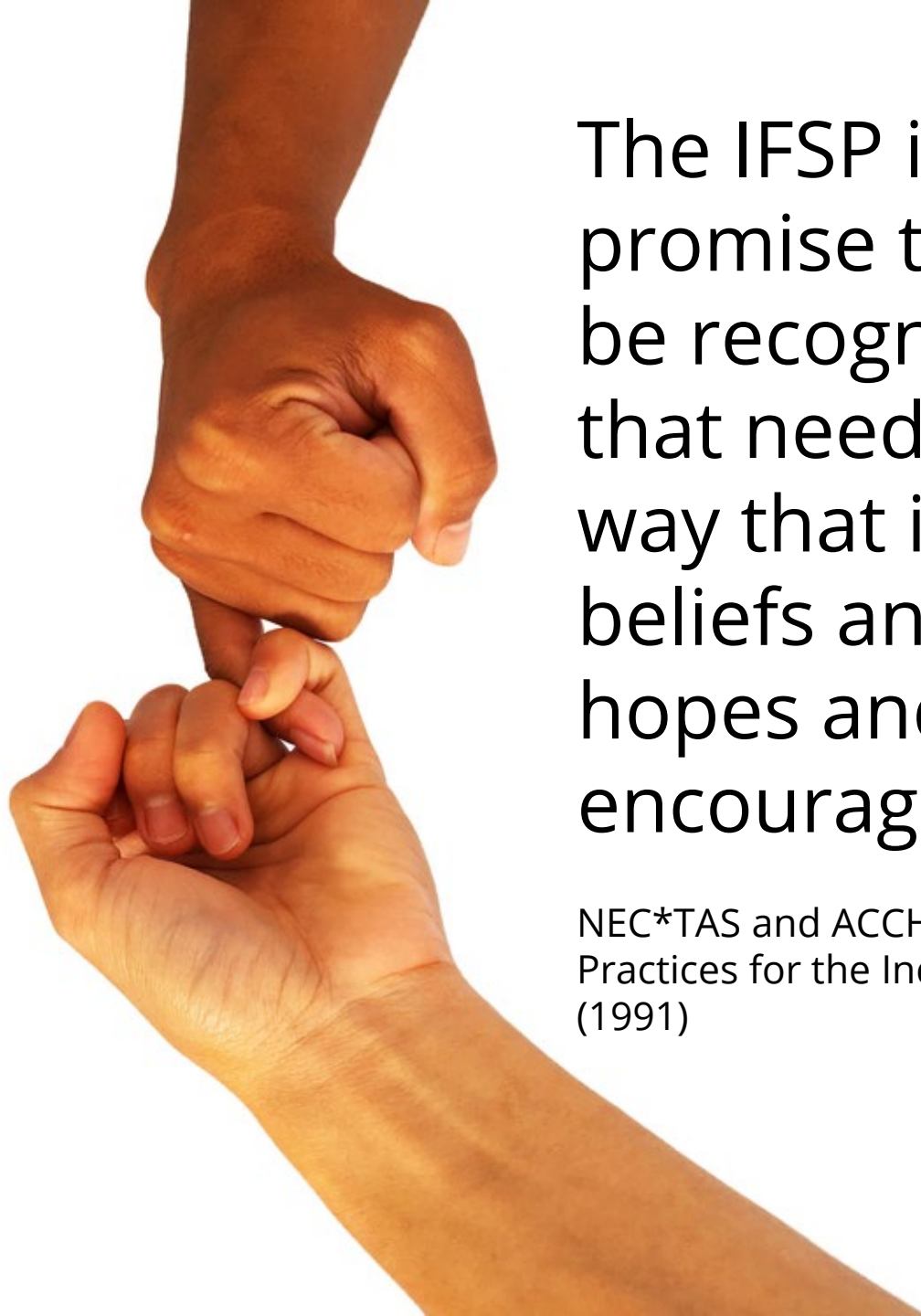The IFSP is a **promise** – a promise that strengths will be recognized and built on, that needs will be met in a way that is respectful of beliefs and values, and that hopes and aspirations will be encouraged and enabled.

NEC*TAS and ACCH, Guidelines for Recommended Practices for the Individualized Services Plan - Adapted (1991)

True or False?

The IFSP is a legally binding document that reflects a child's functional abilities and limitations, a family's dreams, needs, and interests, as well as the responsibilities and commitments of other team members (i.e., supports and services) involved with the child and family.

Service coordinators ensure the accurate and collaborative development of an IFSP for each child and family.
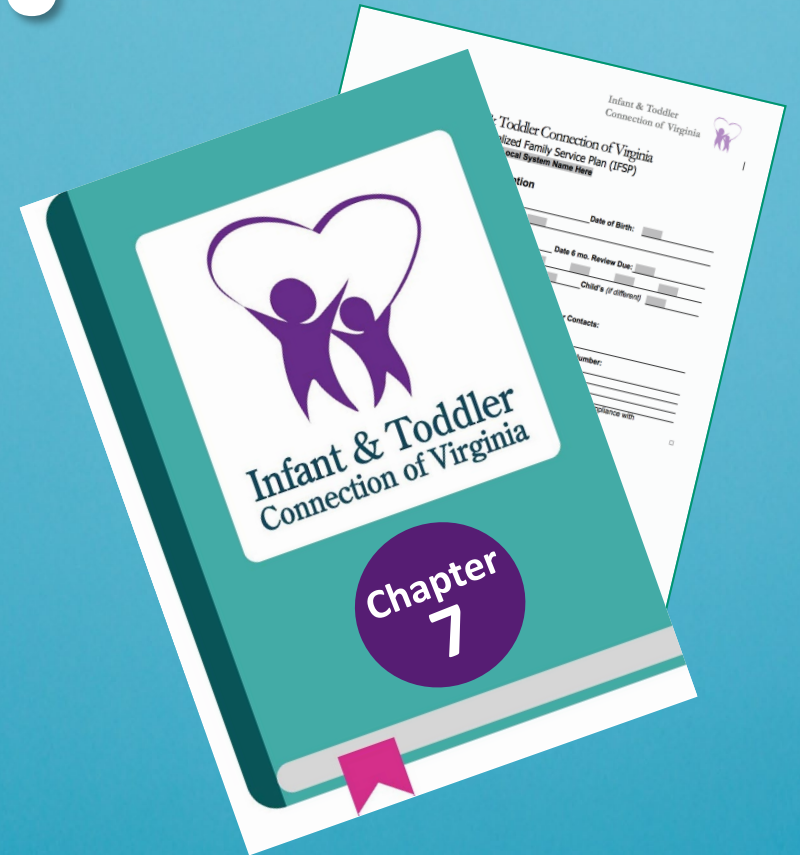
IFSP development begins with the first contacts with families.

