

Instruction Booklet:
Completing Colorado's
Individualized Family Service Plan
(IFSP) Form

Instructions for Completing the Cover Page

Purpose: To record demographic, contact, and insurance information about the child and family.

Process: The family and the service coordinator record this demographic information during early contacts.

To Begin: At the bottom of the page, enter the child's first, middle (optional), and last names, the date and the page number.

Type of IFSP: Check the appropriate box and enter the date the parent or legal guardian signed the completed plan:

Interim: To initiate services for an eligible child before the completion of the evaluation and assessment.

Initial: To develop the first IFSP for a child who has been evaluated and determined to be eligible.

Periodic Review: To review the IFSP every 6 months, or more frequently if warranted, or at family request.

Annual Review: To evaluate the IFSP annually, and as appropriate, to revise its provisions.

Child's Name: Enter the child's first name, middle initial, and last name.

Gender: Check the appropriate box.

Date of birth: Enter the month, day, and year of birth.

Child's county of residence: Enter the county where child lives.

Initial Referral Date: Enter the month, day, and year that the referral source notified any public agency within the early intervention system about the child.

Made by: Enter the name of the source (Dr., parent, etc.) who made the initial referral. If applicable, enter the person's agency.

Made to: Enter the name of the person and agency (Child Find, CCB, etc.) that received the initial referral.

Parents/Legal Guardian: For each parent/legal guardian enter, as applicable:

Name: First, middle initial, last names.

Address: Street address, city, state, zip code.

Home phone: Area code and number.

Work phone: Area code, number, & extension.

Message phone: The number at which the family prefers messages be left.

Email: E-mail address

The Child Lives With: Enter the name, relationship, and for children under 18 years, the age for each person living with the child.

Other Family Members and Friends: Enter the first names of people who the family identifies as being important and supportive.

Child's Ethnicity: Enter the child's race.

Primary language spoken at home: Enter the primary language spoken at home.

Is an interpreter needed?: Check the appropriate box.

Professionals/Programs Currently Involved with the Family: Enter the names and phone numbers of early intervention professionals and/or programs who are involved with the child and family regularly.

School District Where the Child Lives: Enter the name of the school district.

Child Find contact and phone: Enter the first and last name and phone number of the contact person.

Family's Private Insurance:

Name of insured: Name of the person the policy is under.

Insurance carrier: Name of the insurance company.

Group and policy #s: Numbers as they appear on insurance card.

Public Insurance:

Check the appropriate box: _ Medicaid _CHP+

Medicaid #/CHP+ #: Enter the number that appears on the Medicaid or CHP+ card.

No Private or Public Insurance:

Families who do not have private or public insurance are required to apply for public insurance benefits.

Service Coordinator: Enter the first and last name.

Service Coordinator's agency: Enter the service coordinator's employer.

Phone: Enter the service coordinator's area code and phone number.

Information About Our Family

Purpose: For the family to voluntarily share information that will be useful in planning the evaluation process and developing the IFSP (e.g. strengths, interests, routines, and concerns).

Process: The family and the service coordinator should have a conversation about why the information requested on this page will be useful to evaluation/IFSP team members. Information gathered during early contacts should always be recorded. The information can be recorded at multiple times and gathered in a variety of ways. It should be based on information provided **voluntarily** by the family through personal interview by personnel trained to utilize appropriate methods and procedures.

To Begin: At the bottom of the page, enter the child's first, middle (optional), and last names, the date and the page number. Indicate whether the family voluntarily chooses to provide this information or not. Families may decline to share family information or participate in a family assessment.

How I describe my child: Describe your child's traits, characteristics, personality, etc.

Things my child does well: Describe skills your child is learning to do, including activities and routines in which your child is doing well, etc.

The people, places, activities my child enjoys: Describe some of your child's favorite playthings, people, activities, and places to go.

The people, places, activities our family enjoys: Describe some of your family's favorite pastimes, people, activities, and places to go.

Our family's strengths: Describe the characteristics of your family that promote satisfying and fulfilling family life.

Our family's informal resources: List people, groups, clubs, associations, programs, and/or organizations (other than health and early intervention related services) that are sources of support. (e.g. moms and tots group, faith communities, recreation programs). If the child is currently receiving early intervention services, list the provider's name and phone number on the cover page under *Professionals/Programs Currently Involved with the Family*.

