Ohio Early Intervention Individualized Family Service Plan (IFSP) Guidance

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Ohio Department of Health
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Ohio Early Intervention Individualized Family Service Plan (IFSP) Guidance Document
Created to help interventionists complete an Individualized Family Service Plan (IFSP) using a Statewide, standard form.

Prepared by
DODD and ODH EI Team
Maryjo Mace Woodburn
Suzanna Witte

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Ohio Department of Developmental Disabilities
30 E. Broad Street
Columbus, Ohio 43215

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Overview

In Ohio, the Help Me Grow Early Intervention program fulfills the Federal Individuals with Disabilities Education Act (IDEA), Part C (Early Intervention Program for Infants and Toddlers with Disabilities) mandate that aims to identify and serve children under the age of three with developmental delays and disabilities.

This guide was developed to help assist in completing the IFSP process using a statewide, standard form.

Mission and Key Principles[1]

Early Intervention (EI) builds upon and provides supports and resources to assist family members and caregivers while enhancing a child's learning and development through everyday learning opportunities.

To realize this mission, the EI system is built upon seven key principles.

1. Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar settings.
2. All families, with the necessary supports and resources, can enhance their child's learning and development.
3. The primary role of a service provider in EI is to work with and support the family members and caregivers in a child's life.
4. The EI process, from initial contact through transition, must be dynamic and individualized to reflect the preferences, learning styles, and cultural beliefs of the child and their family members.
5. IFSP outcomes must be functional and based on the needs of the child and the priorities identified by their family.
6. The priorities, needs, and interests of the child's family are addressed most appropriately by a primary EI provider who represents the family and receives team and community support in their behalf.
7. Interventions with a young child and their family members must be based on a clear understanding of these principles, facilitated by the use of validated practices, and supported by the best available research while remaining adherent to all relevant laws and regulations.

Early Intervention Services

EI services meet the federal requirement of IDEA and include services that are

- Developed based on information obtained through the EI evaluation and assessment team process using the Individualized Family Service Plan (IFSP). See 34 CFR 303.321 and 34 CFR 303.344.
- Provided in natural environments or locations where a typically developing child is within everyday routines, activities, and with familiar people. See 34 CFR 303.26.

[1] Work group on Principles and Practices in Natural Environments, OSEP TA Community of Practice: Part C Settings. (2008, March). Agreed upon mission and key principles for providing Early Intervention services in natural environments.

- Provided by qualified personnel as determined by the EI lead agency (the Ohio Department of Health) and defined in federal regulations. See 34 CFR 303.31.
- Supported by the research and evidence for how a very young child learns best while within the contexts of their families and caregivers, daily routines, and natural environments.
- EI services are those which align with the mission and key principles in an effort to equip parents with the confidence and ability to enhance their child's development.

The Individualized Family Service Plan (IFSP)

The IFSP is a written plan for providing Early Intervention services to an infant or toddler with a disability and to the child's family. Form HEA 7720 must be used to document the following requirements found in Ohio Admin. Code § 3701-8-07.1

- A statement about the child's present levels of development.
- A statement about the family's resources, priorities, and concerns related to enhancing their child's development.
- A statement of functional outcomes expected to be achieved for the child and family and criteria, strategies, and the timelines used to determine the degree of progress toward outcomes identified on the IFSP.
- The specific EI services as defined in Ohio Admin. Code § 3701-8-01 necessary to meet the unique needs of the child and family to achieve outcomes identified on the IFSP, including:
    - The length, duration, frequency, intensity, service type and method of delivering the EI services.
    - A statement that each EI service will be provided in the natural environment of the child and their family or justification as to why the service will not be provided in the natural environment.
    - The location of each service.
    - Payment arrangements.
    - A description of the steps the Service Coordinator or family will take to assist the parents in securing all services which are identified to achieve outcomes, but are not currently being provided. 34 CFR 303.344 (e)(2).
    - The projected start date for the initiation of each EI service and the anticipated duration of each service.
    - The name of the Service Coordinator responsible for ensuring the implementation of EI services identified on a child's IFSP and for coordinating other agencies and services and individuals serving the child.

Early Track

Early Track (ET) is Ohio's Help Me Grow data system; much of the information captured in the IFSP is recorded in ET and is part of the child's record. In addition to capturing key dates related to compliance with regulations, this data is used by the state to analyze trends in service delivery.

The IFSP is more than just paperwork, it's a process!

Completing the IFSP Document (HEA 7720)

The initial IFSP and any subsequent reviews prior to the annual IFSP are documented on the family's first IFSP form (HEA 7720). For the annual meeting to evaluate the IFSP, a new form is developed. Information such as demographics may be transferred from the older IFSP, but most sections of the new plan will contain new information (child and family assessment, outcomes, services, etc.). A few sections will be *N/A* (e.g., initial referral information). A new document will be developed annually.

The guidance for each section of the IFSP has been organized in the following manner:

- Heading of each section with description if needed.
- Image of the IFSP section with examples. Examples are given for assistance and to stimulate thinking and conversations. However these are examples only; each IFSP must be individualized for the child/family.
- Line by line instruction with succinct, important information for completing the section.
- Tips with important reminders and, when appropriate, questions to ask families or other team members to elicit the required information or reminders to help clarify the intent.
- Relevant rules and other resources are included as applicable.

The IFSP process is central to the delivery of Early Intervention supports and services. The entire team, not one individual, makes decisions and the IFSP documents these decisions. It's a dynamic document that changes over time as the needs of the child and/or family change.

Definition of Parent. Parent means a birth or adoptive parent of a child; a guardian generally authorized to act as the child's parent or authorized to make Early Intervention, educational, health, or developmental decisions for the child (but not the State if the child is a ward of the State); an individual acting in place of a birth or adopted parent (including grandparent, step-parent, or other relative) with whom the child lives; a person who is legally responsible for the child's welfare; or a surrogate parent who has been assigned by the department. See 34 CFR 303.27 and Ohio Admin. Code § 3701-8-07.

Section I: Our Child and Family Information

Child's Name: **Sophie Jones**		Nickname: **N/A**	
Date of Birth: **5/15/2013**	Child lives with: **Marisol, Walt, and Javier Jones** Relationship: **Parents and Brother**		
Child's Address/home contact: **155 W. Main Street, Apt. 3, Anytown, OH 43201 444-111-3333**			
School District of Residence: **Anytown Public Schools**			
Language(s) spoken with child: **English is the primary language, Spanish 2nd, no interpreter needed**			
Parent's Name: **Marisol Jones - Mother**		Parent's Name: **Walt Jones - Father**	
Address: **Same as above**		Address: **Same as above**	
Best Phone: **Cell 951-333-0000**		Best Phone: **Cell 951-222-9999**	
Email: **mjones@gmail.com**		Email: **None**	
Best Contact Time: **any day, except Weds**		Best Contact Time: **weekdays after 3pm**	
Method Preferred: Phone ☐ Email ☒ Text ☐		Method Preferred: Phone ☒ Email ☐ Text ☐	

Child's Name. List child's legal first and last name; include a middle name if the child has one.

Nickname. During the referral and the IFSP meeting, ask parents if they have a "nickname" for their child; ask the parent if they would prefer that the EI Team refer to their child by the nickname or legal name. Document the nickname if that is their preference.

Date of Birth. During the referral process, ask for the child's date of birth from the referral source and confirm it with the parent. Record the month, day, and year of the child's birth. Accurately recording the date of birth is critical because it is used to calculate the child's exact age for screenings, evaluations, assessments, and transitions.

Much of the demographic information in this section can be completed prior to the IFSP meeting. Be sure all information is accurate.

Child lives with and Relationship. Write down the names of the persons with whom the child lives and relationship to the child. Sometimes a child does not reside with their parents and may reside with other family members such as aunts, uncles, or grandparents. Sometimes a child is placed in foster or protective care through the local children's services agency; it is the role of the Service Coordinator to identify and locate the child's parent (as defined in Ohio Admin. Code § 3701-8-07) in order to carry out all required EI activities. If the Service Coordinator cannot locate or identify the child's parent, then the Service Coordinator will identify a surrogate for the purposes of making EI decisions for the child. If a surrogate is needed, the Service Coordinator will complete the necessary paperwork prior to obtaining any consents, conducting eligibility, identifying need for services, or developing an IFSP.

Child's Address/home contact. List the full address of where the child lives including the contact phone number. If the child is living in a foster home and the foster family does not want information shared, write *lives with foster family* on the line.

School District of Residence. List the school district where the parent resides.