Section II
Team Assessment (A-C)
Pages 19-20

10) **Child's (if different)** - Fill in the child's primary language or mode of communication, if different from the family's. If it is the same, leave blank.

11) **Medicaid Number (Optional)** – If the child has Medicaid/FAMIS, the team may choose to enter the number here. This should be the child's permanent 12-digit Medicaid number (as opposed to a MCO number, for instance).

12) **Family's Name, Address, Phone, And Other Contacts** – Fill in all contact information for the family. The amount of space in this section allows for the wide range of potential *contacts* required, (e.g., surrogate parents, foster parents, social services or natural parents, child care provider), the variety of *methods* of contact possible for each contact listed (e.g., home phone, work phone, cell phone, pager, e-mail, personal fax), and allows room for updates as information changes. Some local systems may also wish to include the physician's name and contact information in this section. [When completing the IFSP electronically, this section is formatted into 2 columns. The section will allow you to continue entering information in column one until you click into column 2. You will need to click into column 2 when the last information on page 1 is at the bottom of the page (i.e., before it scrolls onto a new page).]

13) **Service Coordinator's Name, Agency, Address, Phone and Fax Numbers** – Fill in all contact information for the family's service coordinator, as assigned at the IFSP meeting, including if appropriate, cell phone, pager, e-mail, etc.

> Some families may prefer to handle most or all of their own service coordination duties; it is still a requirement of Part C, however, that they have an official service coordinator assigned.

SECTION II: Team Assessment

> The service coordinator is expected to gather information for Section II prior to the IFSP meeting, through conversations with the family beginning at the <u>initial</u> visit with family. This practice will assist families and providers in preparing for the development of IFSP outcomes during the IFSP meeting.

A. Referral Information, Medical History, Health Status
Record the referral source and reason for referral, any medical diagnoses (especially those related to the reason for referral), and pertinent health information (including pertinent medical history, clinical signs and symptoms, and current health status). The reason for the child's eligibility for early intervention may also be included here.

True or False

The reason for the child's eligibility for early intervention may be included in the Referral Information, Medical History, Health Status section.

TRUE

Fill the Blank

Since the purpose for collecting information about the family's concerns, priorities and resources is to guide identification of functional, relevant IFSP outcomes, it is crucial that this section describe **how** the concerns, priorities and resources to **relate** to the family's routines and activities (rather than just presenting a list of concerns, priorities and resources).

True or False

The family's concerns should include details about their child's health and development, along with any information, resources, or supports they identify as needs.

TRUE

Short Answer

What should be included under My Family's Resources?

People, activities, and programs/organizations; other caregivers in the child's life, extent of involvement of other caregivers.

Section II
Team Assessment (D)
Pages 20-22

B. Daily Activities and Routines

Fill in information regarding the family's everyday activities and routines, including what is going well for the family, what challenges they have with specific routines, what the child and family normally enjoy, and what changes they would like to see in their routines and activities. This information is essential in developing functional, relevant, routine-based IFSP outcomes and will guide development of strategies for achieving those IFSP outcomes within the context of the child's and family's interests and naturally occurring activities, routines, and community supports. The information may be presented as a narrative, phrases, a diagram, or other format.

C. Family Concerns, Priorities and Resources

Record information shared by the family about their concerns, priorities and resources, related to enhancing their child's development. The service coordinator is responsible for informing the family that inclusion in the IFSP of information from a family-directed assessment related to enhancing the development of the child is voluntary and declining to include such a statement in the IFSP in no way jeopardizes the supports and services provided as part of the IFSP. The information may be presented as a narrative, phrases, a diagram, or other format. If the family declines to provide this information or provides this information but does not want it to be included on the IFSP, they are to initial the appropriate statement in the box in this section of the IFSP form.

Since the purpose for collecting information about the family's concerns, priorities and resources is to guide identification of functional, relevant IFSP outcomes, it is crucial that this section describe how the concerns, priorities and resources relate to the family's routines and activities (rather than just presenting a list of concerns, priorities and resources). The IFSP team needs to understand how the concerns, priorities and resources impact the child and family.

My Family's Concerns – Describe the family's concerns (if any) about their child's health and development and any information, resources and/or supports that the family identifies that they want.

My Family's Priorities – Describe what the family identifies as most important to them.

My Family's Resources - Describe the resources the family has for support, including people, activities and programs/organizations. Include other caregivers in the child's life who the family indicates may be able to assist in addressing the IFSP outcomes. The extent to which other caregivers (such as child care providers, extended family members, respite care providers, etc.) are involved in addressing IFSP outcomes depends on a number of factors including, but not limited to, the following: the extent to which the family would like to have these other caregivers involved, how much time the child spends with these caregivers, and the willingness of these caregivers to learn and apply strategies for increasing the child's learning opportunities and ability to participate in everyday activities.

