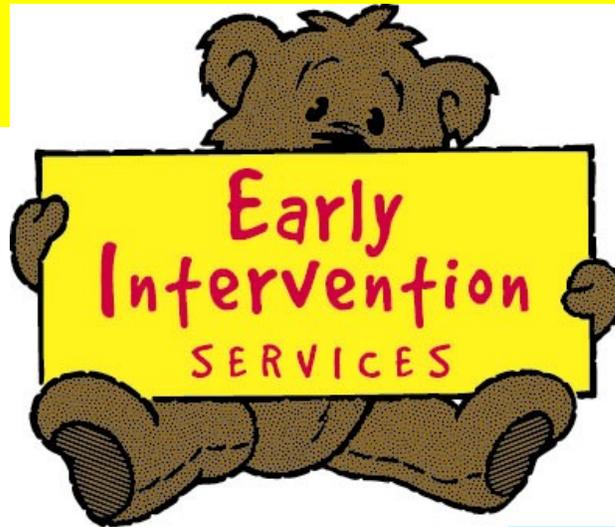


Individualized Family Service Plan (IFSP) Effective Practice Guidelines

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Nevada



Includes:

- Federal Regulations
- Interim IFSP
- Family Preparation for IFSP meeting
- Team Preparation for IFSP meeting
- IFSP Components
- Implementation of the IFSP

Module 3

How to Use This Guide

The Philosophy & Foundation module is very important to the implementation of this section. There has been a conscious decision to include philosophy in this section, however, it is intended that staff will reference the overall Philosophy & Foundation module which provides the overview of the reasoning behind Nevada's approach and is the guidance of evidenced based practice.

Pages 14-43 are "How To" pages giving background and step by step guidance on how to complete each page of the Individualized Family Service Plan (IFSP).

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Part C

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When you see this box look for information that is especially helpful for Service Coordinators.



When you see this box look for TRAC tips.

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Purpose and Importance of the IFSP

Families enrolling in early intervention services are embarking on a journey. When planning for any trip, a map of some sort is usually consulted to ensure that everyone knows where they are going and how to get there. Many trips take a direct route, but often there are stops along the way, detours or unexpected events. When thinking about early intervention services, everything that happens from the point of first contact with families through evaluation and assessment, the development of the IFSP and implementation of services and supports is part of the journey for families. The IFSP is developed through ongoing conversations with the family and documents relevant information shared by the family — beginning with the initial phone call and intake.

The IFSP is the roadmap for families and providers to determine where to go (the family's desired outcomes) and how to get there (outcomes, strategies, services and supports). It serves as the cornerstone of a family's early intervention experience or journey. The IFSP does the following:

- summarizes information that the family chooses to share about their child and family,
- identifies the developmental status of the child,
- translates the family's hopes and dreams for their child into outcomes, and
- capitalizes on the family's strengths in building family capacity to meet desired outcomes as part of everyday routines and activities.
- identifies necessary services and supports to achieve outcomes.

Everyone participating in this journey, (family, service coordinator, support/resource people, and service providers) needs to clearly understand the plan or roadmap for it to be successful.

The **Individualized Family Service Plan**, by the very nature of its name, gives guidance as to the intent of this document.

Individualized – the plan is personally developed with each family. This must be a meaningful process that determines the necessary services and supports necessary to meet the unique needs of each child and family. An effective IFSP strengthens the family's capacity in supporting their child's development and learning throughout everyday routines, activities and community life. There is no "cookie cutter" template for IFSPs, and this is more than just paperwork. It is a critical element of early intervention services. (Developing the IFSP is providing early intervention services.)

Family – the plan should be an educational and supportive process for families. It is an opportunity to introduce the family to the concept of special education services beginning with early intervention through the IFSP and eventually for many families moving on to the Individualized Education Program (IEP). The IFSP is a child and family plan. As such, the IFSP encompasses more than child focused outcomes. It also embraces the needs of the family and is designed to build the family's capacity and competence in supporting the developmental needs of their child. The IFSP builds on child and family strengths (those things that are working well and are valued and enjoyed by the child and family) and addresses the priorities, resources and concerns of the family (what's not working and

The IFSP meeting is a positive process with hopeful possibilities.

Developing the IFSP is both a process and a product. The process is just as important as the product and continues to build partnerships with families.

those areas of everyday life that the family desires assistance with) through the support of the team.

Service – the services and supports should be flexible, fluid and dynamic; evaluated and modified over time as the child and family's needs change. Based on all the information gathered from

- initial contact
- intake
- child assessment
- family needs assessment, and
- team discussion

the team, guided by family priorities, jointly determines what services and supports are necessary to assist the child and family in facilitating the child's learning through participation in everyday routines and activities.

Plan -- the plan includes a roadmap of what services and supports will be necessary to assist the family in achieving the prioritized outcomes. The plan provides for program accountability and is a basis for developing outcome data to ensure that the services and supports are effective.

Interim IFSP

Interim IFSP

Sec. 303.345 Provision of services before evaluation and assessment are completed.