For children residing in foster care but parental rights have not been severed by the court and/or the parent can be located, the Help Me Grow Service Coordinator must document the parent's (not the foster parent) address. It is important to accurately reflect the school district of the parent (as defined by 3701-8-07) as this information will be used for required LEA notification and to ensure (when applicable) transition to the correct school district.

Language(s) spoken with the child. Record the family-identified primary language used in the home. If an outside agency, doctor, or other referral source has placed the call, ask what languages are spoken and if an interpreter is needed.

While the child evaluation and assessment must be conducted in the native language of the child, the IFSP meeting must be conducted in the parent's native language except when it is not feasible to do so. It is very important to record the languages spoken with the child and the primary language used in the home in order to determine if interpreter services are needed in order to carry out all required EI activities. This information is also needed when sending out required notices, information, and surveys to the family.

The Ohio Department of Health has a contract with Affordable Language Services (ALS) to provide tele-interpreter services. These services are available to all families enrolled in EI at no cost for telephone translation during visits.

Parent Name. List the parent's (as defined in Ohio Admin. Code § 3701-8-07) first and last name.

Address. List the parent's address (it may be different from the address where the child resides).

Best Phone. Obtain this information from the parent; write down the best phone number for the IFSP Team to use to contact the parent for Help Me Grow activities.

Prior to the IFSP meeting, the Service Coordinator describes the IFSP process and what will occur at the IFSP meeting to the family and answers any questions. The Service Coordinator should also alert the family in advance of the meeting that they may invite anyone they would like to attend the meeting. If the family has identified people they would like to attend then these individuals are included on the HEA 8039 Written Meeting Notification form, and will be sent copies of the meeting notification. Ohio Admin. Code § 3701-8-07.1 (A)(2)(a)(1)

Email. Obtain this information from parent; write down the full email address provided (if parent provides an email address) for the IFSP Team to use to contact the parent for EI activities.

Best Contact Time. Write down the best times to contact the parent; be as specific as possible so that all IFSP team members will be able to reach the parents.

Method Preferred. Check the box that best describes the parent's preferred method of communication.

If the child lives with both parents and the information is the same for both parents, complete parent information on the left column and then on the right column, complete information that is different from the first parent, then where the information is the same for both parents, write *same as mom*.

Section II: Our Service Coordinator Information

If you have questions about this IFSP or any of the individuals working with your child and family, contact your Service Coordinator.	
Name: **Kristen Smith**	Agency: **XYZ Health Department**
Email: **kristen.smith@health.org**	
Best Phone: **614-123-8954 ext 554**	Address: **25 W Mound Street Suite 201, Anytown, OH, 43201**

All families shall be assigned one Service Coordinator following the program referral to Help Me Grow. The Service Coordinator is responsible for coordinating and ensuring timely initial and ongoing Part C eligibility, coordinating and facilitating IFSP process, ensuring that parents understand their rights in HMG, ensuring the implementation of the EI services identified on a child's IFSP and a smooth transition at age three.

When the Service Coordinator changes for the family, this section must be updated and shared with the family and other IFSP team members as soon as the Service Coordinator becomes aware.

Service Coordinator's Name. List Service Coordinator's first and last name.

Agency. Write down the name of the agency that employees the assigned Service Coordinator.

Email. Write down the full work email address of the assigned Service Coordinator.

Best Phone. Write down the Service Coordinator's phone number, including area code and extension.

Address. List the full mailing address where the Service Coordinator receives mail.

Section III: Our Concerns About Development

Section III: Our Concerns About Development	
Parent concerns about their child's development:	**Marisol and Walt are concerned about Sophie's behavior (biting others). They are also concerned about whether or not she understands what she is hearing. They would like to know if she is using enough words for her age.**
Referral source and initial referral concerns about development, if different from above:	**Dr. Mason's, Children's Hospital, concern is regarding communication, specifically, getting her wants and needs known to others.**

Parent concerns about their child's development. List the parent concerns about their child's development during the initial conversation, even if parents did not make the referral. Information should be derived from the parent's referral or Service Coordinator's initial contacts with the family.

Referral source and initial referral concerns about development. List the referral source and their concerns about the child's development, if different from parent concerns.

If the parent made the referral, write *N/A* in the referral source section.

Section IV: Our Child's EI Eligibility Determination

Section IV: Our Child's Early Intervention Eligibility Determination

[X] Initial Eligibility Determination Date: 10/16/2014

[ ] Redetermination of Eligibility Date:

Sophie has been determined to be eligible based on (check one):

[X] Developmental delay in the following domain(s): Communication
(see Attachment A)

[ ] Diagnosed condition with a high probability of delay (specify diagnosis): _____
Check one:
[ ] Eligible List of Conditions [ ] HEA 8024

N/A has been determined not to be eligible. Date: _____

S/He is demonstrating skills and behaviors similar to children of the same age and is not eligible for Early Intervention. Please see attached Prior Written Notice form (HEA 8022). If you have any concerns about your child's development before age three, contact Help Me Grow at:
N/A

Suggestions for addressing family concerns include:
N/A

Initial Eligibility Determination/Date. Check this box when completing the initial eligibility for the child. Document the date eligibility was determined.

The date for eligibility based on a delay is determined once the developmental evaluation is complete. The date for eligibility based on a diagnosed condition is the date the Service Coordinator receives the completed information from the diagnosing professional. If a child moves to Ohio from another state or US territory, comparable eligibility can be used. Document on this section their delay or diagnosis. Ohio Admin. Code § 3701-8-07 (A) (4).

The Service Coordinator is responsible for coordinating and explaining the eligibility process and obtaining informed consent from the parent. Developmental Evaluation Required Tools: Bayley Infant Scales of Development-III or Battelle Developmental Inventory.

Redetermination of Eligibility/Date. Check this box when completing a redetermination of eligibility for the child. Document the date eligibility was redetermined.

Only some children are required to have eligibility redetermined annually. Requirements for redetermination are discussed later in Section VIII of this guidance document.

Write *N/A* if redetermination is not needed.

Has been determined to be eligible based on. Write the child's first name on the line. Then check one of the following;

1. **Developmental delay in the following domain(s).** Check this box when a child is determined to have one or more developmental delays based on the information obtained through observations, interviews, record review, the professional insights and expertise (informed clinical opinion) and administration of an evaluation tool. If a developmental delay has been identified check this box, refer to Attachment A and write in the developmental domain(s) delayed on the line.

   Occasionally the eligibility team will determine that a child demonstrates a developmental delay even when the scores from the norm-referenced eligibility tool do not indicate a delay. This explanation will be written on Attachment A in the summary section.

2. **Diagnosed condition with a high probability of resulting in a delay.** Check the box if a qualifying condition has been identified. Write the diagnosis on the line and then check the appropriate box below.

   Eligible List of Conditions. Check this box for a child who has a documented diagnosed physical or mental condition that is referenced in Appendix 07-A of rule Ohio Admin. Code § 3701-8-07.

   HEA 8024. Check this box for a child who has a diagnosed physical or mental condition which is not listed in Appendix 07-A of rule Ohio Admin. Code § 3701-8-07, but for whom a completed HEA 8024 documents the child's condition.

   The Service Coordinator must receive the HEA 8024 and coordinate the assessment process within 45 calendar days of program referral or coordinate an evaluation (within the same 45 days).

Has been determined not to be eligible. If the child has been found not eligible for EI services, write the child's first name on the line.

Date. Document the date the child was determined not to be eligible.

Contact Help Me Grow. Include the best Help Me Grow contact information in your county for the family's future reference.

Suggestions for addressing family concerns include. Refer to the family concerns at referral, and describe the way these concerns may be addressed with formal and informal community supports.

At this time, the parent is provided with Sections I-IV and Appendix A, as well as Prior Written Notice (PWN) HEA 8022.