D. Summary of Your Child's Development

This section is organized by the three federally-required child outcomes (positive social relationships, acquiring and using knowledge and skills, and use of appropriate behaviors to meet needs), which serve as the foundation for the IFSP. For each child outcome:

True or False

Skills should be described simply as a matter of whether children can produce particular behaviors (i.e. Johnny can crawl).

False

Short Answer

How can narratives describe a child's development without simply listing what the child cannot do?

Include a description of the expected skills that were not yet demonstrated or mastered

Fill the Blank

Include information about how the child is functioning in different **people**, in different **settings** and with different **situations**

Section III
Age and Developmental Levels
Pages 22-23

- Use the child outcome rating statements **as written** when completing the *Child's Development in Relation to Other Children* section. Do not add to or modify these statements to reflect the skills that justify the rating, except to add the areas of concern if using the statement that reads "{Child's name} has the skills that we would expect in this area. There are some concerns with {area of concern/quality/lacking skill}". Otherwise, information about the skills that justify the rating should be reflected in the narrative section for each child outcome. Use only the child outcome rating statement on the IFSP; do not include the rating number.

> In order to avoid duplication of assessments, the IFSP team may use assessment reports written by providers outside of the Infant & Toddler Connection of Virginia for development of the IFSP and service planning. When using outside assessment reports, relevant information must be transferred from that assessment report and integrated with information from other assessment sources to complete Section II of the IFSP, so that it is clear that all required assessment components have been completed. If a provider from outside the Infant & Toddler Connection of Virginia assessed only some, but not all, of the developmental areas required by Part C, the remaining areas of development must be assessed during the assessment for service planning. Assessments must have occurred no more than 6 months prior to being used for service planning.
>
> Any outside assessment reports used must be included in the child's record and may be attached to the IFSP.

SECTION III: Age and Developmental Levels

Age and Developmental Levels Table

- Fill in the child's age and adjusted age, if applicable.

- Fill in a developmental age equivalent or range for each area of development in the table based on the synthesis of information from all assessment sources marked in the section below this table. If the team finds the child's development to be atypical in one or more areas, it is acceptable to write an age level or range and note "atypical' in parentheses after that information, but it is not sufficient to write "atypical" without an age level or range. Any atypical development or behavior and its impact on the child's functioning in any of the three child outcome areas must also be described in the Summary of Your Child's Development, Section II.D of the IFSP.

- For vision and hearing, check off one box to indicate the results of the Virginia Part C Vision and Hearing screening tools. The box checked here must match with the box marked in the Findings section of the screening tool. In addition, provide information about the child's current vision and hearing status, including eye-specific and ear-specific information whenever possible.

Assessment Sources

List and/or check off all sources of assessment information used to arrive at the information reported in Sections II and III of the IFSP. Please note that the

Fill the Blank

If the team finds the child's development to be **atypical** in one or more areas, it is acceptable to write an age level or **range** and note "atypical' in parentheses after that information, but it is not sufficient to write "atypical" without an age level or range.

Fill the Blank

Please note that the Virginia Part C Vision and Hearing Screening tools must be completed as part of each child's **initial** assessment.

Section IV
Outcomes
Pages 23-26

Virginia Part C Vision and Hearing Screening tools must be completed as part of each child's **initial** assessment.

The following people participated in the assessment for service planning (printed name, credentials, role/ organization, signatures, date)

Individuals who completed assessments should print their name and credentials, as appropriate, and sign and date (month, day, year) here. For example:

Mary Anderson, Parent	*Mary Anderson*	9/15/09
Cathy Jones, OTR, Independence, Inc.	*Cathy Jones*	9/15/09
Debbie Smith, SLP, ABC Therapists Inc.	*Debbie Smith*	9/15/09

Providers who completed assessments must also check the appropriate box indicating their discipline. Parents participate in the assessment by sharing information about their child's health and developmental status and their observations about their child across settings and situations, and as a member of the assessment team should sign in Section III. Sections II and III of the IFSP must be completed (written) before requesting signatures from any team member.

Information from the following assessments completed outside the Infant & Toddler Connection of Virginia system was used to complete the assessment for service planning (*printed name, credentials, organization*)

The name, credentials and organization of any assessor who is not part of the Infant & Toddler Connection of Virginia system must be entered here.

SECTION IV: Outcomes of Early Intervention

IFSP outcomes are identified based on information gathered through the assessment for service planning process, including conversations with the family to identify current daily routines, activities and settings; potential child learning opportunities; and areas where the family would like assistance. Asking families questions like "What activities that your family participates in are most important to you?" and "What new activities would you like to pursue?" can assist families and the IFSP team in identifying the desired IFSP outcomes, and IFSP outcomes written with family routines and activities in mind become personal and important to the family.

The first IFSP outcome page in this section documents the IFSP outcome (pre-printed) and short-term goals for service coordination and must be completed for every child who has an IFSP, even if the family wishes to have only minimal service coordination from the local system and wants the service coordinator only to coordinate IFSP meetings. Parts of the page are partially completed in order to assure inclusion of required activities. For children receiving Early Intervention Targeted Case Management (EI TCM), the Initial Early Intervention Service Coordination Plan ends with the family's signature on the IFSP, and the IFSP and this IFSP outcome page in particular becomes the plan for continued provision of EI TCM.