Early intervention services for an eligible child and the child's family may commence before the completion of the evaluation and assessment in Sec. 303.322, if the following conditions are met:

- (a) Parental consent is obtained.
- (b) An interim IFSP is developed that includes--
 - (1) The name of the service coordinator who will be responsible, consistent with Sec. 303.344 (g), for implementation of the interim IFSP and coordination with other agencies and persons; and
 - (2) The early intervention services that have been determined to be needed immediately by the child and the child's family.
- (c) The evaluation and assessment are completed within the time period required in Sec. 303.322(e).

Note: This section is intended to accomplish two specific purposes:

- (1) To facilitate the provision of services in the event that a child has obvious immediate needs that are identified, even at the time of referral (e.g., a physician recommends that a child with cerebral palsy begin receiving physical therapy as soon as possible), and
- (2) to ensure that the requirements for the timely evaluation and assessment are not circumvented.

Interim IFSPs are applicable for those circumstances when early intervention services need to begin immediately rather than waiting for the development of a comprehensive IFSP. Developing interim IFSPs should be an exception rather than common practice. For the most part interim IFSPs are applicable for children who will most likely be eligible for services based on diagnosed conditions or available developmental information. Specific circumstances that could warrant an Interim IFSP include children who have significant feeding issues or other urgent intervention needs. The service coordinator is responsible for providing the family with Prior Written Notice, a copy of parent rights and for developing and coordinating the implementation of the interim IFSP.

If eligibility has already been determined through the evaluation and assessment process, the IFSP team should develop a comprehensive IFSP rather than an Interim IFSP to ensure that the 45-day timeline is met. In situations, where immediate service delivery is critical, those IFSP services determined critical should be implemented immediately and all other IFSP services implemented as soon as possible. Under no circumstances can an interim IFSP be used to extend the 45-day timeline. Supervisors should be consulted for guidance when interim IFSPs are being considered.

Remember the 45-day timeline begins with the date of referral.

Procedures for IFSP Development

Sec. 303.342 Procedures for IFSP development, review, and evaluation

(a) Meeting to develop initial IFSP--timelines. For a child who has been evaluated for the first time and determined to be eligible, a meeting to develop the initial IFSP must be conducted within the 45-day time period in Sec. 303.321(e).

d) Accessibility and convenience of meetings.

(1) IFSP meetings must be conducted--

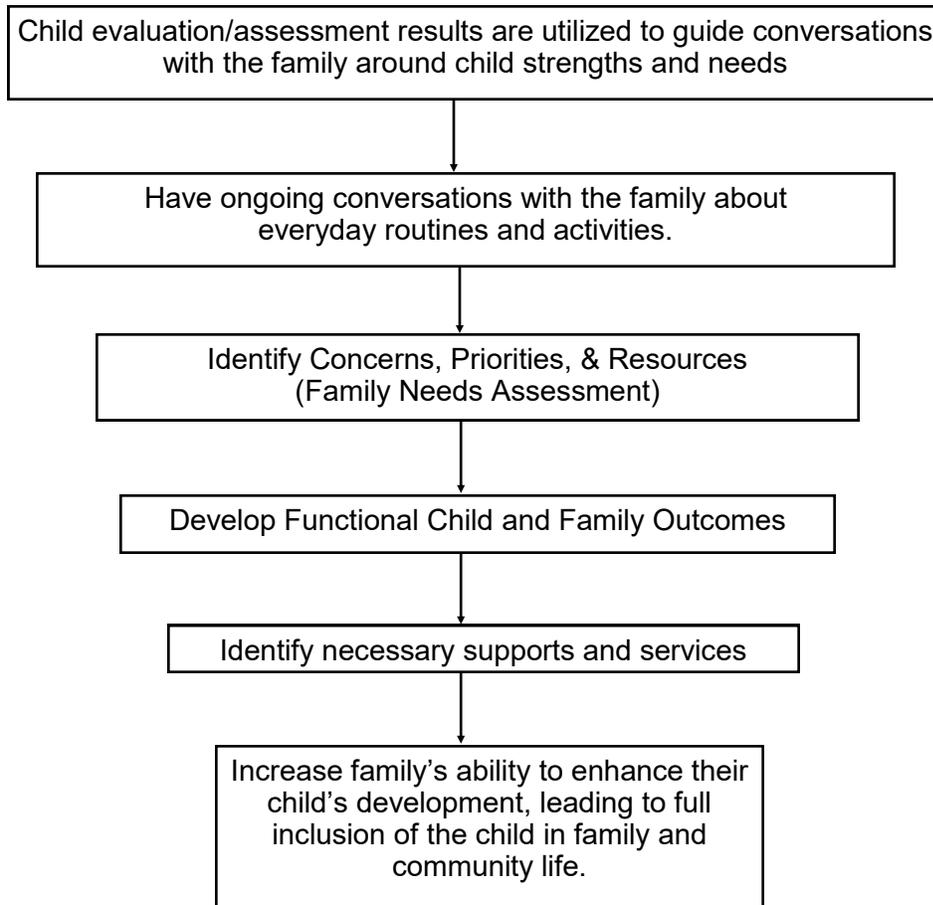
(i) In settings and at times that are convenient to families; and

(ii) In the native language of the family or other mode of communication used by the family, unless it is clearly not feasible to do so.