Section V: Our Child's EI Eligibility Determination

Section V: Our Child's Early Intervention Assessment Summary		
Routine	**Ease of Routine**	**What's happening now** *(strengths and needs)* **Date:**
Wake up, Nap, Bedtime	☒Easy ☐Some Concerns ☐Difficult	What's working well: **Sophie is able to fall asleep on her own once she is put in her crib. Sophie sleeps through the night most nights. She climbs up onto the couch to lay down for a nap; takes daily naps.** What's not working well: **Marisol and Walt are happy with Sophie's sleep routine and schedule.**
Diapering, Dressing, Toileting	☒Easy ☐Some Concerns ☐Difficult	What's working well: **Sophie wiggles and fusses when she needs to be changed. She is cooperative during diaper changes. Sophie is able to put her arm through the armholes of shirts and jackets. She lifts her leg with help to get on her pants.** What's not working well: **Marisol and Walt have no concerns related to Sophie's dressing or toileting routine. Team noted that Sophie does not yet appear to notice when her diaper is wet.**
Mealtimes	☐Easy ☒Some Concerns ☐Difficult	What's working well: **Sophie eats a good variety of foods. She feeds herself using her fingers, a spoon, and drinks her milk from a sippy cup. She participates in the family routine by placing the spoons on the table at breakfast and dinner. Although Sophie is able to feed herself, her brother likes to feed her. She pretends to bite his fingers and giggles during this routine.** What's not working well: **Sophie throws her food when she is finished eating, especially when the family is out at a restaurant. The team thinks this may be Sophie's attempt to get attention in a noisy environment or to let Marisol and Walt know she is finished. Sophie uses the sound "dah" frequently. She was not able to copy sounds that Tawanna made, and Marisol and Walt shared that Sophie is not yet copying them when they try to get her to ask for milk. She doesn't like to eat noodles and it is hard to get her to chew meat, even ground beef. She cries and looks towards the kitchen when she is hungry.**

Spending time with family, friends, and other children	☐Easy ☐Some Concerns ☒Difficult	What's working well: **Sophie stays at Cindy's house 2 days per week with Javier and the other children she watches, while Marisol and Walt are working. She is happy to see Cindy and goes to her easily when she and Javier are dropped off in the morning.** What's not working well: **Sophie is beginning to bite the other children or bang her head on the floor when she is upset. It is difficult for Cindy to figure out what upsets Sophie, because she is not yet using words or gestures to let her know. Sophie understands many words and phrases. During the assessment, she pointed to pictures in her "Baby's First Words" book, but had a very difficult time saying more than a few sounds (mah, paw, ba)**
Play	☐Easy ☐Some Concerns ☒Difficult	What's working well: **Sophie loves when Walt bounces her and lifts her in the air. She tries to keep up with Javier when he kicks the soccer ball in the backyard. Sophie also loves to swing at the park. Books are of special interest to her and she was observed to turn the pages from right to left and she can follow Marisol's direction to "get your baby book." She walks the playground with no issues. She searches for toys that Javier drops down the back of the sofa and anticipates the reaction with excitement when she hides a toy from the family dog, Bromley** What's not working well: **Sophie will try to bang her head if she can't have the soccer ball.**
Bath time, Tooth brushing, Cleaning up	☐Easy ☒Some Concerns ☐Difficult	What's working well: **Sophie loves taking baths. She says "bah" when she sees the bubbles. Sophie tries to hold the toothbrush to help brush her teeth. Marisol and Walt have been working on having her take turns holding the toothbrush with them. Sophie watches the other children at Cindy's house and follows their lead to know when time to clean up. She was observed "scrubbing" her hands at the sink.** What's not working well: **Marisol has been asking Sophie to rub the lotion on her belly, but Sophie just ignores her. Instead, she likes to smell the lotion that is on her hand. Marisol has also noticed that Sophie turns when she calls her name, but does not always follow other directions like "come here" or "go to Daddy." Marisol wonders how much Sophie understands or if she is choosing not to follow directions.**
Getting around the home and community, Getting ready to go	☐Easy ☒Some Concerns ☐Difficult	What's working well: **Sophie is most comfortable when Walt, Cindy, or Marisol is close by. She prefers to be held in new environments, like the farmer's market or the play café. Sophie prefers sitting next to Marisol when they meet the other families at the play café. Sophie adjusted well to the assessment team being in her home and let Amy take her outside by herself during testing. She is familiar with the home and yard and is able to open the door to get outside.** What's not working well: **Tracy would like for Sophie to start interacting more with the other children during Mom's Club meetings or at the play café.**

Other Routines	☐Easy ☐Some Concerns ☐Difficult	What's working well: **N/A** What's not working well:

Routine. Each box in the left hand column (Routine) within this section of the IFSP is labeled to correspond with typical routines/activity settings for infants, toddlers, and their families.

Medical services, interventions and appointments maybe a routine for some families. These routines may be placed in the box labeled "other."

Ease of Routine. For each routine, the parent/caregiver rates whether the ease of routine is considered easy, concerning, or difficult by checking one of the options.

The ease of a routine is determined by the parents. A routine is considered easy if it is going well and no support is needed. A routine is classified as having some concerns when the family is managing the routine, but may need some support or intervention. A routine is considered difficult when the family reports low satisfaction with this time of day or the child is having difficulty with engagement and independent use of skills during this routine. The routine may be a priority for intervention.

What is Happening Now. This section contains two subsections – *What's working well* and *What's not working well*. Included within these sections are the child's present levels of development related to independence, participation and social relationships within daily life. The purpose of this section is to integrate all information gathered through the assessment process, in order to paint a picture of how the child is using skills to participate and interact in everyday life. Information from the developmental evaluation, assessment, assessors' observations of the child, record reviews, parent and caregiver reports, and information from the family directed assessment are summarized, and include the child's functional use of skills and ease/difficulty of the routine for child and family.

Use family friendly language and avoid the use of professional jargon.

This section is not to be used as a family directed assessment tool. Information derived from the tool is blended with all other assessment information and summarized here.

If a family declines to participate in the family directed assessment, the team is responsible for summarizing information collected through other assessment means to establish a picture of how the child's development in all domains is impacting his or her independence, social interaction, and participation within family and community activities. Document on Attachment A in the *comments* field under Family-Directed Assessment.

What's Working Well. The team describes routines and activities that are enjoyable for the family members and are going well. Information is included about how the child is able to use skills across developmental domains to take part in the routine.

What's Not Working Well. The team describes the specific challenges that the child and family face with regard to the child using his/her skills to participate in the routine or activity.

This section is not a list of decontextualized skills from the administration of a standardized tool. Instead of saying, *Ethan cannot balance on one foot for 5 seconds*, describe how this development impacts everyday life -- *Ethan needs to sit down to put his pants on, as he cannot yet balance on one foot for more than a second or two*. This information serves as the basis for developing functional outcomes that build upon existing capabilities and natural learning opportunities.

Include information that outlines how the child's interests impact his /her participation within everyday activities. For example, *Ariana cries and fusses when the family attends large group gatherings such as church services or festivals*, or *Ariana loves to cuddle with her mom and touch the fuzzy bear in her book.*

Our family's resources and supports:
Sophie and Marisol enjoy meeting other families at the play café. Marisol also belongs to a mom's club in her community. Walt's family lives close by. His sister Kate and his parents all help with Sophie. Cindy babysits Javier and Sophie at least twice per week and has known the family since Javier was a baby. The family has ABC health insurance.

Our family's resources and supports. This section captures resources identified by the parent(s) as meaningful and potentially useful for supporting family IFSP priorities. This can include both formal and informal supports.

The ECOMap is one tool that can be used to gather information.

Family identified resources may include extended family and friends, childcare, toddler programs in libraries, community /spiritual groups, recreation and sports programs, social services, and financial supports.

What else the team should know about our child's health so we can better plan and provide services for our child and family:
Marisol had a typical pregnancy and delivery with no complications. Sophie weighed 8 lbs. 6 oz. at birth. Sophie is in good health and up to date on all immunizations. She had one ear infection when she was 13 months old. At her 2-year checkup, Dr. Steven Hill (her pediatrician) noticed she was not meeting some of her developmental milestones. He recommended that the family consult with a developmental pediatrician at Children's Hospital and suggested the family contact Help Me Grow.

What else the team should know about our child's health. This is an open box for all medical/health information the family believes is important to share. Information may include birth history, present health status, any diagnoses or recurring health concerns, medications and immunization status. Names of medical professionals involved in the child's care may also be included.