Fill the Blank	IFSP outcomes must be **functionally** stated, reflect the family's **priorities** (i.e., the IFSP outcome focuses on the child's participation in activities that are important to the family), and be consistent with information gathered from the team assessment of the child's functional strengths and needs in relation to the three child outcomes and with information from the family-directed family assessment (if completed).
Short Answer	What are the three prompts provided at the top of the IFPS outcome page to ensure a well-written IFSP outcome? **Acquisition** (describes the skill or behavior the child or family is to acquire or achieve), the **context or setting** within everyday activities and routines in which the desired behavior is expected, and the **criteria for achievement** (including the frequency/duration/rate for the new skill or behavior and over what specific period of time)

True or False

Since an IFSP Review must be held anytime changes are made to the IFSP outcome (and/or short term goals), it is helpful to choose a target date that corresponds to a required review date.

TRUE

True or False

An IFSP review is not needed in order to change an IFSP outcome.

FALSE

Section V & VI
Services and Other Services
Pages 27-38

Determine the specific early intervention services that are necessary to help the child and family achieve the IFSP outcomes identified in Section IV of the IFSP. The IFSP team considers multiple factors when identifying appropriate supports and services to address IFSP outcomes, including the expertise needed to support the family, abilities and interests of the child and family, and family and community resources.

Complete the table as follows:

1) **Entitled Service** – Service coordination must be provided to every eligible child and family and has already been recorded in the table. Enter each additional early intervention service that was determined through the IFSP process to be necessary for the child/family to achieve the IFSP outcomes. The following list of early intervention services is not exhaustive and does not preclude the IFSP team from identifying another type of service as an early intervention service as long as that service meets the criteria of an early intervention service under Part C (i.e., services that are provided under public supervision, by qualified personnel, in accordance with the State's system of payments, selected in collaboration with the family, and designed to meet the developmental needs of the child or the needs of the family to assist appropriately in the child's development):

Assistive technology devices and services*
Audiology
Developmental services (previously called Special instruction)**
Counseling services
Health services
Medical evaluations
Nursing services
Nutrition services
Occupational therapy
Physical therapy
Psychological services
Service coordination
Sign language, cued language and listening and spoken language services***
Social work services
Speech-language pathology
Transportation and related costs
Vision services
Other services, as identified by the IFSP team

Fill the Blank

The IFSP team considers multiple factors when identifying appropriate supports and services to address IFSP outcomes, including the **expertise** needed to support the family **abilities** and interests of the child and family, and family and **community** resources.

True or False

Assistive technology devices and services should be listed as an entitle service of the IFSP.

TRUE

Fill the Blank

The frequency for a service may be planned over a period of up to **6** months (e.g., 1x/week, 4x/month, 10x/6 months). Given that service frequency is based on a family's need for support in implementing strategies to meet the IFSP outcomes, scheduling service frequency over a longer period of time is one **strategy** for addressing a known/expected family need for flexibility or fluctuation in that level of support.

True or False

When the frequency and length of service coordination delivered vary from that planned on isolated occasions, the service coordinator's contact notes must reflect the reason for increase/decrease in frequency/length. If the frequency and/or length of service coordination delivered vary greatly from that planned on a consistent basis, then it is time for an IFSP review.

TRUE

Fill the Blank

If a new location is being considered on a more ongoing basis and not listed in Natural Environment/Location, an **IFSP Review** is needed.

Fill the Blank

List **all** medical and any other **ongoing** services a child and/or family may need but are neither required nor covered under Part C, e.g., follow-up by a medical specialist for a chronic health condition, orthopedic visits, etc.

Section VII
Transition
Pages 38-39

SECTION VI. Other Services *(services needed, but not entitled under Part C – include medical services such as well baby checks, follow up with specialists for medical purposes, etc.)* – List all medical and any other ongoing services a child and/or family may need but are neither required nor covered under Part C, e.g., follow-up by a medical specialist for a chronic health condition, orthopedic visits, etc. For each service, list the name of the provider of the service and the location at which the service is typically rendered. If those services are not yet being provided, describe the steps the service coordinator or family may take to assist the child and family in securing those services.

Entitled vs. Other:
- Any medical services for diagnostic or assessment purposes that the IFSP team identifies as necessary to determine the child's developmental status are considered entitled services and should be listed in the entitled services section.
- Services parents secure on their own outside of the Infant & Toddler Connection system (because they want more frequent services or a specific location, for example) should be listed as Other Services.

SECTION VII: Transition Planning

The activities in this section are intended to help service coordinators plan individual child/family transitions in compliance with Part C requirements. Chapter 8 of the Practice Manual provides additional information about transition requirements.

Generally, the information in the top 2 boxes will be shared with families during the initial IFSP meeting. All blanks within this page (except "other steps/activities") must be completed by the time the child transitions. If the child will receive no further services upon leaving early intervention, then non-applicable activities (e.g., sending child-specific information to the next setting) should be marked "N/A." Transition planning must be individualized for each child and family and take into account the family's priorities and preferences.

1) **The following information about transition is discussed beginning at the initial IFSP** – This box provides an outline of the general information about transition that must be shared with families beginning at the initial IFSP meeting. Enter the date this information was fully shared with the family and the initials of the service coordinator. It is acknowledged that this information may be discussed with the family on more than one occasion, but it is only necessary to document the date on which the information was first reviewed completely with the family.

2) **Important Dates for Transition Planning** – This information assists the service coordinator and family in knowing some of the important dates for transition planning with this specific child and family.

Fill the Blank

The target date for notification and referral to determine eligibility for early childhood special education services must always be at least **90** days before the anticipated date of transition.

