

INDIVIDUALIZED FAMILY SERVICE PLAN

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



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

IFSP Team Members

(including family members, caregivers, EI and SSP providers and others)

Program Information Here:

Name	Role	Phone	Start Date	End Date
	Parent/Guardian			
	Parent/Guardian			
	Service Coordinator			

Child's Name: _____

DOB: _____

Today's Date: _____

FAMILY CONCERNS, PRIORITIES AND RESOURCES

Family Outcomes are a way to measure how a family has gained information and achieved success as a result of their participation in an Early Intervention Program. Early Intervention supports families to develop skills in (1) knowing their family rights; (2) communicating their child's needs; and (3) helping their child develop and grow. This information helps other members of your child's team understand your family's concerns, resources and priorities, and supports the development of meaningful outcomes for your child and family.

CONCERNS: <i>What keeps us up at night? What would we like to be able to do?</i>	PRIORITIES: <i>What is important for us, our child and family? Where would we like to focus our energy/effort?</i>	RESOURCES TO SUPPORT THE CHILD'S DEVELOPMENT: <i>What do we have or would be helpful to have? List resources that the family may have and may need.</i>
		MATERIAL RESOURCES: <i>(Toys/equipment, child care, transportation, financial, etc.)</i>
		INFORMATIONAL RESOURCES: <i>(Infant/toddler development, diagnosis, activities to do together, community opportunities, etc.)</i>
SUPPORTIVE RESOURCES: <i>(Connections to other parents, friends & family members, medical/other professionals, etc.)</i>		

PROGRAM NAME and INFORMATION

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HEALTH & ELIGIBILITY SUMMARY

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

DATE OF ELIGIBILITY EVALUATION:

EVALUATION TEAM MEMBERS: (include participants' names and disciplines)

ELIGIBILITY EVALUATION RESULTS:

HEALTH HISTORY: (include child's previous health and medical experiences)

CURRENT HEALTH STATUS: (include vision, hearing, and oral health status)

ADDITIONAL INFORMATION: (include relevant information provided by parent interviews and review of records along with reason for referral to EI)

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DEVELOPMENTAL SUMMARY

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

SUMMARY OF DEVELOPMENT:

For each domain, provide statement of how child's present level of development impacts their participation in daily activities. This may include results from other evaluations and functional assessments.

ADAPTIVE:

PERSONAL-SOCIAL:

COMMUNICATION:

MOTOR:

COGNITION:

PROGRAM NAME and INFORMATION

Child's Name: _____

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CHILD AND FAMILY IFSP OUTCOMES

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

CONCERN/PRIORITY:

OUTCOME: *What changes do we want to see happen for our child and family?*

MEASURABLE CRITERIA and PROCEDURES: *How will we measure and know when we have met this outcome?*

TIME FRAME/TARGET DATE: *When do we think we might achieve the desired outcome?*

OUTCOMES PROGRESS REVIEW: The degree to which progress toward achieving the results or outcomes identified is being made and whether modifications or revisions are necessary.

DATE:		<input type="checkbox"/> We're making progress <input type="checkbox"/> Let's make adjustments <input type="checkbox"/> No longer a priority at this time <input type="checkbox"/> Outcome met - We did it
DATE:		<input type="checkbox"/> We're making progress <input type="checkbox"/> Let's make adjustments <input type="checkbox"/> No longer a priority at this time <input type="checkbox"/> Outcome met - We did it

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SERVICE DELIVERY PLAN

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

EARLY INTERVENTION SERVICES:

EI/SERVICE & METHOD	PROVIDED BY: (Discipline Responsible)	LOCATION OF SERVICE	FREQUENCY & LENGTH	INTENSITY (Individual/Group)	DURATION OF SERVICE	START DATE	END DATE
<i>Home Visit</i>	<i>Developmental Specialist</i>	<i>Home</i>	<i>1x week; 1.0 hour</i>	<i>Individual</i>	<i>6 months</i>		

Include a justification for any EI service (determined by the parent and the IFSP team) that will not occur in our child's natural environment.

OTHER SERVICES:

*What other services and supports (medical, recreational, religious, social and other child-related activities) do we have or need that are **not** required or funded by EI?*

What steps might the service coordinator or family take to get the services and supports needed?

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CONSENT

Early Intervention is a voluntary service and parent(s) have the right to provide, withhold or revoke consent for any and all services. Parents must give written consent before services can begin. Parents may choose to give consent for some services and not others. Your consent means that you agree to the services outlined in this IFSP. If the parents do not give consent for an Early Intervention Service or if they withdraw consent after first giving it, that specific service will not be provided. Any service for which a parent provides consent must be provided within 30 days.

ELIGIBILITY:

IFSP services are provided for as long as a child is eligible or until the parent/guardian revokes consent for any or all services.

_____ is eligible: For _____ based on the eligibility evaluation and assessment completed on _____.
 (Child's Name)

Until (but not on) our child's third birthday based on a diagnosis from in the DPH Diagnosed Conditions List.

Eligibility must be re-established on _____.*

**Services may occur for less than the specified period based on the child's age at the time of the eligibility evaluation. All EI services end one day prior to the child's third birthday.*

FAMILY RIGHTS NOTICE

_____ I/We have been informed of and received a copy of our Family Rights during the IFSP development process and understand that any accepted services will be provided.
 (Parent Initials)

CONSENT FOR SERVICES

I/We have participated in the development of our IFSP and:
 I/We agree to the services described in this plan.

OR

I/We decline IFSP services at this time.

OR

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

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

CONSENT TO ACCESS INSURANCE

I/We consent for the EI Program to access our public and/or private insurance for payment of Early Intervention services described in this plan.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

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