

# Individualized Family Service Plan

<b>Referral Date:</b>	<b>IFSP Meeting Date:</b>	<b>IFSP Meeting Type:</b> <input type="checkbox"/> Initial <input type="checkbox"/> Review/Revision <input type="checkbox"/> Annual <input type="checkbox"/> Transition
<b>PERSONAL DATA</b>		
<b>Child's Name:</b>	<b>DOB:</b>	<b>FSIS #:</b>
<b>Race:</b> <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> 2 or more <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian/Pacific Islander	<b>Ethnicity:</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino	<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Physical Address:</b>		
<b>Home and Family Information</b>		
<b>Parent/Guardian:</b>	<b>Phone:</b>	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
<b>Mailing Address:</b>	<b>Phone:</b>	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
	<b>Phone:</b>	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
<b>Parent/Guardian:</b>	<b>Phone:</b>	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
<b>Mailing Address:</b>	<b>Phone:</b>	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
	<b>Phone:</b>	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
<b>Language(s)/Communication Method(s)</b>		
<b>Language(s)/Communication Method(s) Used in the Home</b>		
<b>Language(s)/Communication Method(s) Used for Instruction</b>		
<b>IFSP TEAM CONTACT INFORMATION</b>		
<b>Name:</b>	<b>Role:</b> Service Coordinator	<b>Phone:</b> <input type="checkbox"/> Work <input type="checkbox"/> Cell
<b>Email:</b>	<b>Local EI Program:</b>	<b>Phone:</b> <input type="checkbox"/> Work <input type="checkbox"/> Cell
<b>Address:</b>		
<b>Name:</b>	<b>Role:</b>	<b>Phone:</b> <input type="checkbox"/> Work <input type="checkbox"/> Cell
<b>Name:</b>	<b>Role:</b>	<b>Phone:</b> <input type="checkbox"/> Work <input type="checkbox"/> Cell
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<b>Name:</b>	<b>Role:</b>	<b>Phone:</b> <input type="checkbox"/> Work <input type="checkbox"/> Cell
<b>PROJECTED IFSP TEAM MEETING DATES</b>		
<b>Projected Six Month Review/Revision or Annual IFSP Meeting:</b>		
<b>Projected Transition Conference (IFSP Meeting):</b>		
<b>Projected Exit IFSP Meeting:</b>		

<b>Child's Name:</b>	<b>MITI #:</b>	<b>IFSP Meeting Date:</b>
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**ELIGIBILITY**

**Established Condition(s):** Record the ICD-10 Diagnosis Code(s) and Description(s) which is(are) the basis for eligibility for early intervention services. (Supporting medical records must be contained within the child's early intervention record.)

**Developmental Delay:** Record the developmental domains with significant delay which provide the basis for eligibility for early intervention services. (Supporting evaluation results must be contained within the child's early intervention record.)

**Assessment Instrument:** \_\_\_\_\_

- Motor – standard score: \_\_\_\_\_
- Cognitive – standard score: \_\_\_\_\_
- Communication – standard score: \_\_\_\_\_
- Social-Emotional – standard score: \_\_\_\_\_
- Adaptive – standard score: \_\_\_\_\_

**Clinical Opinion:** Select the basis for eligibility for early intervention services. (Supporting documentation must be contained within the child's early intervention record.)

- Atypical development or behaviors
- Lack of progress or regression of skills
- Behavior not easily captured by the evaluation (e.g., very young age, significant health concern/illness, or cultural considerations)
- Other:

**SPECIAL CONSIDERATIONS**

**Assistive Technology Needs:** Describe the child's assistive technology needs including if an AT assessment or if AT devices and/or services are needed. (Supporting documentation must be contained within the child's early intervention record.)

**Sensory Impairments:** Describe the child's special needs related to vision and/or hearing, including if a diagnostic evaluation and/or specialized services are needed. (Supporting documentation must be contained within the child's early intervention record.)

- Blind or visually impaired
- Deaf or hard of hearing
- Deaf-Blind
- Other:

**Special Health Care Needs:** Describe the child's special health care needs including if a shared plan of care is needed. (Supporting documentation must be contained within the child's early intervention record.)

**Special Behavioral Health Care Needs:** Describe the child's special behavioral health care needs. (Supporting documentation must be contained within the child's early intervention record.)