Short Answer

What Chapter of the Practice Manual can you find more information about transition requirements?
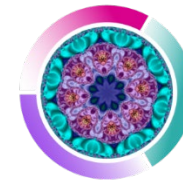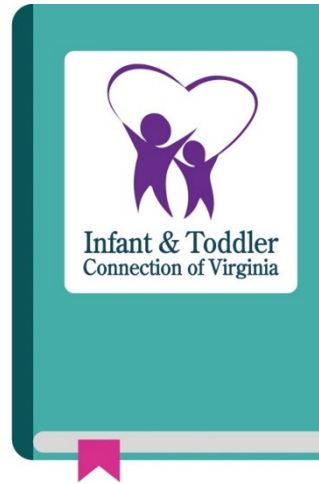
Chapter 8

HOW the **IFSP** is developed is important!

Flexible

Serves as a foundation for intervention

Reflects family priorities
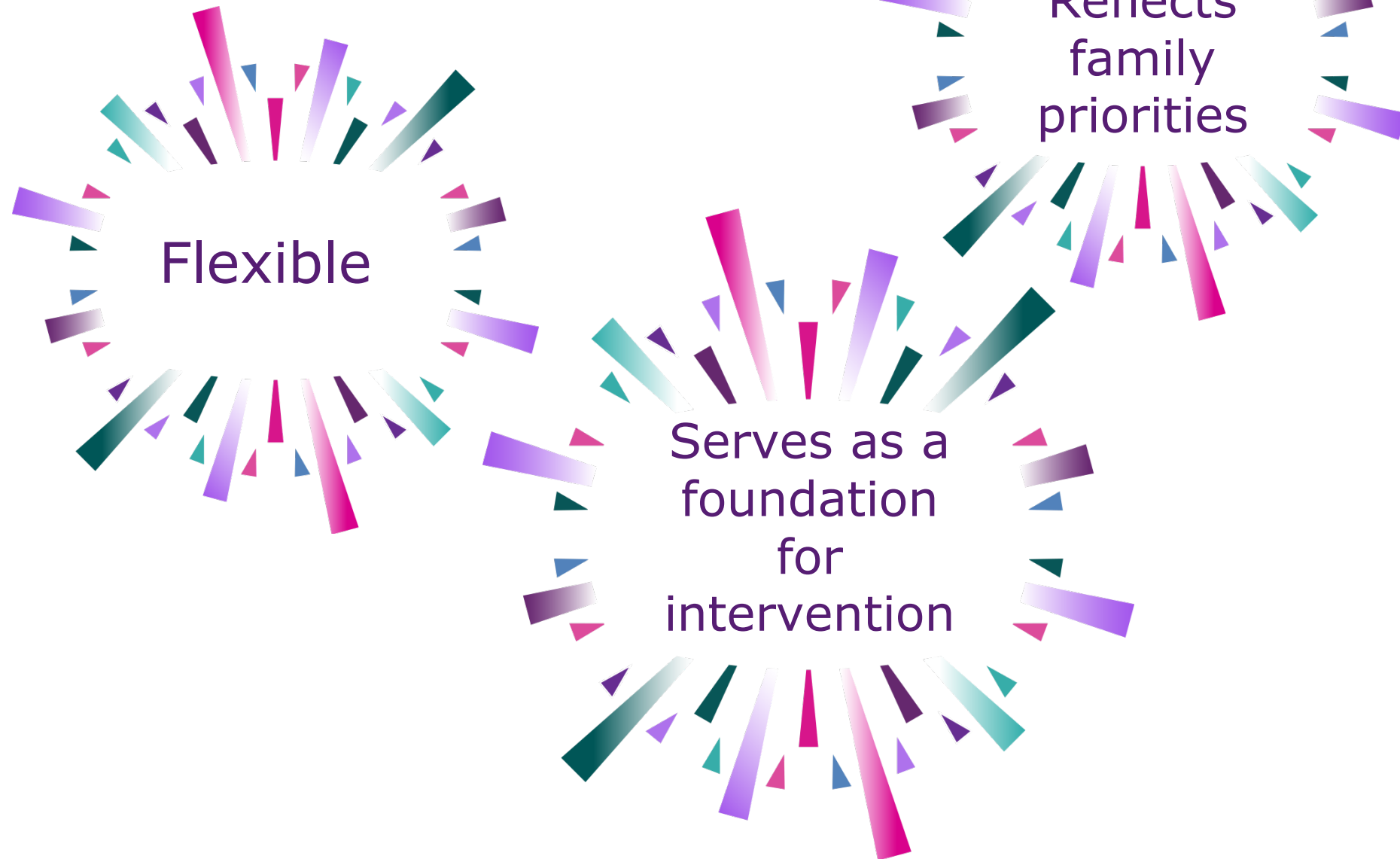
IFSP

SECTION II:

Team Assessment

How do you do it?

Not Very
Involved

Somewhat
Involved

Very
Involved

The assessment summary should be
balanced and **accurate**!