Desired future for my child: Describe short and long-term goals that you have related to your child's development.

My concerns for my child/family: Describe things that worry you related to your child and family.

Additional information I would like the other IFSP team members to know about my child and family: Describe anything else that you think would be useful in developing your IFSP.

Health Information

Purpose: To gather health related information about the child that will be useful in developing the IFSP.

Process: The family and the service coordinator should have a conversation about why the information requested on this page will be useful to evaluation/IFSP team members. This information should be gathered during early contacts through conversations with the family and health providers. **Note:** This process must also include a review of pertinent records related to the child's current health status and medical history.

To Begin: At the bottom of the page, enter the child's first, middle (optional), and last names, the date and the page number.

Child's Medical Home: Check the appropriate box and enter the name of the child's primary health provider or center and the mailing address and telephone number.

Child's General Health (physical, emotional, behavioral)

Was your child born prematurely? If so, how early? Indicate whether or not the child was born prematurely and if so how many weeks early.

When was the last time your child had a well child (general) check up?: Enter the month, day, and year of the child's most recent check-up.

Does your child have a medical diagnosis?: Check the appropriate box and enter the name of the diagnosis if applicable

Does your child see any medical specialists?: Check the appropriate box. If yes, list the name(s) and phone numbers of any specialists the child is seeing.

What medication is your child taking and why?: List any medication the child is taking and the reason why.

Vision: Check the appropriate boxes and enter the month, day, and year of the most recent vision screening or test and results. List any concerns of the family, physicians, assessors, or others related to the child's vision and if a referral was made for follow up.

Hearing: Check the appropriate boxes and enter the month, day, and year of the most recent hearing screening or test. List any concerns related to the child's hearing and if a referral was made for follow up.

Dental: Check the appropriate boxes and list any concerns related to the child's dental health.

Eating and Nutrition: Check the appropriate box and list any concerns related to the child's eating/nutritional status such as mealtime behavior; weight gain or loss; difficulties with eating; special feeding equipment (e.g. feeding tube) or special diets (e.g. food intolerance or allergy); elimination habits (e.g. constipation/diarrhea).

Sleep: Check the appropriate box and list any concerns related to the child's daytime and nighttime sleeping and napping routines.

Additional information and history related to physical or social emotional health that should be considered during IFSP planning: Describe any other information related to the child's health and medical history that should be considered in developing the IFSP.

Present Levels of Development: Motor and Communication

Purpose: To document information related to the child's motor and communication development, focusing on the child's participation in the child and family's everyday routines and activities. This page should not only describe routines and activities that the child and family are finding difficult, but also the routines and activities that are going well so that the planning process can build on existing skills, strengths, and natural learning opportunities.

Process: The family and the service coordinator should have a conversation about why the information requested on this page is important to the IFSP process. This information should be gathered from objective criteria through multiple methods, including observations and interactions with the child and conversations among team members, including the family, and others who know the child well, e.g. child care and health providers. Methods may include family interview, record review, language samples, developmental checklists, and assessment tools, as appropriate.

To Begin: At the bottom of the page, enter the child's first, middle (optional), and last names, the date and the page number.

Note: The following summaries should be written succinctly and in family-friendly language, avoiding the use of professional jargon. Additional evaluation and assessment information may be attached to this page at the family's request or with the family's permission.

Using My Hands and Moving My Body (Motor Development)

- *Things I do well:* Describe the child's current and emerging motor (fine and gross motor) skills and strengths, as they relate to participating in daily routines, activities, and learning opportunities.
- *Things I find difficult or need help with:* Describe the motor skills that the child finds difficult, avoids, or that prevent the child from actively participating in daily routines, activities, and learning opportunities.

Understanding and Use of Gestures, Speech and Language (Communication Development)

- *Things I do well:* Describe the child's current and emerging communication skills and strengths, as they relate to participating in daily routines, activities, and learning opportunities.
- *Things I find difficult or need help with:* Describe the communication skills that the child finds difficult, avoids, or that prevent the child from actively participating in daily routines, activities, and learning opportunities.