<b>Child's Name:</b>	<b>MITI #:</b>	<b>IFSP Meeting Date:</b>
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<b>CHILD'S PRESENT LEVELS OF DEVELOPMENT</b>			
	<b>Strengths</b> <i>Describe the child's strengths using data from the child assessment and family interview.</i>	<b>Needs</b> <i>Describe the child's needs using data from the child assessment and family interview.</i>	<b>Child Outcomes Rating</b> <i>Identify the IFSP Team description for the child's present level of development.</i>
<b>Uses positive social-emotional skills</b>			<input type="checkbox"/> <b>Early skills:</b> does not use immediate foundational skills in any situation or setting <input type="checkbox"/> <b>Emerging foundational skills:</b> occasionally uses immediate foundational skills across settings and situations <input type="checkbox"/> <b>Foundational skills:</b> uses immediate foundational skills most or all the time across settings and situations <input type="checkbox"/> <b>Emerging age appropriate skills:</b> occasionally using age appropriate skills across settings and situations <input type="checkbox"/> <b>Some age appropriate skills:</b> age appropriate skills in some settings and situations <input type="checkbox"/> <b>Age appropriate skills with concerns:</b> mostly age appropriate skills across settings and situations with some areas of concern <input type="checkbox"/> <b>Age appropriate skills:</b> age appropriate skills across settings and situations <input type="checkbox"/> <b>Progress since last child outcomes rating</b>
<b>Acquires/Uses knowledge and skills (communication and cognitive skills)</b>			<input type="checkbox"/> <b>Early skills:</b> does not use immediate foundational skills in any situation or setting <input type="checkbox"/> <b>Emerging foundational skills:</b> occasionally uses immediate foundational skills across settings and situations <input type="checkbox"/> <b>Foundational skills:</b> uses immediate foundational skills most or all the time across settings and situations <input type="checkbox"/> <b>Emerging age appropriate skills:</b> occasionally using age appropriate skills across settings and situations <input type="checkbox"/> <b>Some age appropriate skills:</b> age appropriate skills in some settings and situations <input type="checkbox"/> <b>Age appropriate skills with concerns:</b> mostly age appropriate skills across settings and situations with some areas of concern <input type="checkbox"/> <b>Age appropriate skills:</b> age appropriate skills across settings and situations <input type="checkbox"/> <b>Progress since last child outcomes rating</b>
<b>Takes appropriate action to meet needs (fine/gross motor and self-help skills)</b>			<input type="checkbox"/> <b>Early skills:</b> does not use immediate foundational skills in any situation or setting <input type="checkbox"/> <b>Emerging foundational skills:</b> occasionally uses immediate foundational skills across settings and situations <input type="checkbox"/> <b>Foundational skills:</b> uses immediate foundational skills most or all the time across settings and situations <input type="checkbox"/> <b>Emerging age appropriate skills:</b> occasionally using age appropriate skills across settings and situations <input type="checkbox"/> <b>Some age appropriate skills:</b> age appropriate skills in some settings and situations <input type="checkbox"/> <b>Age appropriate skills with concerns:</b> mostly age appropriate skills across settings and situations with some areas of concern <input type="checkbox"/> <b>Age appropriate skills:</b> age appropriate skills across settings and situations <input type="checkbox"/> <b>Progress since last child outcomes rating</b>



<b>Child's Name:</b>	<b>MITI #:</b>	<b>IFSP Meeting Date:</b>
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**CHILD & FAMILY GOALS**

<b>Goal Number:</b>	<b>Current Performance:</b> Describe the current level of performance or specific challenges identified by the family/important caregivers.	<b>Indicate if this goal impacts:</b> <input type="checkbox"/> Positive social-emotional skills <input type="checkbox"/> Knowledge and skills <input type="checkbox"/> Action to meet needs <input type="checkbox"/> Family access to supports <input type="checkbox"/> Family participation
<b>Goal Focus:</b> <input type="checkbox"/> Family <input type="checkbox"/> Child		

**Goal Statement:** \_\_\_\_\_ will participate in \_\_\_\_\_ by \_\_\_\_\_.

We will know this goal has been met when \_\_\_\_\_.