Meeting arrangements must be made with, and written notice provided to, the family and other participants early enough before the meeting date to ensure that they will be able to attend.

Prior Written Notice must be given in enough time for the family to prepare for the meeting.

These are sequential steps in the process of developing an IFSP



Information gathering may include information from informal conversations with the family.

Preparing and Planning with the Family for the IFSP Meeting

The IFSP is a promise to children and families that their strengths will be recognized and built on, their beliefs and values will be respected, and their hopes and aspirations will be encouraged and acknowledged. It is essential that the service coordinator prepare the family for this important meeting by:

- Explaining the purpose and activities of the meeting
- Explaining the importance of family participation on the team
- Reviewing the information from family needs assessment and/or any conversations that may help in identifying family supports
- Reviewing the information from child evaluations and assessments

In planning and preparing the family for the IFSP meeting, the family and service coordinator should discuss and determine the following:

- The meeting date, time and place that is convenient for the family.
- Whether an interpreter would be needed to conduct the IFSP in the family's native language, or if there are any other communication needs.
- If there are transportation needs for the family.
- Who the family chooses to invite to participate.

The following steps must be completed by the service coordinator in preparing the family for the IFSP meeting:

- Give Prior Written Notice that includes who will be attending.
- Provide a copy of and explain Parent Rights to the family (procedural safeguards).
- Provide the family with relevant information including copies of all evaluations and assessment results to assist them in preparing for the meeting.
- Explain the process and the importance of the IFSP.

Information gathering may include information from informal conversations with the family.

Preparing the Team for the IFSP Meeting

Reviewing and gathering appropriate documentation is an essential part of team preparation for the IFSP. The service coordinator is responsible for:

- Helping to determine which team members should be present at the IFSP.
- Reminding all IFSP team members to come prepared with copies of all assessment and evaluation results for reference at the IFSP meeting.
- Summarizing pertinent medical, developmental and other information related to the child and family that is useful in the development of the IFSP based on a review of medical records and intake information that takes place prior to the meeting.
- Summarizing all information (verbally or in writing) gathered during:
 - intake
 - family needs assessment i.e. RBI
- Assisting the team in addressing the family's concerns and priorities through IFSP outcomes and
- Embedding learning opportunities that occur in everyday

PWN also serves as the IFSP meeting notice and must be filled in completely.

family routines and activities into IFSP strategies.

- Providing copies of all necessary IFSP forms including extra outcomes and additional notes pages.
- Reminding IFSP team members to bring their calendars to facilitate scheduling future appointments with the family and if necessary, the completion of the IFSP.

Sec. 303.343 Participants in IFSP meetings and periodic reviews

a) Initial and annual IFSP meetings.

(1) Each initial meeting and each annual meeting to evaluate the IFSP must include the following participants:

- (i) The parent or parents of the child.
- (ii) Other family members, as requested by the parent, if feasible to do so;
- (iii) An advocate or person outside of the family, if the parent requests that the person participate.
- (iv) The service coordinator who has been working with the family since the initial referral of the child for evaluation, or who has been designated by the public agency to be responsible for implementation of the IFSP.
- (v) A person or persons directly involved in conducting the evaluations and assessments in Sec. 303.322.
- (vi) As appropriate, persons who will be providing services to the child or family.

(2) If a person listed in paragraph (a)(1)(v) of this section is unable to attend a meeting, arrangements must be made for the person's involvement through other means, including--

- (i) Participating in a telephone conference call;
- (ii) Having a knowledgeable authorized representative attend the meeting; or
- (iii) Making pertinent records available at the meeting.



The service coordinator must send or give parent rights with each prior notice and explain rights. Use family friendly language in explaining the Parent Handbook.

The IFSP Team Meeting

During the IFSP meeting, the team including the family

- reviews available medical and developmental information about the child (strengths, needs, interests, and motivators) and
- family concerns, priorities and resources

This conversation promotes mutual understanding and partnership. As a result, individual staff members should not make assumptions prior to the team meeting about what content should be included on the IFSP. IFSP content is a team decision at the time of IFSP development.

The service coordinator is responsible for having a prioritized list of concerns gathered through conversations with the family or from specific tools (such as the RBI) used during the family needs assessment process. The list of prioritized concerns help the team, including the family:

- Jointly determine appropriate functional outcomes for the child and family.
- Sharing professional expertise with families on important developmental skills that are necessary or can contribute to their child's success in meeting functional outcomes.
- Identifying, during this conversation with the family, a variety of learning opportunities that occur naturally through everyday family routines and activities, and
- Contributing strategies that effectively facilitate the child's functional participation in family and community life.

It is important for IFSP team members to remember the "family" in IFSP. Family outcomes must be considered as well as outcomes for their child.