Present Levels of Development: Cognitive and Social/Emotional

Purpose To document information related to the child's cognitive and social/emotional development, focusing on the child's participation in the child and family's everyday routines and activities. This page should not only describe routines and activities that the child and family are finding difficult, but also the routines and activities that are going well so that the planning process can build on existing skills, strengths, and natural learning opportunities.

Process: The family and the service coordinator should have a conversation about why the information requested on this page is important to the IFSP process. This information should be gathered from objective criteria through multiple methods, including observations and interactions with the child and conversations among team members, including the family, and others who know the child well, e.g. child care and health providers. Methods may include family interview, record review, language samples, developmental checklists, and assessment tools, as appropriate.

To Begin: At the bottom of the page, enter the child's first, middle (optional), and last names, the date and the page number.

Note: The following summaries should be written succinctly and in family-friendly language, avoiding the use of professional jargon. Additional evaluation and assessment information may be attached to this page at the family's request or with the family's permission.

Playing, Thinking, and Exploring (Cognitive Development)

- *Things I do well:* Describe the child's current and emerging cognitive skills and strengths, as they relate to participating in daily routines, activities, and learning opportunities.
- *Things I find difficult or need help with:* Describe the cognitive skills that the child finds difficult, avoids, or that prevent the child from actively participating in daily routines, activities, and learning opportunities.

Relating to Others (Social/Emotional Development)

- *Things I do well:* Describe the child's current and emerging social/emotional skills and strengths, as they relate to participating in daily routines, activities, and learning opportunities.
- *Things I find difficult or need help with:* Describe the social/emotional skills that the child finds difficult, avoids, or that prevent the child from actively participating in daily routines, activities, and learning opportunities.

Present Levels of Development: Adaptive

Purpose: To document information related to the child's adaptive (self-help) development, focusing on the child's participation in the child and family's everyday routines and activities. This page should not only describe routines and activities that the child and family are finding difficult, but also the routines and activities that are going well so that the planning process can build on existing skills, strengths, and natural learning opportunities.

Process: The family and the service coordinator should have a conversation about why the information requested on this page is useful to the IFSP process. This information should be gathered from objective criteria through multiple methods, including observations and interactions with the child and conversations among team members, including the family, and others who know the child well, e.g. child care and health providers. Methods may include family interview, record review, language samples, developmental checklists, and assessment tools, as appropriate.

To Begin: At the bottom of the page, enter the child's first, middle (optional), and last names, the date and the page number.

Note: The following summaries should be written succinctly and in family-friendly language, avoiding the use of professional jargon. Additional evaluation and assessment information may be attached to this page at the family's request or with the family's permission.

Eating, Dressing, Toileting (Adaptive Development)

- *Things I do well:* Describe the child's current and emerging adaptive skills and strengths, as they relate to participating in daily routines, activities, and learning opportunities.
- *Things I find difficult or need help with:* Describe the adaptive skills that the child finds difficult, avoids, or that prevent the child from actively participating in daily routines, activities, and learning opportunities.

Other Information Provided from Outside Sources About Present Levels of Development

Enter any additional information about the child's development provided by outside sources, such as outside evaluators, medical specialists, etc.

Multidisciplinary Evaluation/Assessment

Purpose: To document the appropriate procedures were followed to complete the initial evaluation and assessment: 1) a multidisciplinary team conducted an evaluation/assessment; 2) appropriate methods and procedures were used; 3) the family understands the developmental information gathered during the evaluation/assessment 4) the child is found eligible or not for early intervention services; and 5) the family is informed of the eligibility status.

Process: The service coordinator should assure that all of this information is recorded during the evaluation/assessment and eligibility determination process. *ALL* children are entitled to a multidisciplinary evaluation, *including* those children who are determined to be eligible based on a condition(s) associated with significant developmental delay. A multidisciplinary evaluation/assessment must be conducted by qualified personnel from at least two different disciplines and must be based on objective criteria, which includes informed clinical opinion, and determine the child's current level of development in all areas. A vision and hearing screen is a necessary part of the evaluation process. The information gathered during evaluation/assessment is used not only to determine eligibility, but equally important, to inform the planning process. **Note:** Evaluation information provided from outside sources must also be considered in planning.

Signatures of Multidisciplinary Evaluation/Assessment Team Members: Each multidisciplinary team member who participated in the evaluation signs their first and last names and discipline or family role (e.g. parent, grandparent, etc.) and the date of their involvement.