Summary of the team (parent and professional) input on child's strengths and needs across routines, settings and people:
A. Developing Positive Social-emotional Relationships (engaging and relating to family members, other children, others; showing emotion; responding to touch; following group rules): **Sophie's relationships with her parents, babysitter and brother are strong and age appropriate. She participates in routines and has an understanding of "group rules" such as when to come to the table for meals, clean up, bath time, and activity expectations at the sitter's home by watching others. She is currently expressing frustration through biting, throwing items, and banging her head. This is an area the team believes should be a focus. Relative to same age peers, Sophie shows occasional age expected skills in everyday situations. The team has concerns about her limited ability to express frustration with words or gestures.** ET#:
B. Acquiring and Using Knowledge and Skills (thinking, remembering, reasoning, problem solving; understanding symbols, including those in print; understanding the physical and social worlds): **Despite her limitations in expressive language, Sophie has an age appropriate understanding of routines and what comes "next" (like helping to set the table before sitting down to eat or having a book read to her before bed). Books are of special interest to her and she knows to turn pages of a book from right to left, and points to pictures in the book when her parents or Cindy name objects. She searches for dropped toys and anticipates the reaction with excitement when she hides a toy, plays peek-a-boo, or throws her food. Sophie's development in using skills and information is at the level expected of a child her age.**
C. Taking Appropriate Action to Meet Needs (getting from place to place, taking care of basic needs, showing hunger, following safety rules, avoiding inedible objects after 24 months; using tools, utensils, strings attached to toys): **Sophie is beginning to use a spoon consistently to feed herself soft foods and is more independent at the sitters than at home. Her brother likes to feed her and she enjoys his attention. She is learning to wash her hands and brush her teeth (age appropriate). Her most significant difficulty is with her ability to tell people what she wants (food, toys,games) and does NOT want. She has become more frustrated lately and is more likely to bite or bang her head on the floor when frustrated. This is an area the team believes should be a focus. Sophie shows age appropriate skills in this area some of the time and in some situations. Her skills might be described as that of a slightly younger child.**

Summary of team input. Summarize parent and professional input on child's strengths and needs across routines, settings, and people, capturing information from all assessment activities.

Everything the team has learned thus far is summarized into the three child outcomes statements developed by the US Department of Education for the purposes of federal reporting and accountability. These outcomes assist in describing the child's current skills relative to same age peers and help the team determine over time whether the EI program is meeting the child and family needs. This information helps the team know how well the child is developing and participating in activities at home and in the community. This information also assists with identifying potential IFSP outcomes.

To complete this section, the Service Coordinator will engage the team in a discussion about the development of the child in three areas: (A) Developing Positive Social-Emotional Relationships, (B) Acquiring and Using Knowledge and Skills, and (C) Taking Appropriate Action to Meet One's Needs.

No numbers are written anywhere in this section.

All team members, including parents, are responsible for providing input to describe a child's progress on each outcome measure.

See the Decision Tree and Child Outcomes Summary (COS) and Descriptors for help in drafting statements which reflect the whole of the information known so far within the three Child Outcome Statements. It may be helpful to use the phrases in Early Track to summarize the child's current developmental status and to use functional examples to support each statement.

Our family has the following priorities and has identified these routines as the focus of intervention:

Marisol and Walt would like for Sophie to be able to tell them when she is upset or needs something instead of biting or banging her head especially at the babysitter's house and with her brother during mealtimes.

Our Family has the following priorities and has identified these routines as the focus of intervention. The team will review and summarize the assessment information with a focus on what the parents have identified as family interests, routines, resources, and concerns. The Service Coordinator will *assist* the family to prioritize needed supports (informational, emotional, and financial) and the routines that will be the focus of interventions.

These priorities are the basis of meaningful family outcomes and the development of intervention strategies which build on family strengths and build capacities. Section V needs to be completed within the first 45 days and then at least t annually thereafter.

Complete only when the family has not identified priorities in the above section

☐Team (parent and professional) has determined that _____and his/her family do not have a need for Early Intervention services at this time. *Provide family with Prior Written Notice form (HEA 8022).*

☐Parent(s) has declined further participation in HMG Early Intervention at this time.
If you have any concerns about your child's development before age three, contact Help Me Grow at:

If the family has no identified priorities, check one of the boxes.

Team (parent and professional) has determined that __ and his/her family do not have a need for Early Intervention services at this time. *Provide families Prior Written Notice form (HEA 8022)*. Write the child's name on the line. This box is marked when all team members (professional and parent) agree there is no need for EI services at this time.

Parent(s) has declined further participation in HMG Early Intervention at this time. This box is marked when the professionals recommend services but the parent declines. Write in the best Help Me Grow contact information in your county for the family's future reference.

Prior written notice is not required when parent declines services; however, all completed sections of the IFSP should be provided to the parent upon exit.

Sections IV, V, and Attachment A are part of the evaluation and assessment process and therefore must be completed by the evaluation and assessment team. The evaluation and assessment team is defined later in guidance for Attachment A.

Recommendations should be written in this section to support the family in promoting their child's development. You can also include linkages to other resources.

Definitions

Priorities. What the parent believes is most urgent and should be addressed first.

Concerns. What the parent is worried or wondering about.

Resources. The individuals, groups, or organizations that support the child and family in their daily lives.

Developing positive social-emotional relationships. Refers to exhibiting age-appropriate behaviors and actions associated with attachment, separation, expressing emotions, and social interaction.

Acquiring and using knowledge and skills. Refers to thinking, reasoning, problem-solving and early literacy and math skills.

Taking appropriate action to meet one's needs. Refers to the use of developing skills across domains to achieve a goal of value and acting in a socially appropriate way in order to get one's needs met.

Section VI: Our Child and Family Outcomes

Section VI: Our Child and Family Outcomes

Date: **10/19/2014** *Outcome #* **1**

What we would like to see happen within our family routines:
Marisol, Walt, and Cindy would like for Sophie to tell them when she needs help during playtime by using simple signs or a word attempt.

Steps or activities that will be taken to accomplish this outcome (include criteria & timeline):
Tawanna (SLP/PSP) and Sophie's family/caregivers will work together to identify situations during play (backyard, park/playground) that may upset Sophie. Once these situations are identified, Tawanna will suggest words including signs/ gestures to teach Sophie that are developmentally appropriate for Sophie and match the situation. Tawanna and family will also develop adaptations (have 2 soccer balls when playing with Javier) to the play routine that will reduce Sophie's level of frustration. Tawanna will also work with the family/caregivers using these same strategies during meal time. Marisol, Walt, and Cindy will begin using 3-4 baby signs to help Sophie understand the meanings of the signs as they play, such as "more," "all done, " "up," "ball " and "toy." SC will assist family in finding/scheduling an evaluation with an audiologist within 15 days."

Early Intervention Service(s) Necessary to Meet this Outcome

EI Service Type	Method	Location/ Setting	How Often	Session Length	Provider Agency	Funding Source	Projected Start Date	Duration of Service
Speech Therapy	**D/P**	**H/C**	**12x 180 day**	**50 mins**	**CBDD**	**CBDD Title XX**	**10/28/2014**	**4/19/2015**

Method – Direct (D); Joint (J) // In-person (P); Technology (T) Location/Setting – Home (H); Community (C); Other (O)

Date. Write the date the outcome was developed.

Outcome. Give each outcome a unique number.

What would we like to see happen within our family routines. All IFSP outcomes answer this question: *What would the parent like to see happen over the next six months?* Or *what would you the parent like to do that they can't do right now?*

Use the six step criteria to develop outcomes that are measurable and can be achieved within six months:

1. Outcomes are necessary to meet the family needs.
2. Outcomes reflect real life settings. For example, meal-time, bathing, riding in the car are all real-life contextual settings.
3. Outcomes are discipline free. The outcome should not be written as if the occupational therapist or other early interventionist is doing something but rather the outcome should have the child or the family as the *actor*.

4. Outcomes are jargon free. Words such as range of motion, oral motor, pincer grasp are examples of professional jargon. It's important to avoid such words and rephrase the outcome so it is understandable to parents and caregivers.
5. Outcomes emphasize the positive or what the child or parent will accomplish. Avoid using the negative. Instead of *Johnny will not spit out food when eating with his family*, an outcome might state *Johnny will eat soft foods, such as yogurt and applesauce, as well as a few preferred chewy foods like bagels when eating with his family.*
6. Outcomes avoid the use of passive words. Passive words are typically descriptors of activities done to a child rather than encouraging a child's active participation and engagement. Examples of passive words include: tolerate, receive, increase or decrease, improve, and maintain.

The Early Intervention services a child and family needs to receive are determined after the outcome is written (not the other way around).

Steps or activities that will be taken to accomplish this outcome. Describe who will do what including the criteria for success and timeline to achieve outcome.

Determine steps or activities to support how children learn or build upon child and family interests, familiar activities and routines. It is important to always consider the need for assistive technology and supplementary aids and supports to ensure meaningful participation in everyday activities and routines, with the child's family and in the community.

It is important to always consider the need for assistive technology and supplementary aids and supports to ensure meaningful participation in every day activities and routines, with the child's family and in the community.

Strategies should be written with enough detail so that if a family's provider changed, the new provider could read the IFSP and know exactly how to support the family.

Criteria should provide the information needed to determine when the outcome has been met. Keep in mind the family will primarily be responsible for measurement and determining when an outcome is achieved. The measurement needs to fit the family (some families like charting and tallying, others see this as a burden).

When an IFSP outcome is well-written using the six-step criteria, the timeline and criteria are embedded in it.