None of the activities described here can happen outside of the IFSP team process. Remember this is the roadmap for the family's journey through early intervention services; the family needs to be a partner in the development of the plan, share their desires and priorities and understand other team members' perspectives, make informed decisions, and reach consensus about the process that will help them reach their destination.

The team should:

- Discuss concerns based on child assessment information that parents may not have considered.
- Assist families in prioritizing their concerns.
- Assist families in developing functional outcomes for priorities selected by the team, including the family.



Remember the Service Coordinator is responsible for all aspects of the IFSP meeting.



Any change to status or service must be updated in TRAC within 2 working days of the change.



Carry TRAC change forms with you and make changes as they occur.

- All pages of the IFSP must be completed with the family and all sections must be filled in.
- Determine what services and supports at what frequency and intensity are necessary to meet the functional outcomes.
- Ensure that the number of outcomes are reasonable and that the number or frequency of services do not overwhelm families.
- Respect family's decision to decline a service. Complete the agreement page of the IFSP that gives consent for services to be implemented.

All pages of the IFSP must be completed with the family.

Content of the IFSP

Sec. 303.344 Content of the IFSP

(a) Information about the child's status.

(1) The IFSP must include a statement of the child's present levels of physical development (including vision, hearing, and health status), cognitive development, communication development, social or emotional development, and adaptive development.

(2) The statement in paragraph (a)(1) of this section must be based on professionally acceptable objective criteria.

(b) Family information. With the concurrence of the family, the IFSP must include a statement of the family's resources, priorities, and concerns related to enhancing the development of the child.

(c) Outcomes. The IFSP must include a statement of the major outcomes expected to be achieved for the child and family, and the criteria, procedures, and timeliness used to determine--

(1) The degree to which progress toward achieving the outcomes is being made; and

(2) Whether modifications or revisions of the outcomes or services are necessary.

(d) Early intervention services.

(1) The IFSP must include a statement of the specific early intervention services necessary to meet the unique needs of the child and the family to achieve the outcomes identified in paragraph (c) of this section, including--

(i) The frequency, intensity, and method of delivering the services;

(ii) The natural environments, as described in Sec. 303.12(b), and Sec. 303.18 in which early intervention services will be provided, and a justification of the extent, if any, to which the services will not be provided in a natural environment;

All requirements of service coordination must be fulfilled regardless of who is providing the intervention.

- (iii) The location of the services; and
 - (iv) The payment arrangements, if any.
 - (2) As used in paragraph (d)(1)(i) of this section--
 - (i) Frequency and intensity mean the number of days or sessions that a service will be provided, the length of time the service is provided during each session, and whether the service is provided on an individual or group basis; and
 - (ii) Method means how a service is provided.
 - (3) As used in paragraph (d)(1)(iii) of this section, location means the actual place or places where a service will be provided.
- (e) Other services.
 - (1) To the extent appropriate, the IFSP must include--
 - (i) Medical and other services that the child needs, but that are not required under this part; and
 - (ii) The funding sources to be used in paying for those services or the steps that will be taken to secure those services through public or private sources.
 - (2) The requirement in paragraph (e)(1) of this section does not apply to routine medical services (e.g., immunizations and "well-baby" care), unless a child needs those services and the services are not otherwise available or being provided.
- (f) Dates; duration of services. The IFSP must include--
 - (1) The projected dates for initiation of the services in paragraph (d)(1) of this section as soon as possible after the IFSP meetings described in Sec. 303.342; and
 - (2) The anticipated duration of those services.
- (g) Service coordinator.
 - (1) The IFSP must include the name of the service coordinator from the profession most immediately relevant to the child's or family's needs (or who is otherwise qualified to carry out all applicable responsibilities under this part), who will be responsible for the implementation of the IFSP and coordination with other agencies and persons.
 - (2) In meeting the requirements in paragraph (g)(1) of this section, the public agency may--
 - (i) Assign the same service coordinator who was appointed at the time that the child was initially referred for evaluation to be responsible for implementing a child's and family's IFSP; or
 - (ii) Appoint a new service coordinator.
 - (3) As used in paragraph (g)(1) of this section, the term profession includes "service coordination."
- (h) Transition from Part C services.
 - (1) The IFSP must include the steps to be taken to support the transition of the child, in accordance with Sec. 303.148, to--

(i) Preschool services under Part B of the Act, to the extent that those services are appropriate; or

(ii) Other services that may be available, if appropriate.

(2) The steps required in paragraph (h)(1) of this section include--

(i) Discussions with, and training of, parents regarding future placements and other matters related to the child's transition;

(ii) Procedures to prepare the child for changes in service delivery, including steps to help the child adjust to, and function in, a new setting; and

(iii) With parental consent, the transmission of information about the child to the local educational agency, to ensure continuity of services, including evaluation and assessment information required in Sec. 303.322, and copies of IFSPs that have been developed and implemented in accordance with Secs. 303.340 through 303.346.