Names of Others Who Provided Information About the Child's Development: Enter the first and last names and discipline or role (e.g. physician, outside evaluators, childcare provider, etc.) of the people who provided information about the child's present levels of development, but who were not a member of the designated multidisciplinary evaluation team. This includes the service coordinator if that person has conducted a family interview.

Methods and Procedures Used: Check the methods that were used to collect information. Enter the names of any specific tools that were used. **Note:** a) More than one method *must* be used -- no single procedure can be used as the sole criterion for determining eligibility; b) methods selected must include a review of pertinent records related to the child's current health status and medical history; and c) informed clinical opinion is used when quantitative measurements do not adequately assess a child's levels of development.

Complete one of the following:

Not Eligible: *Date of determination of ineligibility:* Enter the date that the multidisciplinary team informed the family that the child does not have a significant delay(s). Ask the parent(s) to sign acknowledging that they understand the results. The CCB representative signs to document that the appropriate procedures were followed and verifies that the team has established that the child is not eligible for early intervention services. **Note:** If the child is determined to be not eligible, the IFSP process should stop here, but the team should provide the parent with appropriate resources and information.

Eligible based on a diagnosed condition(s) associated with significant developmental delays. Specify name of condition: Enter the name of the diagnosed condition. *Qualified health professional name and credential:* Enter the name of the health professional that verified the condition and their credentials. *Medical facility/agency:* Enter the name of the hospital or clinic that facilitated the referral. *CCB representative:* Provide the signature of the CCB representative who verifies that the diagnosis meets eligibility criteria. *Date of determination of eligibility:* Enter the date that the family was informed that the child is eligible for early intervention services..

Eligible based on a significant developmental delay(s). Area(s) of delay: Enter the developmental domain(s) in which a significant delay is present (i.e., physical development, including vision and hearing, cognitive, communication, social or emotional, and adaptive development). *CCB representative:* Provide the signature of the CCB representative who documents that the appropriate procedures were followed and verifies that the team has established that the child has a significant delay(s) and is therefore eligible for early intervention services. *Date of determination of eligibility:* Enter the date that the

family was informed of the child's eligibility.

Parent signature: Ask the parent or legal guardian to sign and date confirming they understand their child is eligible for early intervention services.

Concerns and Priorities

Purpose: To identify the family's concerns and immediate priorities.

Process: Through discussions, the IFSP team reviews the information gathered thus far in the IFSP process and the family identifies their concerns and immediate priorities.

To Begin: At the bottom of the page, enter the child's first, middle (optional), and last names, the date and the page number.

List the Family's Concerns and Identify Immediate Priorities: There are three distinct steps to completing this section:

1. The team reviews and discusses all of the information gathered thus far in the IFSP process, including the pages of the IFSP document that have been previously completed including: Cover Page; Information About Our Family; Health Information; and all of the Present Levels of Development pages.
2. After discussing the information gathered thus far, the team listens as the family summarizes the concerns that they have for their child and for their family related to their child's development. Some focused questions might help guide the family to identify their concerns. Sample question:
 - "Thinking about all of the information that we've gathered up until now, what are your current concerns related to your child's development?"

As the family discusses their concerns they should be listed on the Concerns and Priorities page.

3. Once the concerns are listed, the family is asked to identify their most immediate priorities from the list. Again, focused questions might help guide the family to determine their priorities from the list of concerns. Examples of questions:
 - "Looking at this list, what would you like to focus on in the next six months?"
 - "If you were going to choose a couple of these concerns to work on right now, which would they be?"

Star the family's immediate priorities.

Note: The purpose of this part of the process is to focus the IFSP on a couple of immediate priorities that the family wants to get started on. New priorities might be added at a later date. Additionally, these priorities are not set in stone – they will change over time and the focus of the IFSP can shift at any time to address changes in priorities.

Plan of Action

Purpose: To develop functional, measurable outcomes and identify strategies that will address the outcomes.

Process: The entire IFSP team participates in completing this step of the IFSP process. This page is completed through a series of conversations. During this step of the IFSP process, the team should refer back to pertinent information gathered earlier in the IFSP process (e.g. Cover Page, Information about our Family, Health Information, and ongoing assessment of development in all areas).