If the Service Coordinator is completing specific steps and activities to support an outcome, list those steps and activities in the "steps or activities" section. For example, if the Service Coordinator is helping the family access Title XX daycare, a step might be, "Jane will help the family gather verification documents to complete a Title XX application over the next two weeks."

Early Intervention Service(s) Necessary to Meet this Outcome

EI Service type. Document the service type needed to meet this outcome. See Ohio Admin. Code § 3701-8-01 and 34 CFR 303.13 for service types and definitions.

Service Coordinators are responsible for coordinating all EI services; the coordination activities are documented in case notes and ET and are not included on IFSPs.

Method. Document the method needed to meet this outcome.

Direct. The interventionist is working directly with the parent or caregiver and child.

Joint. The planned direct service delivery by two or more professionals at the same time to work on the same outcomes. Typically, one EI service provider has been determined to be the primary service provider working across outcomes with the support of other team members. The second service provider provides a joint visit to coach or provide supports to the primary service provider, rather than providing an additional or extra service to the family.

In-person. The interventionist is face to face with the parent and child.

Technology. The interventionist provides direct or joint visit interventions to the parent/caregiver, but does so remotely using technology that allows the interventionist and parent/caregiver to see each other and provide the same interventions that would be provided if the interventionist were actually in the home or other community setting.

Location/Setting. Document the place the intervention will occur.

Home. At the parent or other caregiver home where the child typically spends time

Community. Store, restaurant, childcare center, park, library, etc.

Other. County Board of DD, hospital, clinic, therapeutic setting located in a community setting specifically for children with disabilities or specific diagnoses.

How Often. The number of sessions that will be provided within a specific time to meet this outcome as determined by the IFSP team.

All timelines should be six calendar months unless a shorter timeline is more appropriate.

Session length. The session length in minutes the IFSP team determined is needed to meet this outcome.

Provider agency. Document the agency that employs the provider.

Funding Source. Who is paying for the service. Examples include: CBDD, POLR, CBDD/Title XX, Medicaid, private insurance, or other local payor. Only providers and their funding source are included here when the provider has agreed to provide the services through the IFSP.

Projected start date. The date the provider plans to begin services. If the provider does provide a service on the same date as the IFSP meeting date, that service must be provided (a) after the IFSP is developed and approved and (b) at the frequency, intensity, etc., specified on the IFSP.

Duration of service. The date when the service is estimated to end or up to age three. The duration will not be longer than six calendar months, when the next IFSP review is required and when outcomes are anticipated to be completed.

For each EI service that will not be provided in our child's natural environment, provide an explanation of why this outcome cannot be achieved in a natural environment and the steps the Service Coordinator and family will take, including projected date, for moving the service into a natural environment:

N/A

List any Early Intervention services which are needed, but not yet coordinated and the steps the Service Coordinator will take to coordinate the needed service(s):

SC will assist family in setting up a hearing evaluation and link with Regional Infant Hearing Program if a delay is noted.

List any services which are being received through other sources, but are not required, nor funded, under Early Intervention:

N/A

For each EI service that will not be provided in this child's natural environment... For any service type with a location/setting listed as *other*, an explanation is required and developed by the IFSP team. Steps to move the service into a natural environment are also required. If the service is provided in home or community, write N/A.

List any Early Intervention services which are needed, but not yet coordinated and the steps the Service Coordinator will take to coordinate the needed service(s). Document services which have been identified to meet an outcome but are not currently available or located. Document the steps that the Service Coordinator will take to coordinate the services. If none, write *N/A*.

List any services which are being received through other sources, but are not required, nor funded, under Early Intervention. Document services a child/family is receiving outside of the EI system. These are services the family wants to continue but are not considered EI services because they are not identified by the IFSP team as needed to meet the identified IFSP outcome or the provider does not agree to participate in the IFSP process. If none, write *N/A*.

Whenever an EI service provider proposes to make any changes to an existing EI service on an active IFSP, the provider must give the Service Coordinator and parent Prior Written Notice (PWN) on an HEA 8022 form ten calendar days before the date of the proposed change. For example, "Sophie is making significant progress in her speech and language development and therefore, the original frequency of 12 times in 180 days should be decreased to 10 times in 180 days."

Remember, services should strengthen the family's and caregiver's capacity to use their routines and everyday activities as opportunities for their child to learn and practice. The goal is to improve the child's development and participation in family and community activities that are important to the family.

Early Intervention services should also help families and caregivers feel confident about making adaptations to help their child become successful during challenging activities. Services for children birth through three should be based on what is necessary for the child and family to achieve each functional outcome.

☐ *We met it!* ☐ *We're making progress* ☐ *Let's make adjustments* ☐ *Let's focus elsewhere*	Code	Comments	Date
As a result of the outcome progress review, the Team (parent and professional) wants to (select one and place into code box above: 1- Develop new outcome; 2-Revise outcome; 3- Modify strategies/activities or Early Intervention service; or 4- Other:			

Outcome Progress Review. This section is completed at each IFSP review (periodic and annual) by the IFSP team. At each annual meeting, as the new IFSP document is being developed, the current IFSP is evaluated for outcome progress and documentation of progress is noted in the current (past year) IFSP. This information informs the development of outcomes that are developed during the annual meeting.

This section will be left blank on the initial IFSP.

Code. Based on column one and the comments, the team recommends the identified action(s) be taken.

1. Develop new outcome – the outcome has been met.
2. Revise the outcome – change the outcome due to nature of progress or change in priority .
3. Modify activities or services – change the activities or services to better meet the outcome.
4. Other – When 1, 2, or 3 is not applicable, use 4 and explain in the Comments section.

Comments. Document any comment related to the code listed, including new information about the child and family situation that is relevant to the decision.

Date. Document the date of the progress review.

Section VII: Meeting Dates

Section VII: Meeting Dates		
Initial IFSP Completion Date: **10/19/2014**		
	Due By:	Completed On:
Six Month IFSP Review (may occur more often if needed)	**1/19/2015**	**1/15/2015**
	7/15/2015	
Re: determination of Eligibility, if applicable	**N/A**	
Re: determination of EI service need	**N/A**	
Annual IFSP Date		
Transition Planning Conference	**4/15/2015**	**3/27/2015**
Exit Date	**7/15/2015**	

Initial IFSP Completion Date. List the date that the initial IFSP is completed. An IFSP is complete when all required sections are filled out and when the parent(s) and team members sign the IFSP.

This date will remain consistent across time, regardless of how many times the child moves from one county program to another, or leaves Help Me Grow EI and returns.

Six-month IFSP Reviews. List the date of the IFSP review meeting 180-calendar days after initial IFSP. A periodic review is an IFSP meeting that occurs between the initial IFSP meeting and the annual IFSP meeting. The purpose of IFSP periodic reviews is to make changes to the current IFSP. There is no limit to how many periodic reviews may be conducted between the initial and annual IFSP. A periodic review is required when:

- Planned periodic review which is every 180-calendar days.
- Family requests to make changes or review their IFSP.
- An EI service provider has provided the parent with Prior Written Notice on HEA 8022 proposing changes to the services on the family's existing IFSP. This change in the provision of the EI services will trigger a periodic IFSP review.
- The child transfers EI Service Coordinator contractors in Ohio, and in this case a periodic review must take place within 45-calendar days.

The periodic IFSP meeting may be conducted in person, or by other means (phone, Skype™) that is acceptable to the parent. The service coordinator and parent discusses the proposed changes, reviews the outcomes and EI services provided to support the outcomes, and determines whether or not modifications or revisions are necessary.

The Service Coordinator makes sure that the IFSP is revised with the updated information including present levels of development and family priorities. The Service Coordinator documents the changes on a new section of the IFSP form. For example, if changes are made to outcomes or services then the Service Coordinator would complete a new section VI. If changes are made to present developmental levels or family priorities then the Service Coordinator would document the changes on a new section V. It is not necessary for the Service Coordinator to re-do the entire IFSP form for a periodic review.

At a minimum, the IFSP must be reviewed within 180-calendar days from the date the initial IFSP or annual IFSP was written. See Ohio Admin. Code 3701-8-07.1 A (2) (b) which describes when reviews occur.

After the periodic review takes place, the Service Coordinator uses a new section X, which is the "signature and acknowledgment page, and obtains the parent's signature and consent to implement the revised IFSP. Following this activity the service coordinator then provides the parent, and with parental consent, EI service providers with one copy of the revised sections of the IFSP.

At a minimum, the IFSP must be reviewed within 180-calendar days from the date the initial IFSP or annual IFSP was written. See rule Ohio Admin. Code 3701-8-07.1 A (2)(b) which describes when reviews occur.