Note 1: With respect to the requirements in paragraph (d) of this section, the appropriate location of services for some infants and toddlers might be a hospital setting--during the period in which they require extensive medical intervention. However, for these and other eligible children, early intervention services must be provided in natural environments (e.g., the home, child care centers, or other community settings) to the maximum extent appropriate to the needs of the child.

Note 2: Throughout the process of developing and implementing IFSPs for an eligible child and the child's family, it is important for agencies to recognize the variety of roles that family members play in enhancing the child's development. It also is important that the degree to which the needs of the family are addressed in the IFSP process is determined in a collaborative manner with the full agreement and participation of the parents of the child. Parents retain the ultimate decision in determining whether they, their child, or other family members will accept or decline services under this part.



Pages 10–13 are the IDEA Regulations specific to the requirements of the IFSP.



Make sure that all services on the IFSP are documented in TRAC.

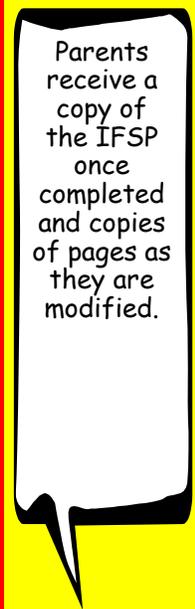
Instructions for Completing IFSP Pages

The following pages are step by step instructions on how to complete the IFSP form. Each page of the IFSP has an instruction page. On the IFSP pages each component is numbered which corresponds with the number on the instruction page. This section is designed to give service coordinators and providers guidance on the expectations and best practice for how the IFSP should be completed. Remember the IFSP is the plan, and should be a fluid and dynamic document that reflects changes over time.

Signature Page of the IFSP Instructions

This is the first page of the IFSP and identifies who the IFSP belongs to, who is a team member and reminder dates. Signatures on this page indicate who participated in the IFSP meeting either by contributing or attending.

1. This section includes the **child's name and date of birth**.
2. **IFSP Date:** This is the date that the initial or annual IFSP was developed. The IFSP must have all required components to be considered an initial or annual IFSP. When the IFSP takes more than one day to complete the final date is the IFSP date.
3. **Parent/Guardian:** This is who the child resides with and who is the primary caregiver for the child. If this is a foster family whose name needs to be confidential, put "foster parent" under name and note "confidential" under address. If the biological parent is involved their contact information should also be noted. If the child has an appointed surrogate parent, than their contact information should be in this section.
4. **Address:** This is the mailing address of the family. If the family also has a separate physical address, include that as the second address in TRAC. **Phone** is where the family can be reached.
5. **Primary language spoken:** This is the family's language that is spoken in the home. If the family speaks Spanish and English list them in that order. Determine with the family if an **interpreter or translation services** are needed. If so, indicate the language or mode of communication (e.g. Spanish, Vietnamese, sign language) in the space provided. (Note: If one family member speaks English but is not the person who is typically present at meetings, then an interpreter would be needed.)
6. **Service Coordinator:** This is the name of the current service coordinator for the family. If the service coordinator changes, the name should be changed on this page and updated in TRAC. A service coordinator change does not require Prior Written Notice or IFSP review, but it does require documentation.
7. **Signature and Date/Printed Name and Role:** All IFSP team members must sign the IFSP and include their role on the designated lines. Members who attend the IFSP meeting should sign and date and check that they "*Attended IFSP*" meeting. Members who are part of the intervention team but did not attend the IFSP meeting should sign and date and check that they "*Contributed to the IFSP.*" If team members are added at a later IFSP meeting they should be added on the Signature page and they should sign and date at that time and check contributed to.
8. **Dates:** Are to be completed at the bottom of the page and are intended to be reminders with the exception of Interim IFSP. If an Interim IFSP was developed, note the actual date. The **6 month review, Annual Review** and **90 day Transition Meeting** are the dates when those meetings should occur as a reminder to the service coordinator and the family. If child enters after 33 months mark n/a in Transition meeting.
9. **Number:** The IFSP pages are numbered in the sequential order with which they should be organized. If additional pages are added to a section then subsequent pages would be given a letter: e.g. 1, 1A, 1B, etc.



Parents receive a copy of the IFSP once completed and copies of pages as they are modified.



Keep IFSP pages in numeric order within the child record.

NEVADA EARLY INTERVENTION SERVICES
SERVICIOS DE INTERVENCIÓN TEMPRANA DE NEVADA

INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP)
PLAN DE SERVICIO FAMILIAR INDIVIDUALIZADO (PSFI)



For the family of: ① _____ Who was born on: _____
Para la familia de: _____ Fecha de Nacimiento: _____

IFSP Date: ② _____ Parent/Guardian: ③ _____
Fecha PSFI: _____ Padre/Tutor: _____

Address: ④ _____ Phone: _____
Dirección o Domicilio: _____ Teléfono: _____

Primary Language Spoken: ⑤ _____ Are interpreter or translation services needed? _____
Idioma Primario: _____ ¿Necesita servicios de traducción? _____