TIPS
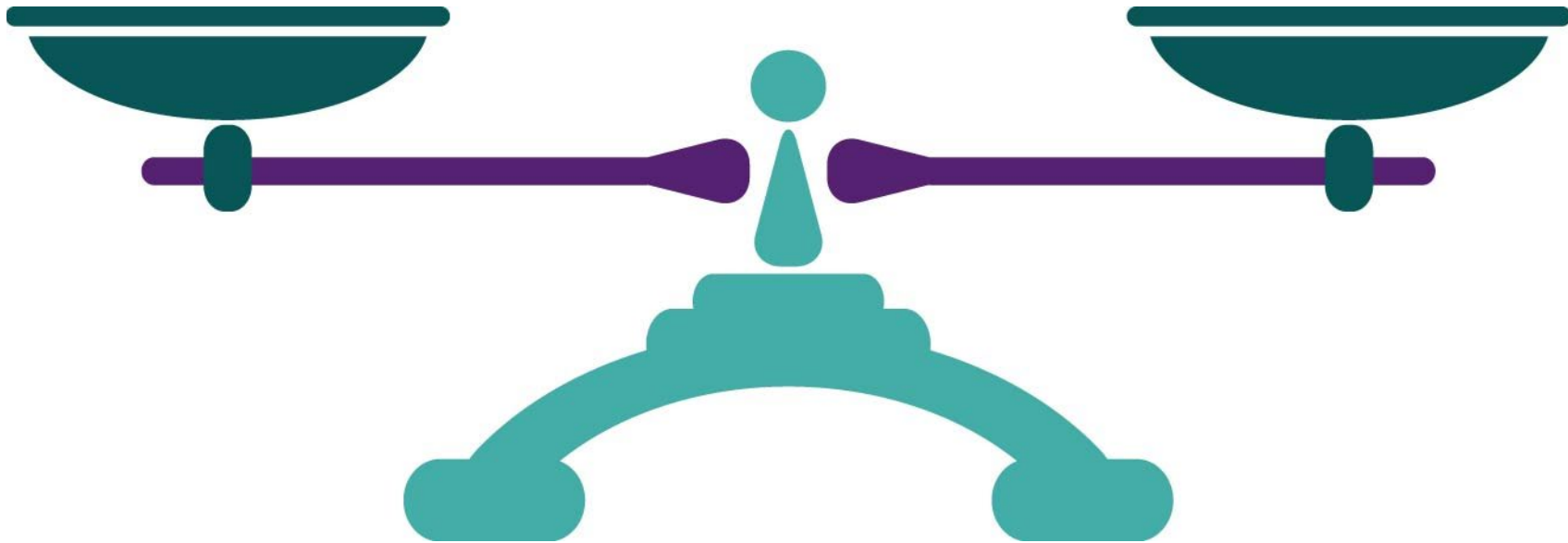
- Address all areas of development through the lens of the three child outcomes
- Relate formal assessment skills to the child's functional abilities and participation in daily life
- Include the parent's language/comments whenever possible
- Avoid (or explain) technical jargon
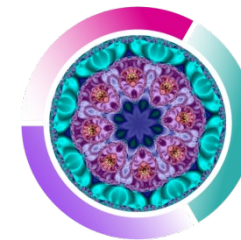- Include strengths and "next skills"
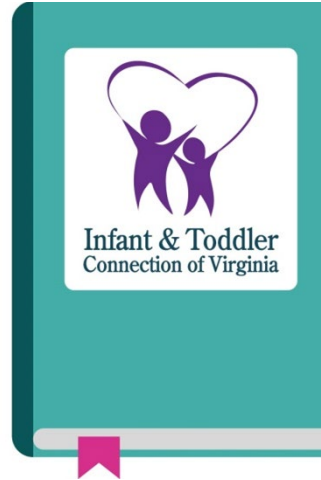
SECTION IV:

Outcomes of Early Intervention

Let's think about it!

The service coordinator helps the team integrate information gathered about the family's priorities and natural learning opportunities with assessment findings.
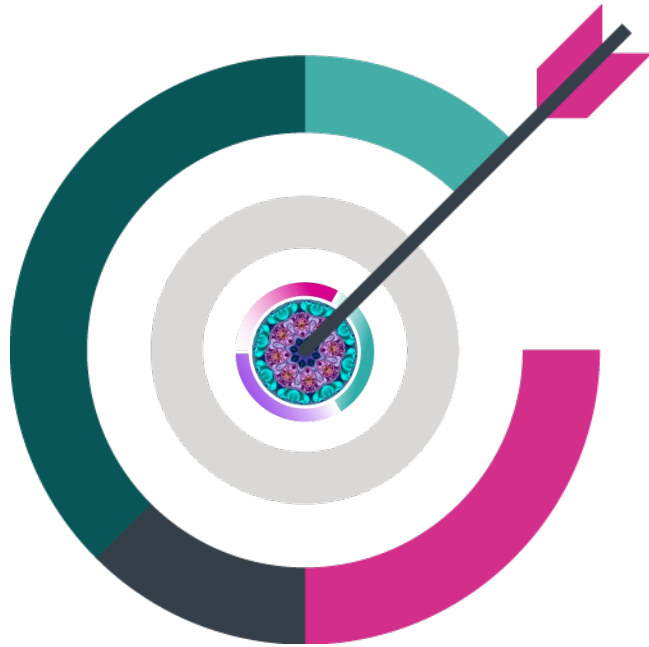
To facilitate the outcome development process:

- Revisit family priorities

- Link priorities to possible outcomes

- Find out what the outcome would look like to the family if achieved
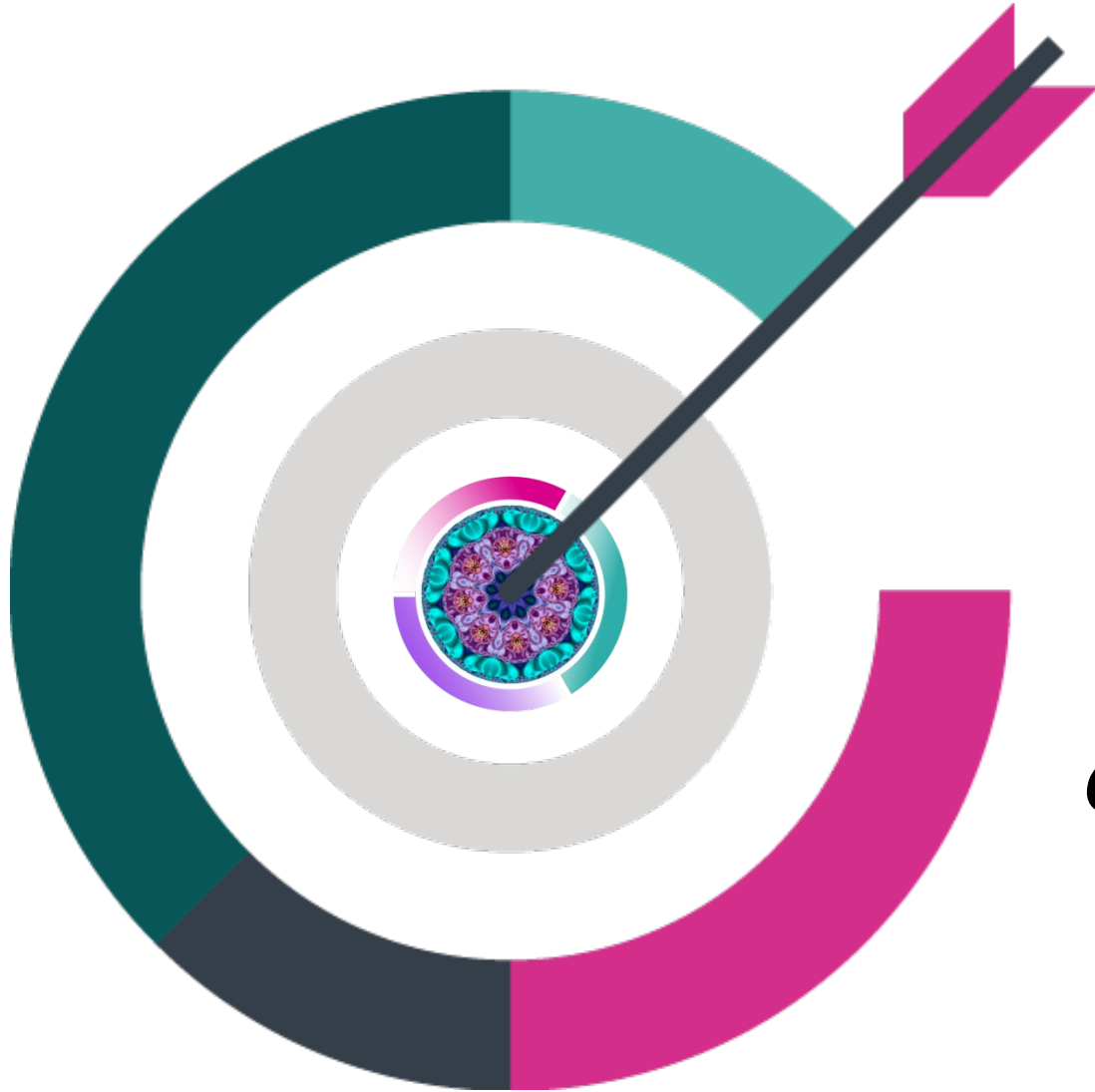
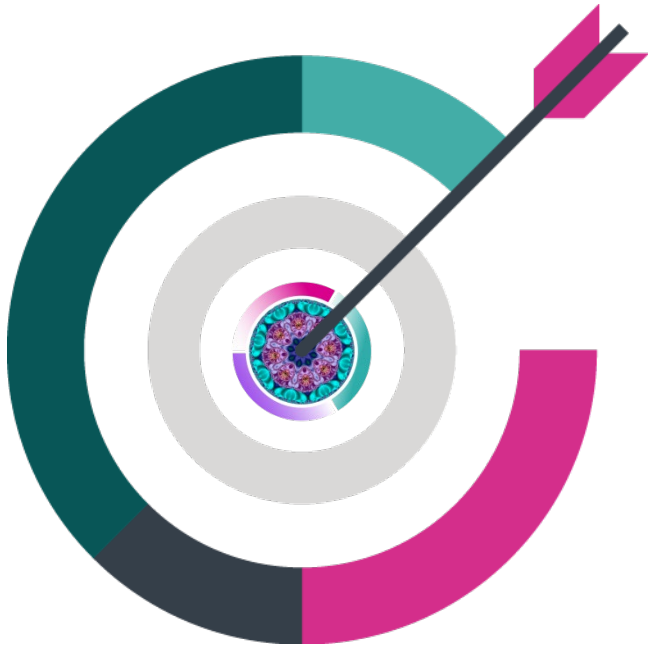What are the two types of IFSP outcomes?

Service Coordination Outcomes

- Focus on what the service coordinator can do for the child and family

- May include additional short-term goals

- May be written in any format

Child and Family Outcomes

- Focus on what the child or family will learn to do as a result of their participation in early intervention

- Link back to family priorities (Sec. II of the IFSP)

- Must be written using a specific format

Outcomes are **NOT**:

Statements that describe missing developmental skills from the assessment

Statements about the services the child will receive

Global developmental statements

Well-Written IFSP Outcomes Are...

1 Strengths-based

2 Focused on family hopes & priorities

3 Individualized

4 Contextualized

5 Functional

6 Measurable

Well-Written Outcomes are
SPECIFIC!

ISSUE:

Making the outcome TOO specific and individualized limits the scope of service delivery

ANSWER:

Including a specific routine in the body of an outcome only provides you with the context in which that outcome will be <u>measured</u>.