**Strategies:** Describe strategies that will be used to support the attainment of this goal.

**Goal Timeline:** Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**IFSP Team Members assisting with this goal:**

<b>Name:</b>	<b>Role:</b>	<b>Phone:</b>	<input type="checkbox"/> Cell <input type="checkbox"/> Work
<b>Name:</b>	<b>Role:</b>	<b>Phone:</b>	<input type="checkbox"/> Cell <input type="checkbox"/> Work
<b>Name:</b>	<b>Role:</b>	<b>Phone:</b>	<input type="checkbox"/> Cell <input type="checkbox"/> Work
<b>Name:</b>	<b>Role:</b>	<b>Phone:</b>	<input type="checkbox"/> Cell <input type="checkbox"/> Work

<b>Quarterly Progress on Goal:</b> Document the child's or family's progress on this goal each quarter. For each quarter, record the child's or family's performance compared to the criteria for the goal and the date the child's or family's performance was measured/progress report was made.	<b>Progress Report:</b> Rate progress as: A. Sufficient progress/Continue B. Insufficient progress/Revise C. Goal has been met/Revise D. Goal has not been introduced
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<b>Date</b>	<b>Quarterly Progress on Goal</b>	<b>Progress Report</b>

<b>Child's Name:</b>	<b>MITI #:</b>	<b>IFSP Meeting Date:</b>
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**LINKAGE TO OTHER SERVICES AND SUPPORTS**

**Service Linkages:** Record any additional services/supports the child (C), parent (P), or other family (F) member may need:

- Child Care/Enrichment: \_\_\_\_\_
- Income Assistance: \_\_\_\_\_
- Counseling Services: \_\_\_\_\_
- Medical/Health Services: \_\_\_\_\_
- Other Community-Based Supports: \_\_\_\_\_

**TRANSITION TO SCHOOL & COMMUNITY SERVICES**

**Transition Education:** Record any education provided or to be provided to the family about transition from the Mississippi Infant and Toddler Intervention Program.

**Program Options After Exiting Part C Early Intervention Services:** Record any potential provider of services the family may consider after exiting the Mississippi Infant and Toddler Intervention Program.

- Part B Early Childhood Special Education Services: \_\_\_\_\_
- Community-Based Services: \_\_\_\_\_
- Private Services: \_\_\_\_\_
- Other: \_\_\_\_\_

**Transition Steps and Services/Activities:** Record the services and activities the Team has determined are needed to help the child and family prepare for transition and adjust to new services after transition.

	<b>Start Date</b>	<b>Person Responsible</b>	<b>Completed Date</b>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

**IFSP MEETING / TRANSITION CONFERENCE NOTE**

**Summary:** Record a summary of the discussion and decisions from the IFSP Meeting and/or Transition Conference.

<b>Child's Name:</b>	<b>MITI #:</b>	<b>IFSP Meeting Date:</b>
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EARLY INTERVENTION SERVICES									
Part C EI Services	Goal	Service Description				Service Dates		Payor Source	Consent (Initial)
		Length	Frequency	Intensity	Method	Start Date	End Date		

**Justification for Non-Natural Environment:** All services are provided in the child's natural environment to the maximum extent appropriate, consistent with 34 CFR §§303.13; 303.26; 303.126. List any service that will not be provided in the natural environment and write a justification.

OTHER EARLY INTERVENTION SERVICES			
Non-Part C EI Services		Service Dates	
Non-Part C EI Services		Service Dates	
Non-Part C EI Services		Service Dates	
Non-Part C EI Services		Service Dates	

**FAMILY RIGHTS (initial all applicable statements)**

\_\_\_\_\_ **Family Participation:** I was provided an opportunity to participate in the development of this *Individualized Family Service Plan* (IFSP). This IFSP includes child and family goals that are important to my child and family.

\_\_\_\_\_ **Child and Family Rights and Procedural Safeguards:** I was provided a *Child and Family Rights and Procedural Safeguards Booklet*. This information was explained to me. I understand my and my child's rights under Part C of the IDEA.

\_\_\_\_\_ **Prior Written Notice:** I understand my child was determined eligible to receive the early intervention services listed above. I understand the services for which I initialed consent will be provided to my child and my family as soon as possible but in no case in more than forty (40) calendar days. I also have the right to revoke consent for any service for which I have provided consent as well as the right to provide consent for any service initially declined by notifying my Service Coordinator.

IFSP TEAM PARTICIPATION		
<b>Parent:</b>	<b>Signature:</b>	<b>Date:</b>
<b>Parent:</b>	<b>Signature:</b>	<b>Date:</b>
<b>Service Coordinator:</b>	<b>Signature:</b>	<b>Date:</b>
<b>Agency/Title:</b>	<b>Signature:</b>	<b>Date:</b>