Transition Planning Conference. List the date of the projected transition planning conference and the actual date it is completed.

Completion of the transition planning and documentation should occur not less than 90 calendar days, but not more than nine months prior to the child's third birthday.

Exit Date. List the date of Transition at age 3, or if transition occurs before the age of three, that earlier date.

Remember that every child transitions from Earl y Intervention no later than three y ears of age; some children leave before age three. Transition dates are not only for children transitioning to Part B special education preschool, but all children.

Re-determination Eligibility, if applicable. List the date of re-determination if applicable.

Infants and toddlers made eligible by a diagnosed physical or mental condition which is not listed in Appendix 07-A; or when found eligible through informed clinical opinion will have eligibility re -determined in advance of their annual IFSP.

Re-determination is not required for toddlers who are 90 calendar days or less from their third birthday.

Re-determination of EI Service Need. List the date of re-determination of EI service need. Every child has re -determination of service need annually.

Annual IFSP Review Due Date. List the date of the projected IFSP review meeting as one year after initial IFSP and one year after each annual IFSP thereafter. List the date of the actual IFSP review meeting which may occur on or before the projected date.

Section VIII: Team Members Supporting Our Family

Section VIII: Team Members Supporting Our Family	
In addition to you and your Service Coordinator, your team includes:	
Name/Role	Best Contact
John Parks, DS	**johnparks@emailtime.no**
Tawanna Baker, Speech-Language Pathologist	**123-456-7890**
Bonnie Williams, PT	**432-105-0105**
Cindy, Babysitter	**123-155-2161**
Carol Rich, OT	**123-561-5611, x104**

In addition to the family and the Service Coordinator, the team includes. List the name, role, and best contact information of the IFSP team members who will support the parent and agree to implementation of the IFSP.

Section VIII should list the team members that will serve as PSP and SSP with no more than one person identified for each discipline available. The team members listed in this section will represent the Core Team.

Do not include team members that have a very low probability of ever meeting the family and who most likely will not provide significant support to the PSP/family through coaching interactions. This section should be updated when family supports change.

Federal regulations and Help Me Grow rule require participation of the parent(s), Service Coordinator, and the evaluation/assessment team. This section is used to record all other IFSP participants:

- Other family members, as requested by the parent, an advocate or person outside of the family, if the family requests that they participate; and
- Any individual who will be providing Early Intervention Services.

Any one listed in this section is provided the IFSP meeting notification using form HEA 8039 and participates as needed in the IFSP meeting.

Section IX: Our Child's Transition Planning

Section IX: Our Child's Transition Planning

Transition Notification: For children in Help Me Grow Early Intervention, notification that includes the child's name, address, birth date, his/her parent name(s), and telephone number, will be sent to the school district/Local Education Agency (LEA) of parent residence informing the district that a child may be eligible for IDEA Part B services at 3 years old. This notification is a requirement of Part C of the Individuals with Disabilities Education Act (IDEA) and is beneficial in preparing the school district for your child's possible eligibility for special education preschool services. This notification will automatically happen by your local HMG program unless you sign below opting out of the notification. Opting out of this notification must be obtained at the IFSP meeting closest to your child becoming 18 months old or immediately upon entry into HMG if your child enters after 18 months of age. Opting out of this notification must be recorded below with check box and parent signature.

☐ I have been informed of the notification requirement and choose NOT to have the above identified information sent to the LEA.

Parent Signature Date	Parent Signature Date

Consent to invite local education agency to transition planning conference:

For children who may be eligible for Part B pre-school services and supports, attendance by a representative from the school district at the Transition Planning Conference is essential to the transition process and preparation for the exit from Help Me Grow Early Intervention.

☒ I give my permission to invite the local education agency representative to my child's Transition Planning Conference in order to help plan for my child's transition from Help Me Grow Early Intervention.

Marisol Jones *1/15/2015*	*Walt Jones* *1/15/2015*
Parent Signature Date	Parent Signature Date

Transition Notification (School district notification and option for opt-out). This section may be completed at any time, but is required at the IFSP closest to the child turning 18 months old and no later than the child's second birthday, when LEA notifications are sent by Help Me Grow contract sites. Review with the parent the notification requirements of IDEA and the purpose. Explain to the parent that no action is required. However if the parent does not consent (give permission) for their child's information to go to their local school district to assist in planning for their child's needs at age three, then the box is checked and the parent signs and dates.

When the parent opts out of this LEA notification the Service Coordinator must record this information in Early Track. The parent may change his/her mind at any time by completing this section of the IFSP again; if this occurs the Service Coordinator must update this information in Early Track.

When parents do not opt out, their child's name, address, birth date, his/her parents names, and telephone number are sent to the LEA once the child reaches two years old.

Consent to invite local education agency to transition planning conference. This section is completed when the IFSP team believes that the child is potentially eligible for special education (Part B of IDEA) under preschool eligibility. Explain to the parent that by signing here they are saying they consent (give permission) to allow the SC to invite someone who helps with transition into special education preschool at the local school district to attend the Transition Planning Conference they will have soon. If the parent DOES NOT consent (give permission) to invite the LEA (Local Education Agency which is the local school district of parent's residence), they do not sign here. Only when a parent consents does the Service Coordinator send an invitation to school's Part B special education preschool representative.

The Service Coordinator explains that if the child is eligible for preschool special education, the LEA must be a part of the planning process including scheduling the preschool eligibility assignments. If the LEA is not included in this process, there could be a delay in determining the child's eligibility and receipt of services.

Transition Planning Conference (TPC) date: **4/15/15**

Transition Outcome (parent or child directed goal that supports a smooth transition):

When Sophie attends preschool in the fall, Walt and Marisol want Sophie's teachers to be able to understand her when she asks for help during meals and playtime.

Specific steps or activities that will be taken to accomplish this outcome (include criteria & timeline):

Jenny (the SC) with parents' permission will send the LEA for Columbus City Schools an invitation to the transition planning conference to be held by 4.14.15. Jenny will send the LEA all relevant evaluations and assessments. This information will assist the LEA with determining if Sophie is eligible (or not) for Part B services. Jenny will share with Walt and Marisol the names, addresses and contact information of at least three preschools in their community. Walt and Marisol will visit at least two local preschools that have openings for preschoolers to determine which program best fits Sophie. Tawanna will join Walt and Marisol on the preschool visits to help Walt and Marisol figure out which preschool program best fits Sophie and share information regarding Sophie's communication needs. Walt and Marisol will start allowing Sophie to have play dates with her cousins at Aunt Janice and Uncle Joe's home at least once a week so that Sophie gets used to relying on other adults for help when needed. Tawanna, Walt, and Marisol will make sure to share with Aunt Janice and Uncle Joe situations during meals and playtime that may upset Sophie and the strategies they identified that work to help Sophie communicate why she is upset. Tawanna, Walt, and Marisol will make sure to share with Aunt Janice and Uncle Joe the sign and words that Sophie is currently using to express emotions and ask for help.

Tawanna, Walt, and Marisol will make sure to share with Aunt Janice and Uncle Joe the signs, and words that Sophie is currently using to express emotions and ask for help.

Early Intervention Service(s) Necessary to Meet this Outcome:

EI Service Type	Method	Location/ Setting	How Often	Session Length	Provider Agency	Funding Source	Projected Start Date	Duration of Service
N/A								

Method - Direct (D); Joint (J) // In-person (P); Technology (T) Location/Setting – Home (H); Community (C); Other (O)

Transition Planning Conference Date. This section will be left blank until the date of the transition planning conference. It is a required section for planning for transition at age three. The transition plan must be established not fewer than 90 days (and at the discretion of all parties, not more than 9 months) before the child's third birthday.

Document the date of the transition planning conference.

With parent consent, provide written notification of the meeting date, location and time to all invited persons, including the local education agency (if the child is determined to be potentially eligible for preschool special education) using form HEA 8039.

Service Coordinators should be planning for conversations to happen over time and for this section to be completed at a naturally occurring IFSP meeting closest to the child entering the transition period between 90-calendar days and nine months before the child's third birthday. The transition planning conference with the parent's school district of residence (LEA) must occur before the child turns 2 years, 9 months old, if the parent agrees and the team suspects potential eligibility for special education preschool.

All children in EI must have a transition planning conference within the required time line. If the child is not potentially eligible for preschool special education services, the Service Coordinator will assist the parent in planning for a smooth transition to other community resources and services, including high quality public and private preschools and childcare. The Service Coordinator will use form HEA 8039 to invite, with parent consent, providers of appropriate community services.

If the family has given consent, a representative of the local education agency (LEA) must be invited to the transition planning conference (TPC).