3 Key Components of a Well-Written IFSP Outcome

Acquisition Statement

Context or Setting within Everyday Routines and Activities

Criterion for Achievement Over What Amount of Time

McWilliam, 2010

Best Practices

- 3rd Word Rule
- Discipline-Free
- Jargon-Free
- Measurable to all team members

Outcome Development Checklist

Key Characteristics of Well-Written IFSP Outcomes
OUTCOME DEVELOPMENT CHECKLIST

Critique the IFSP outcome by comparing it to the following key characteristics of well-written outcomes. Check to see if each characteristic is included or addressed in the outcome. When the outcome does not have a characteristic, describe how the outcome could be improved. This checklist can also be useful when critiquing long-term outcomes and short-term goals.

Yes/No	Well-written outcomes are:	If not, how could it be improved?
	Strengths-based *Outcome is based on something the child will learn to do*	
	Focused on family hopes and priorities *Based on what the family has shared in the IFSP*	
	Individualized *Reflects activities and interests of this child and family*	
	Contextualized *Includes activities, places, people, and items that are important to the child and family*	
	Functional *Reflects an outcome that is necessary for the child to participate in activities that are important for the child and family*	
	Measurable *Includes criteria that are understood by all team members and are measurable by families during their daily routines*	

Yes/No	Well-written outcomes include:	
	Acquisition statement *Who will do what*	
	Context *Where the activity will occur*	
	Criteria for measurement *How we will know when the outcome is met*	

| Yes/No	Well-written outcomes meet these rules of thumb:	
	3rd word is an active verb *Ex: Alex will walk… Jalyn will eat…*	
	Discipline-free *Outcome belongs to the family and does not indicate that any particular discipline must address it (i.e., it is not a PT goal or speech goal)*	
	Jargon-free *Family-friendly, real-world language is used*	

IFSP Development — Kaleidoscope 2017

What are your strengths?

What could you improve on?

PRIORITY

Cody will walk like other kids his age...
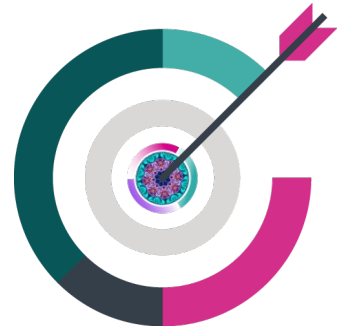
OUTCOME

Cody will walk from the entrance door to the play area at the mall (50 feet) independently 1x/week for one month.

Cody will walk across the living room (10 feet) to greet his daddy when he comes home from work each day for one week.

Cody will move independently from the kitchen to the living room (8 feet) using his gait trainer after each meal daily for one week.

Let's Look at another Example

Elise will use two word phrases to get her wants and needs met during daily routines.

Let's Look at another Example

Raul will use two word phrases to get his wants and needs met during daily routines.

Let's Look at another Example

Ana will use two word phrases to get her wants and needs met during daily routines.

Let's Look at another Example

Devon will use two word phrases to get his wants and needs met during daily routines.
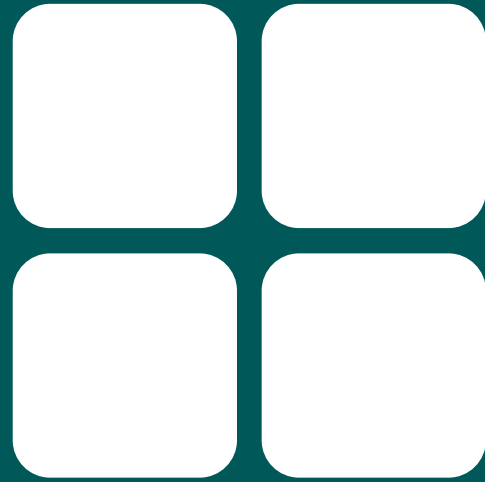
Let's Look at another Example

Elise will use two word phrases to get her wants and needs met during daily routines.

What Do We Know About Elise?

- Loves playing in her backyard

- Cousin lives next door

- Family priority: *tell them what she wants*

Breakout Rooms

Breakout Rooms

Groups of 5

10 Minutes

1. **Revise Elise's long-term outcome** based on what you know about her.

2. Be sure the new outcome **includes the 3 key components** and follows the rules. **Use the checklist** as your guide.

3. **Identify a group writer/speaker** who will share the outcome your team wrote with the larger group by typing it into chat upon return.

An IFSP Outcome for Elise

Elise will use ten two-word phrases to request or label her favorite things to do (e.g., down slide, my ball, sand box) while playing in the backyard with her cousin three afternoons a week for two weeks.

Time for a Critique!

❌

Zachary will not hit his brother when he gets upset.

✔

Zachary will use 2-word phrases (my ball, all done) while playing turn-taking games with his brother each afternoon for 2 weeks.

Time for a Critique!

❌

Devon will crawl, use simple words, feed himself and play with his toys throughout the day.

✔️

Devon will crawl across the room (6 ft) when his name is called to play with his mother 2x/day for 1 week.

Once the long-term outcome has been written,
it's time to develop short term goals!

Real-life IFSP Practice

Supports and services are determined **AFTER** outcomes are developed.

Supports and services are
OUTCOME-DRIVEN!

Choosing a
Service Provider

- Who has the necessary expertise and qualifications to support the family?

- Which other, if any, providers will offer consultation to the primary service provider and the family to address the outcomes?

- How often will the child's intervention likely need to be changed?

- How often does the family need support to be comfortable using intervention strategies?

Jung, 2003

Wrapping Up the IFSP Meeting

- Initiate transition planning
- Sign the IFSP
- Provide the family, other team members, and the physician with a copy of the IFSP
- Begin the process of IFSP implementation

Service Coordinators
do not just "fill out the form."

They are <u>facilitators</u> of the IFSP process.
They <u>actively participate</u> in discussion & family support.
They are <u>team leaders</u> who ensure that the process and form are individualized and meaningful to families!