To Begin: At the bottom of the page, enter the child's first, middle (optional), and last names, the date and the page number.

What is the priority this outcome will address: Write the priority from the Concerns and Priorities page that this outcome will address.

Note: Teams may find that an outcome might address more than one of the family's priorities.

What we see now: Describe, using jargon-free language, what the family and other IFSP members see now that reflect the child's developmental skills as related to the outcome.

Outcome Statement: what we would like to see happen for our child/family: Describe what the family and other IFSP members want the change to look like. This statement should include measurable criteria, procedures and timelines so the family and the IFSP team will know the degree to which progress toward achieving the outcome is being made. Include details such as:

- the *behavior* desired of the child -- e.g. feed self with a spoon
- *specific details* that describe what the behavior should look like, such as how often, how long, how accurate, level of independence, etc. -- e.g. to eat a half bowl of cereal by himself
- the *routine or activity* in which the child will use the behavior -- e.g. during breakfast at the kitchen table
- *conditions* associated with the behavior/activity, such as: what is available to the child (materials, toys, equipment); adaptations and enhancements (environment, equipment, activity); the role of others (guidance from adults) -- e.g. in his highchair with tray and with verbal prompts, but no physical guidance

The final outcome statement should be written in clear, jargon-free language, using the family's words as much as possible. For example, "Within the next four months, while sitting in his highchair, Mike will use a spoon to eat a half bowl of cereal and milk at the breakfast table with verbal reminders, if necessary, but without guiding his hand."

Strategies selected to address this outcome within the child/family's everyday routines, activities, and places: Before filling in this section, the IFSP team should brainstorm all of the strategies that should be considered for addressing this outcome within the child/family's everyday routines, activities, and places. A member of the team should take notes. Once the list of possibilities is complete, the *team* should choose the strategies that will best address the outcome. Write down the strategies selected in this section.

For example, the strategies selected to address the sample outcome above might include: experiment with different kinds of cereal, spoons, bowls, and adaptive equipment; recommendations for optimal positioning; parent education on feeding techniques.

Supports and Services

Purpose: To identify specific supports and services that will address all of the outcomes developed by the IFSP team.

Process: The IFSP team first reviews the family's current informal and formal supports and services, as documented on previous pages of the IFSP (e.g. Cover Page, Information about our Family, Health Information) or discussed in previous conversations. The IFSP team then considers if any of these supports and services can address the outcomes or if additional supports and services need to be identified.

To Begin: At the bottom of the page, enter the child's first, middle (optional), and last names and the page number.

Informal Supports to Meet the Outcome(s): List people, groups, clubs, associations, programs, and/or organizations (other than health and early intervention related services) --e.g. moms and tots group, faith communities, recreation programs, neighbors – that can help address the outcomes.

Early Intervention Service: List the specific allowable early intervention service(s) which are based on peer-reviewed research that the team has identified. Early intervention services are defined in the federal regulations as those services “designed to meet the developmental needs of each child eligible and the needs of the family related to enhancing the child's development” (Section 303.12 of IDEA Federal Rules and Regulations). For a list and description of services refer to the “Allowable Early Intervention Services” document on www.earlychildhoodconnections.org.

Activity/Location: Briefly describe the family's daily routine or activity and typical location in which the service will be integrated (e.g. bath time in child's home, lunch time at child care center, play time in the park, etc.). **Note:** Early intervention services must be provided in the child's natural environment. If the IFSP team determines that a service cannot be provided in the child's natural environment a justification to the extent, if any, must be documented using the approved state IFSP “Justification” page.

Method: Describe how the service will be provided (e.g. consultation, co-consulting, videotaping, etc.)

Frequency and Intensity: Enter the frequency of the service (e.g. once a month) and the intensity of each session (e.g. 60 minutes).

Projected Start Date: Enter the projected month/day/year the service will begin.

Projected End Date: Enter the projected month/day/year the service will end. **Note:** This must be six months or less from the projected start date.

Funding Source: Enter the person or agency that will be responsible for paying for the service (e.g. private insurance, public insurance {Medicaid, CHP+}, CCB, etc.).