Transition Outcome. Transition outcomes are meant to ensure that parents and their children experience a smooth transition from HMG to other services and supports at age 3. The transition outcomes answer the question: "What steps and services are needed to support the smooth transition of the child?"

The transition plan is to ensure that each child and family experiences a smooth and effective transition from Part C services and to make sure that families have received all information needed to make an informed decision.

The IFSP team will develop outcomes that address the parent and child needs related to the transition, including transition to preschool special education services (as appropriate), or other community services .

The Service Coordinator is responsible to guide, coordinate and facilitate the transition process.

Transitions can and do occur at many times so best practice indicates that transition should be a topic of conversation with the family and other team members from the beginning of the family 's journey in EI. However, this section does not have to be included in the IFSP until the IFSP closest to, but before, the child turning 2 years, 3 months old.

The six step criteria should be used when writing this outcome. See section VI for additional guidance.

Specific steps or activities to accomplish this outcome. Indicate in writing who will:

- Discuss with, and provide training of, parents as appropriate regarding future placements and other transition matters
- Review program options for the child with a disability for the period from the child's third birthday through the remainder of the school year

- Take steps to prepare the child for changes in service delivery, including steps to help the child adjust to, and function in, a new setting
- Confirm that the child information has been sent to the LEA with parent consent
- Confirm that the most recent evaluation and assessments (child and family) and IFSP have, with parent consent, been sent to the LEA
- Provide other services that the IFSP team determines are necessary to support the transition of the child

Many of the required components of transition planning will typically be the responsibility of the Service Coordinator or LEA representative. The Transition Planning Conference is the meeting at which the IFSP Team decides who will address each component that is determined a priority.

Early Intervention Services to Meet this Outcome. This section is needed only when an interventionist will be providing an intervention necessary to support the outcome. This section does NOT apply to service coordination and LEA or other agency activities related to document sharing, scheduling visits to program settings, and planning eligibility determinations. These SC/LEA activities are documented in the steps and activities section in detail.

Services that will be provided by interventionists will be captured as is required for any IFSP outcome.

Section X: Signatures and Acknowledgments

Section X: Signatures & Acknowledgements	
Parent:, please discuss any concerns or questions you have with your Service Coordinator and then initial each statement, if you agree:	
MJ	I/We have been informed of our child's eligibility and need for EI service determination(s) by the IFSP team in my/our native language or other mode of communication.
MJ	I/We participated fully in the development of this plan and understand its contents.
MJ	This plan reflects the outcomes that are important to me/us for supporting our child's development.
MJ	The early intervention services will be provided as described in the IFSP. I/We understand that the IFSP will be reviewed at least every six (6) months.
MJ	I/We understand the records will not be released without my/our signed and written consent except under the provisions of the Family Education Rights and Privacy Act (FERPA). This law allows release of early intervention records to participating agencies in the early intervention system.
MJ	I/We consent to provide a copy of the following sections of my/our IFSP to: ☒ All sections ☐ Only Sections:
MJ	I/We understand that my/our consent is voluntary and that I/we may revoke consent at any time.
MJ	I/We have a right to deny access to my/our private or public insurance, but in doing so, I/we may be subject to a fee for these services.
MJ	I/We give consent to implement the EI services described in this IFSP.

Marisol Jones	*10/19/2014*	*Walt Jones*	*10/19/2014*
Parent Signature	Date	Parent Signature	Date

Parents, please discuss any concerns or questions you have with your Service Coordinator and then initial each statement if you agree. The Service Coordinator reviews each statement with the parent to ensure understanding before the parent initials each box. The Service Coordinator may provide reminders of purpose of consent or ask some questions to make sure the parent understands what they are confirming.

The parent must understand and decide whether to Initial each statement. The parent may be the biological parent or surrogate, but is never the foster parent or children's services employee.

I/We have been informed of our child's eligibility and need for EI service determination(s) by the IFSP team in my/our native language or other mode of communication. The Service Coordinator makes sure the parent(s) understands that the child is eligible and how the child was made eligible (delay(s) or diagnosed condition). The Service Coordinator also makes sure that the parent is clear about what needs have been identified and what services have been decided.

The Service Coordinator may summarize: "Your child was found to be eligible due to her cerebral palsy. The services we agreed to are those which will address each outcome we just developed" (and refer to outcome pages). If a translator is present, the translator will trans late the statements made by the Service Coordinator and the Service Coordinator will wait for parent response.

I/We participated fully in the development of this plan and understand its' contents. The Service Coordinator will determine how much review the parent needs to fully understand and respond to this statement. The Service Coordinator may review the ways in which the team has come to joint decisions about outcomes and services to meet the outcomes.

This plan reflects the outcomes that are important to me/us for supporting our child's development. The Service Coordinator may remind the parent(s) of what outcomes were decided and where they are in the IFSP.

The Ohio EI document *What is Early Intervention* is a useful resource for describing the intent of EI services.

Early Intervention services will be provided as described in this IFSP. I/we understand that the IFSP will be reviewed at least every six months. In making sure the parent understands this statement, the Service Coordinator will note that all EI service providers are required to provide services that specifically support the outcome(s), in the way (method) written, at the location specified, and at the intensity and frequency stated on the outcome page. Each provider is required to keep records of their service provision to that effect. Additionally, each service must begin within 30 days of the date the IFSP is signed. The Service Coordinator will inform the parent that s/he will be scheduling an IFSP review within the next 6 months.

The Service Coordinator may us e this opportunity to let the parent k now the purpose of the 6 month IFSP review.

The Service Coordinator informs the parent that the parent may contact the Service Coordinator at any time in the future if services are not provided on time or in the way specified in the IFSP.

If a service provider proposes to change a service (or its frequency, intensity, location or method) then an IFSP meeting must be scheduled and the provider must s end HEA 8022 Prior Written Notice to the Service Coordinator and the parent.

IFSP reviews do not have to be conducted face-to-face.

I/We understand the records will not be released without my/our signed and written consent except under the provisions of the Family Education Rights and Privacy Act (FERPA).

This allows release of EI records to participating agencies in the EI system. The Service Coordinator explains that records cannot be released without parent/caregiver permission. However, agencies that are part of the EI system within Ohio have access to family information. Generally, schools must have written permission from the parent or eligible child in order to release any information from a child's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions:

***Informed consent* means that written permission is provided once an individual has been fully informed of all information relevant to the activity for which permission is sought. Consent is further voluntarily given and may be revoked at any time.**

If the parent or caregiver is reluctant to initial items in this section, the IFSP team should stop and immediately ask what is causing their hesitation.

- School officials with legitimate educational interest
- Other schools to which a student is transferring
- Specified officials for audit or evaluation purposes
- Appropriate parties in connection with financial aid to a student
- Organizations conducting certain studies for or on behalf of the school
- Accrediting organization
- To comply with a judicial order or lawfully issued subpoena
- Appropriate officials in cases of health and safety emergencies
- State and local authorities, within a juvenile justice system, pursuant to specific State law

The Service Coordinator should explain Parent's Rights in EI during the first visit with the family. This is a good opportunity to help the parent understand that EI is regulated by the same rule that governs Special Education under IDEA, the Ohio Department of Health, and the Ohio Department of Education partners at the state level to make sure children are identified early and receive individualized services.

I/We consent to provide a copy of the following sections of my/our IFSP to. The Service Coordinator explains that the IFSP team members will each receive a copy of the IFSP. Additionally, the parent may release the entire IFSP or certain sections (check which box applies) of the IFSP to any other person(s) they choose. The Service Coordinator will follow through with sharing the information, documenting date sent in the child record.

The Service Coordinator should have a conversation about the advantages of s haring all or parts of this document with the child's medical team, including primary physician.

I/We have a right to deny access to my/our private or public insurance, but in doing so, I/we may be subject to a fee for these services. The Service Coordinator will review with the parent(s) what has been agreed to on the outcome page for payment of services. If either public (Medicaid, BCMH) or private insurance (parent's insurance plan) is being used to pay for EI services, the Service Coordinator will assure that the parent understands their right to deny access and their responsibility for payment.

The Service Coordinator will have explained to the parent(s) at the first visit that while some services in Early Intervention are provided at no cost to the family (evaluation, assessment, screening, service coordination, procedural safeguards and transition), not all services are provided at no cost. Parents then need to know that if their child is determined to need Early Intervention services, there may be a cost, or use of insurance, or travel associated with these services. This conversation must be clearly documented in the child's record.