Service Coordinator: ⑥ _____
Coordinador de Servicios: _____

⑦

(Signature & Date) (Firma y Fecha)	(Printed Name of Parent/Guardian) (Nombre de Padre/Guardián)	Attended IFSP Asistió al PSFI	Contributed to IFSP Contribuyó con el PSFI
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	(Printed Name of Service Coordinator) (Nombre de Coordinador de Servicios)	<input type="checkbox"/>	<input type="checkbox"/>
_____	(Printed Name/Role) (Nombre /Título)	<input type="checkbox"/>	<input type="checkbox"/>
_____	(Printed Name/Role) (Nombre /Título)	<input type="checkbox"/>	<input type="checkbox"/>

Interim IFSP Date/Fecha del PSFI: ⑧ _____ 6 month Review Date/Fecha de la Revisión de Seis Meses: _____

Annual Review Date/Fecha de la Revisión Anual: _____ 90 Day Transition Meeting/Reunión de la Transición de 90 Días: _____

Health History Instructions

1. **Child's Name:** Insert the child's name.
2. **Vision:** Vision is one of the areas of physical development that must be considered in evaluating the child's overall development. If the child has medical records that indicate there are no concerns with vision, then note "no concerns per medical records." Early intervention is obligated to screen/evaluate vision, regardless of whether or not the parent has expressed concerns. Include the results of the approved NEIS vision checklist. This needs to be reviewed annual along with other developmental assessments.
3. **Hearing:** Hearing is one of the areas of physical development that must be considered in evaluating the child's overall development. If the child had a universal newborn hearing screening and there were no concerns, that should be noted in this section. If the child has had a history of ear infections that may impact hearing this should be noted. If Audiology follow-up is indicated this should be noted. If the child has been diagnosed with hearing impairment and has hearing aids or other intervention, document this as well. Include the results of the approved NEIS hearing checklist. This needs to be reviewed annually along with other developmental assessments.
4. **Primary Care Physician:** Document who serves as the child's primary care physician. It is extremely important that each child and family have regular access to a medical home. Because this is especially true for children with developmental delays and disabilities, an important part of service coordination will be to assist families in finding a medical home if they cannot identify one at the time the health history is completed. The provision of regular well-baby and sick-child care is outside both the scope and responsibility of early intervention programs. The American Academy of Pediatrics explains that "pediatric health care professionals and parents act as partners in a medical home to identify and access all the medical and non-medical services needed to help children and their families achieve their maximum potential."
5. **Date:** Include the date each time the health history information is updated. At a minimum, this should be updated at the six month and annual review.
6. **Medical and Health Information:** Consider what "medical and health information" is necessary to make informed decisions related to early intervention services (e.g. Is the child on medications? Does the child have any health conditions that would impact or require specific services? Does the child have a medical diagnosis and what are the implications?) This section does not require documentation of all medical history for the child, but is a summary of the most pertinent information. Ask the family what they think is important for the team to understand about their child's health history?
7. **Page number:** The IFSP pages are numbered in the sequential order with which they should be organized. If additional pages are added to a section then subsequent pages would be given a letter: e.g. 1, 1A, 1B, etc.

"A medical home is not a building, house, or hospital, but rather an approach to providing health care services in a high-quality and cost-effective manner. Children and their families who have a medical home receive the care that they need from a pediatrician or physician whom they know and trust."

The family should help decide what is included on this page. Additional health history is in the child record.

Family Concerns, Priorities and Resources Introduction

Sec. 303.344 Content of an IFSP

(b) Content of an IFSP - Family information.

With the concurrence of the family, the IFSP must include a statement of the family's resources, priorities, and concerns related to enhancing the development of the child.

Keep in mind that each family decides what information they wish to share about their child and family with NEIS. **Therefore any information shared about the family's concerns, priorities and resources is voluntary on the part of the family, and its inclusion on the IFSP is done with agreement from the family.** The identification of family concerns, priorities, and resources is based on an individual family's determination of which aspects of family life are relevant to the child's development. With family concurrence, information is described on all of the following:

- Family concerns
- Family interests
- Important people for the family
- Other resources AND
- This information is connected to what is working well and the challenges in the family's everyday routines and activities.

The information from the child assessment should help guide the conversations with families related to the child's functioning within the family's everyday life and routines. The family will ultimately prioritize their concerns that lead to functional outcomes but staff have an obligation to share their findings in a sensitive manner. Remember that IFSPs are an ongoing process and issues can be revisited at a later time.

Professionals need to be respectful of families by being non-judgmental, non-intrusive, sensitive, and responsive in the way they gather, present, and use child and family information, being mindful of cultural diversity. Culturally competent practice goes beyond noticing differences. It includes honoring those differences and respecting the practices of families. Respect also includes remembering that there is only a need or a concern if the family perceives it as a need or concern.