Other Services Necessary to Meet the Outcome(s) are defined in the federal regulations as “Medical and other services that the child needs, but that are not required under this part;” List the child/family's other service(s) including the provider(s), location, and method. **Note:** While listing the non-required services in the IFSP does not mean that those services must be provided, their identification can be helpful to both the child's family and the service coordinator by providing a comprehensive picture of the child's total needs (including the need for medical and health services).

Time Frame: Describe when the service began or will begin and how often it is expected to be delivered.

Funding Source: Enter who is responsible for paying for other services (e.g. private insurance, Family Support Services, etc.)

Steps Taken to Secure Service: Describe service coordination activities to assist the family in securing these other services (e.g. assisting the family in arranging for medical services, assisting in preparing eligibility or insurance claims, etc.).

Rights, Procedural Safeguards, and Signatures

Purpose: To document: 1) parent(s) or legal guardian(s) have received explanation of and written copies of their procedural safeguards; 2) the parent(s) or legal guardian(s) acknowledgement that they participated in the IFSP; 3) and parental consent to implement the IFSP. In addition, include the signatures of the other IFSP team members who participated in developing the plan and indicate those who need to receive copies of the IFSP.

Process: This page is completed by the parent(s) or legal guardian(s), service coordinator, and other IFSP team members at the finalization of the written plan.

To Begin: At the bottom of the page, enter the child's first, middle (optional), and last names, the date and the page number.

The following rights and procedural safeguards were explained to me and I received a written description of each: The parent(s) or legal guardian(s) should initial and date this statement once this step is completed. **Note:** this step should begin early in the IFSP process, when the first contact is made with the family

I participated fully in the development of this plan: The parent(s) or legal guardian(s) should initial and date this statement at the finalization of the written plan.

I give my consent to begin supports/services on this plan: The parent(s) or legal guardian(s) should initial and date this statement at the finalization of the written plan. They may note that they are choosing not to approve certain services without jeopardizing the provision of others.

I understand I can ask to reconvene the team at any time to modify or make changes to this plan: The parent(s) or legal guardian(s) should initial and date this statement at the finalization of the written plan.

Parent/ Legal Guardian Signature: The parent(s) or legal guardian(s) should sign and date on this line at the finalization of the written plan.

Other IFSP Team Members' Signatures: All other individuals who participated in the development of the plan should sign, date, and indicate their role (OT, S/LP, child care provider, etc.) and if they need a copy of the IFSP.

Other Copies: Complete the information in this section for others who should receive copies of the IFSP with the parent or legal guardian's consent.

Periodic Review

Purpose: To review and update information about the child and family, the plan of action, and services on the IFSP.

Process: The family, service coordinator, and current service providers meet to review the IFSP and to document the child's developmental progress toward achieving the outcomes, based on current assessment information, and determine whether modifications or revisions to the outcomes or services are necessary. The Supports and Services page must be updated and attached at each review. At this time any other changes regarding child or family information should be documented on the appropriate pages of the IFSP. Attach a new Plan of Action page if 1) an outcome is being modified; or 2) a new outcome is being added.

To Begin: At the bottom of the page, enter the child's first, middle (optional), and last names, the date and the page number.

For each outcome indicate the following information:

Outcome: Describe the outcome.

Progress: Describe the progress that has been made towards achieving the outcome.

IFSP Team Members' Signatures:

Each team member who participated in the review should sign, date, and specify his or her discipline or role.

The parent(s) or legal guardian(s) must initial that they have had their rights and procedural safeguards explained to them and have received a written copy. Have the parent(s) or guardian(s) sign and date the page.

*** If a new service is added during a Periodic Review, the family and other participants must sign the a new Rights, Procedural Safeguards, and Signatures page.**

Child and Family Transition Plan

Purpose: To document the steps that will be taken to assure a smooth transition for the child and family from early intervention services to the subsequent activities, supports, and/or service that the family chooses and for which the child is eligible.

Process: The IFSP team develops steps and services to support the child and family during the transition from early intervention services. The transition steps and services must be a part of the IFSP for all children in early intervention services.

Child's Name: Enter the child's first, middle, and last names.

DOB: Enter the month, day, and year of the child's birth.

Date plan was started: Enter the month, day, and year when the transition steps and services are first added to the IFSP.