Once services necessary to meet outcomes have been identified, the Service Coordinator will ask the parents if they would like the Service Coordinator to reach out to any certain provider who would accept their private or public insurance. If the parents provide this option, the Service Coordinator will work with them to coordinate who will provide the needed service. If the parents do not agree, then the Service Coordinator will talk about other options, including the option of completing a POLR application. POLR is always the pay or of last resort, by federal regulations definition.

The Service Coordinator will make sure that the parent understands why they might apply for POLR. The reason to apply for POLR is because there may be no other identified payer for the needed service to address an IFSP outcome. Start by going to www.helpmegrow.ohio.gov and click on Early Intervention, then POLR. There you will find training, instructions, and the Parent Application needed to apply. It is a Service Coordinator's job to submit the application on behalf of the family.

I/We give consent to implement the Early Intervention services described in this IFSP. The Service Coordinator makes sure the parent understands the statement itself, and that services only begin after the parent(s) provides full, voluntary consent. The parent then has a right to receive the services agreed to in the plan.

Any one of these acknowledgments that the parent does not initial does not stop the process *except* for the last acknowledgment (consent to implement services). If the parent does not initial/agree to this acknowledgment, then the parent does not sign and date the IFSP. The other team members still complete the final signature section.

For all acknowledgments if the parent is not comfortable initialing, the Service Coordinator reviews the section to answer questions.

We acknowledge that the outcomes reflect the family's priorities and concerns and the EI services support those outcomes. We agree to carry out the plan in a manner that supports the family's ability to help their child participate in and learn from their everyday activities whenever possible.

Signature	Name/Role/Agency	Participation Method	Date
Tawanna Baker	**Tawanna Baker, SLP, Cook County Bd of DD**	**Present**	**10/19/14**
	Amy, Fitz, SW XYX provider agency (evaluator)	**Phone**	**10/19/14**
Kristie Smith	**Kristie Smith, SC, XYZ Health Dept.**	**Present**	**10/19/14**

Signature. IFSP participants who attended the IFSP meeting sign in this column.

Name/Role/Agency. All IFSP participants along with their title and agency should be written in this column. The person does not have to be in attendance to be listed.

Participation Method. List how the person participated in the IFSP meeting in this column. This could include in person, in writing, on the phone, or through some other means of technology.

Attachment A

ATTACHMENT A

INFORMATION USED TO DETERMINE ELIGIBILITY AND THE NEED FOR EARLY INTERVENTION SERVICES

Record Review (Background, health, medical information)			**Child Observations**	
Source(s): **Dr Mason**	Date(s): **9/22/14**		Location(s): **home**	Date(s): **10/16 10/19/14**
Comments: **concern about communication**			Comments: **Sophie was happy and content.**	
Eligibility Tool: ☐ Bayley ☒ Battelle ☐ N/A			**Family-Directed Assessment**	
Date(s): **10/16/14**			Tool: **RBI**	Date: **10/19/14**
Adaptive ☐ Delay ☒ No Delay	**93**		Other Source(s) of Family Input: **interview with Marisol and Walt**	
Cognitive ☐ Delay ☒ No Delay	**87**		Comments:	
Communication ☒ Delay ☐ No Delay	Receptive: **9**	Expressive: **3 (2 SD)**	**Vision Screen**	
Physical ☐ Delay ☒ No Delay	Gross: **11**	Fine: **12**	Source(s): **Taking a look**	Date(s): **10/12/14**
Social/Emotional ☐ Delay ☒ No Delay	**79**		Result: ☒ No Concerns ☐ Refer for Evaluation	
Comments: **Sophie was healthy and active during test administration. Tool administered in her primary language using standard procedures.**			Comments:	
Child Assessment			**Hearing Screen**	
Tool(s): **HELP**	Date(s): **10/16/14**		Source(s): **HMG HQ**	Date(s): **9/22/14**
Tool(s):	Date(s):		Result: ☐ No Concerns ☒ Refer for Evaluation	
Comments: **Used direct assessment and parent report. Sophie is in need of Early Intervention services that help her learn to communicate without showing frustration.**			Comments: **refer for evaluation due to concerns during screening.**	
			Nutrition Screen	
			Source(s): **PEACH**	
			Result: ☒ No Concerns ☐ Refer for Evaluation	
			Comments:	

Summary:

Summary of how eligibility based on a delay was determined utilizing all the information collected and reviewed and the use of informed clinical opinion (including when scores on administered tool do not reflect a delay):

Sophie qualifies for Part C Early Intervention services based upon delays in expressive communication, as evidenced by her scores on the standardized tool, observations, pediatrician statements, clinical judgment of the evaluators, and information provided by the family.

Evaluation Team

Amy Fitz, Developmental Specialist		**Tawanna Baker, Speech-Language Pathologist**	
Name	Discipline	Name	Discipline

Record Review

This area is for documenting any information from outside reports. This might include, medical and therapy reports, or reports from educational and social service agencies.

The information gathered should be summarized and included in the assessment section. Additional reports are not attached to the IFSP form.

Source(s). List the individual or agency providing the information for the record review.

Date(s). Document the date the record review was completed.

The purpose of the comment boxes is to document any information not found in other sections of the IFSP. It is not necessary to reiterate information noted elsewhere.

Comments. Any comments listed should be brief and may include anything the team feels was not captured in Section V.

Child Observations

This area may be used to capture any observations including the child's demeanor during the evaluation/assessment process. Strength based comments regarding parent/caregiver interaction also may be noted

Location(s). List the environment(s) where the child was observed.

Date(s). List the date the observation(s) occurred.

Comments. Any comments listed should be brief; anything the team believes was not captured in Section V.

Eligibility Tool. Check box that corresponds to tool used to establish eligibility or check the box N/A if eligible based on diagnosed condition.

Evaluations and assessments must be conducted by two people with appropriate licenses or certifications, unless one person holds a license in two disciplines.

An example of a person who has a licensure in two disciplines would be an Occupational Therapist who is also an Early Intervention Specialist.

Evaluation and assessment can be done simultaneously but if completed at the same time all required activities must be completed.

When a child has moved from out of state, this same information must be provided, using either data from the previous state or by conducting an Ohio evaluation.

Date(s). List the date the tool was administered.

Adaptive, physical, cognitive, social/emotional and communication sections. List standard score or standard deviation. Check the appropriate box based on score (delay/no delay).

Comments. Describe the conditions under which tool was administered; acknowledge that standard administration procedures were used and the environment was satisfactory for testing. Include information regarding items being administered in the child's native language.

Family Directed Assessment

Tool. List the name of the tool used, such as RBI or ABC Matrix

Date. List the date the interview occurred.

Other Source(s) of Family Input. Identify all individuals participating in the assessment process. This could include extended family members.

Comments. Add any pertinent information not captured in Section V regarding the family assessment process. If the family declines the family assessment that should be noted here in the Comments section. For example, "Family offered the Family-Directed Assessment on 10/19/14, but declined."

Hearing, vision, and nutrition screening sections

Source(s). List the name of the screening tool or source from which information for each screening was derived, e.g. physician. Mark *N/A* if the child has a diagnosed condition. No screenings are required when the child has a diagnosed condition in that particular screening area or when a comparable screening has been completed by a qualified professional within the last 180 days.

Date(s). Date each screening was performed.

Result. Check appropriate box.

Comments. If concerns noted please specify here, including reason for referral. Identify where the child/family referred for follow-up. Also mention if team feels concerns impacted the child's performance on other aspects of the evaluation/assessment.

Child Assessment

Tool(s). List the name of the tool or tools used to answer all five developmental domains.

Date(s). List the date the tool(s) were administered.

Scores are not required and are not reported for child assessments.

Summary

Summary of how eligibility based on a delay was determined utilizing all the information collected and reviewed and the use of Informed Clinical Opinion (including when scores on administered tool do not reflect delay). The team provides information in this box about how the child was determined eligible based on a developmental delay, including informed clinical opinion.

Evaluation Team. The names of the evaluators/assessors can be written or typed into the document. Signatures are not required.

Definitions

Multi-disciplinary child assessment. The involvement of two or more separate disciplines using ongoing procedures to identify the unique strengths and needs of an infant or toddler and the identification of Early Intervention services appropriate to meet those needs.

Functional assessment. Analyzing a child's current level of participation within familiar settings with familiar people and identifying desired levels of participation in collaboration with family/caregivers.

Family directed assessment (FDA). Identifies the resources, priorities, concerns of the family. An FDA must be conducted by qualified personnel. Participation in an FDA is voluntary on the part of a family. Information is obtained through the use of a tool and interview process.

Informed Consent. Written permission is provided once an individual has been fully informed of all information relevant to the activity for which permission is sought. Consent is voluntarily given and can be revoked at any time. Ohio Admin. Code § 3701-8-01(L).