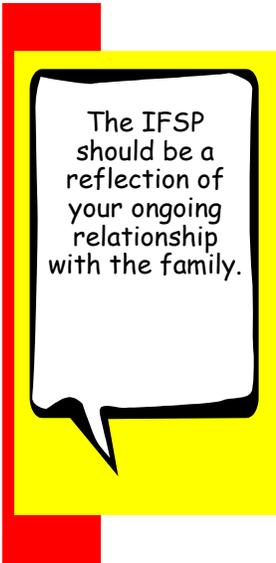
When reviewing the IFSP at the six month, annual or any other reviews, utilize the review page of the IFSP to update the family's concerns, priorities and resources. Any new concerns identified must be linked to new outcomes.

The family concerns, child evaluation, and assessments are what lead to functional outcomes on the IFSP!

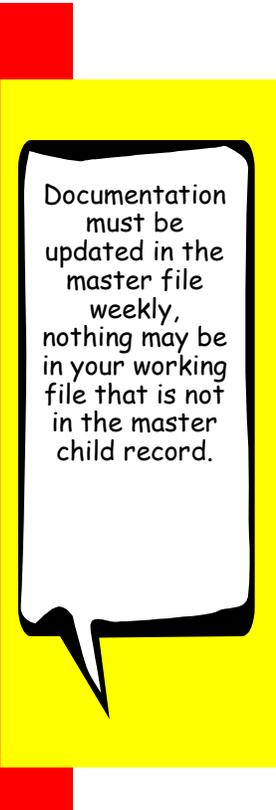
Family Needs Assessment is an ongoing process of everyday conversations with families and must be family directed.

During ongoing conversations with families:¹

- Listen for cultural and family values that are important to the family.
- Listen for the names of family members, friends and professionals who are already in their support network and whose support has been particularly valued.
- Listen for interests, needs, strengths that might link the child and family with a wider network of supporters.
- Listen for the coping strategies that the family uses and any expressed desire for expanding coping strategies.
- Listen for things that the family would like to do to help their child and to help themselves.
- Listen for how the family has typically approached solving problems in the past.
- Listen for concerns, hopes and plans that the families have concerning transitional issues.
- Listen for the kinds of evaluations that have been conducted in the past and the evaluation questions that they would like to have addressed.
- Listen for and acknowledge the specific strengths the family has shown in adjusting to their child's disability in meeting the child's needs.



The IFSP should be a reflection of your ongoing relationship with the family.



Documentation must be updated in the master file weekly, nothing may be in your working file that is not in the master child record.

¹Turnbull et al (1991) *Listening for Families' Priorities, Concerns, and Resources*.

Family Concerns, Priorities and Resources Instructions

1. **Child's Name:** Fill in the child's name.
2. **Date:** Fill in the date that the concerns, priorities and resources were recorded on the IFSP.
3. **What things are most important, or of most concern to you and your family?** List priorities and concerns identified through conversations with families. It is imperative that families have the opportunity to identify:
 - What routines and activities are important.
 - What routines and activities are challenging.
 - The family's identification of activities and routines in which they would like assistance in helping their child to functionally participate as part of family and community life.

4. **What people, places and things are supportive, helpful, and enjoyable (or could be) to your family and child?** List formal and informal sources of support that the family sees as important, supportive and/or enjoyable, e.g.:
 - Doctors, state agencies, funding sources
 - Family, friends, church groups

Some questions you may consider asking are:

- Does the family have access to child care when needed?
 - Does the family have transportation to the various providers they are involved with, etc?
 - Does the family feel safe in their community?
 - What activities in the community does the family enjoy, e.g. parks, pool, Mommy & Me group activities, etc.
5. **What are your sources of financial support?** This information is helpful in determining if the family needs financial assistance through third-party payment sources. If the family does not have health insurance, service coordinators will need to consider if the family qualifies for supplemental programs such as SSI, Medicaid or Katie Beckett and what assistance they need with the application process. It is also important to determine whether the family would benefit from being connected with other support systems such as WIC, community health, Children with Special Health Care Needs, Nevada Check-Up, etc. This should be reviewed periodically with families not just the first meeting. This should be an ongoing conversation with families.
 6. **Number:** The IFSP pages are numbered in the sequential order with which they should be organized. If additional pages are added to a section than subsequent pages would be given a letter: e.g. 1, 1A, 1B, etc.
 7. **If family chooses not to include information** on concerns, priorities and resources on this page, document in that section the family declined to have this information included. You should still be able to develop functional outcomes for the child

"Family has no concerns" is not an appropriate response for this section.

The need for financial support should be revisited over time.