Plan: List the specific steps and services to support the transition of the child to preschool services under Part B of IDEA or other services that may be available, if appropriate. Steps should include: a) discussion with, and training of, parents regarding future placements and other matters related to the child's transition; b) procedures to prepare the child for changes in service delivery, including steps and services to help the child adjust to and function in a new setting; and c) with parental consent, the transmission of information about the child to the local educational agency, including evaluation and assessment information and copies of IFSPs. List the persons who need to be involved and the date when it is to be completed. The plan is developed throughout the IFSP process. Signatures are captured on the IFSP signature page.

Conference: For any child who may be potentially eligible for Part B services, with the consent of the family, a conference between the family, service coordinator, the local education agency (LEA), current providers, and medical personnel (when appropriate), or others. At the conference, which must be held at least 90 days prior to the child's third birthday, the team should discuss Part B eligibility procedures and any services that the child may receive under Part B. Part B eligibility does not have to be determined before this conference is held.

If the family does not grant permission for a conference with the LEA or the child is not potentially eligible for Part B, the service coordinator should make reasonable efforts to convene a conference to discuss appropriate services that the child might receive after their third birthday.

Required participants: The child's parents, family, or surrogate parent, the service coordinator, personnel from the current service delivery system, personnel from the future service delivery system, any others that the family wishes to include.

Conference Signatures: Each person who participated in the transition conference should sign this page and provide their phone number and role.

Additional Activities

Purpose: To provide an optional page to record additional activities that the child and family are engaged in that the family feels are important to document. Some families want the IFSP to reflect all that they do to support their child, not just the early intervention supports and services as defined in IDEA.

Process: The family and the service coordinator record this information at any time. The service coordinator should explain that the activities listed on this page are not the same as those that the IFSP team has identified as necessary to meet the child's outcomes. The activities that are listed on this optional page are not covered by state and federal funds. The coordination and payment for any activities on this page are not the responsibility of the service coordinator, but rather are entirely the responsibility of the family.

To Begin: At the bottom of the page, enter the child's first, middle (optional), and last names, the date and the page number.

List the Activities Identified by the Family: Activities that families might identify may include, but are not limited to, the informal resources that are noted on page 2 of the IFSP in the section *Information About Our Family, Our Family's Informal Resources*. Examples include, Toddler Story Time at the Library, infant swim at the recreation center, a neighborhood mom and tot group. This is also a page on which professional services that are beyond what the IFSP team recommended are recorded. For example, in a situation where a child's IFSP team recommended OT and SLP in the home 1 time per week which the family accepted, but the family augments that with an extra SLP service in a clinic setting through private payment, the clinic-based service may be documented on this page.

Steps taken to secure the activities: It is important to remember that no activities listed on this page are considered vital for the child and family to be able to meet the outcomes in the IFSP. It is not necessary to document the intensity, frequency, start and end dates, or payment source. The service coordinator has no responsibilities tied to any activity documented on this page.

No signature is needed for this optional page.

Justification for Services Provided in a Setting Other than the Natural Environment

Purpose: To provide a format for documenting the rare instance when an early intervention service needs to be changed to a setting other than the natural environment.

Process: If there is a determination by the IFSP team that a support or service cannot be provided in the child's and family's natural environment as defined in IDEA, Part C, 20 U.S.C. 1436(d)(5); 34 CFR §303.344(d)(ii), written documentation must be provided on this page as to why outcomes cannot be achieved satisfactorily with services provided in a natural environment. The documentation must be related to the needs of the child and functional outcomes for the individual child and not to the administrative convenience of the provider or the preference of any member of the IFSP team, including the parent.

Lack of a provider to meet the needs in the natural environment is a systems issue. This is not a valid reason for justifying supports and services in settings other than the natural environments.

To Begin: At the bottom of the page, enter the child's first, middle (optional), and last names, the date and the page number.

Justification as to why a natural environment cannot be used to meet outcome number(s): Identify which outcome(s) is/are not being achieved satisfactorily in the natural environment and why there is a need to change the service to a more restrictive setting. There should be clear documentation that sufficient time and appropriate services in the natural environment have been attempted.

Document why proposed setting was chosen: Provide a description of the proposed setting and how the change may result in progress toward the outcome(s).

Document strategies to move toward providing the service(s) in everyday routines, activities, and places: Provide a plan for how the services will be generalized to the child's natural environment and the steps and timelines that will be taken to move towards the provision of services in the child's natural environment.