Child's Name:
Nombre del Niño(a): _____ 1 _____

FAMILY CONCERNS, PRIORITIES, & RESOURCES
PREOCUPACIONES DE LA FAMILIA, PRIORIDADES Y RECURSOS

Date Fecha

What things are most important, or of most concern to you and your family?
(Priorities and Concerns) ¿Qué cosas son las más importantes y preocupaciones para usted y su familia? (Prioridades y Preocupaciones)

2

3

What people, places, and things are supportive, helpful, and enjoyable (or could be) to your family and child? (Resources/Natural Environments)
¿Cuáles personas, lugares, y cosas apoyan, ayudan a su familia y niño(a)? (Recursos/Ambientes Naturales)

4

What are your sources of financial support, for example, employment, Medicaid, SSI, private insurance, Nevada Check-Up, etc.? (Resources)
¿Cuales son los apoyos economicos, por ejemplo, empleo, Medicaid, SSI, aseguranza privada, Nevada Check-Up, etc.? (Recursos)

5

Present Levels of Development Instructions

A summary of present levels of development across all domains must be described functionally, including strengths and needs relevant to challenges and what is working well in everyday routines and activities. It must also include sufficient information on people, places and things that interest and motivate the child to participate in everyday routines and activities.

1. **Child's Name:** Include the child's name at the top of the page and the date.
2. **Date:** The date of the assessment must be documented. This section should be updated when there is new assessment information (e.g. six month or annual IFSP reviews and transition)
3. **Assessment Instrument:** The assessment instrument used must be documented. This includes review of medical records documentation, parent interview, etc.
4. **Chronological (CA) and Adjusted Age (AA):** This box should reflect the child's age. Both the chronological age and the adjusted age should be recorded if the child is premature (< 36 weeks gestation at birth). If a child has an adjusted age, use this age until 24 months. After 24 months use chronological age only.
5. **Assessment Results by Developmental Domain:** The score or developmental age from developmental assessments within each domain.
6. **Strengths:** A statement of the child's present levels of development that includes a description of the child's unique strengths within each domain. This section is designed to include a narrative that reflects what the child is able to do and what is emerging. This information can come from parent report, observation, etc.

Remember to include information from each developmental domain including:

- Physical development, including vision and hearing.
 - Speaking and understanding (communication); for example: *How does your child use his/her voice and gestures to communicate? How does s/he show you that s/he understands what you are communicating to him/her?*
 - Understanding and problem solving (cognitive); for example: *How does your child use his/her thinking skills to solve problems, such as how to get an object that is out of reach?*
 - Social/emotional development; for example: *How does your child interact with other people, express and respond to emotion?*
 - Using hands and body (gross and fine motor skills); for example: *How does your child use large muscles for activities like crawling, sitting and walking (gross motor)? How does you child use small muscles such as his/her eyes, lips, hands and fingers (fine motor)?*
 - Dressing, eating and toileting (self-help skills); for example: *How does your child do with sleeping, eating, dressing and using the toilet (self-help)?*
7. **Needs:** A statement of the child's present levels of development across all domains that describes areas of concern and where the child needs support. If child is not delayed in a domain, indicate that on this section.
 8. **Number:** The IFSP pages are numbered in the sequential order with which they should be organized. If additional pages are added to a section then subsequent pages would be given a letter: e.g. 1, 1A, 1B, etc.

Correct
for
Adjusted
Age until
24
months.

Focus on
strengths,
abilities
and
challenges.
This can
be a time
to
celebrate
progress
and
success.

More than
one
procedure
must be
documented
if this is
your
assessment
report
summary.

Child Name: _____ ① _____ Assessment Team: _____

PRESENT LEVELS OF DEVELOPMENT

Physical: how your child sits, walks, grasps objects, and moves fingers to toes.

Cognitive: how your child thinks and solves problems.

Communication: how he/she listens and understands; how your child lets you know his/her wants and needs, (including using gestures, sounds, and words).

Social/Emotional: how he/she acts with other children and adults.

Adaptive: how he/she can dress him/herself, brush his/her teeth, drink from a bottle or cup, etc.

Date of Assessment	Assessment Instrument(s)	Chronological/Adjusted Age
②	③	④
Assessment Results Physical (Including Fine & Gross Motor, Vision & Hearing) ⑤	Strengths ⑥	Needs ⑦
Date of Assessment	Assessment Instrument(s)	Chronological/Adjusted Age
Assessment Results Cognitive ⑤	Strengths	Needs
Date of Assessment	Assessment Instrument(s)	Chronological/Adjusted Age
Assessment Results Communication (Expressive and Receptive) ⑤	Strengths	Needs
Date of Assessment	Assessment Instrument(s)	Chronological/Adjusted Age
Assessment Results Adaptive (Self-Help) ⑤	Strengths	Needs
Date of Assessment	Assessment Instrument(s)	Chronological/Adjusted Age
Assessment Results Social/Emotional ⑤	Strengths	Needs

Developing and Writing IFSP Outcomes Introduction

Outcomes are the heart of the IFSP. They not only pull together the important information from the child evaluation/assessment and family needs assessment, but also drive the types of services, supports and strategies that are needed to meet the unique needs of each child and family. As a result of the IFSP team's discussion, of evaluation and assessment findings and family concerns and priorities ideas are generated. These ideas lead to the development of outcomes through ongoing conversations with families. Once outcomes are identified, team discussion expands to identify the resources and actions that will lead to achievement of the outcomes.

Outcomes must be:

- Based on family concerns and priorities
- Functional, measurable and related to activities in everyday routines
- Relevant with the child's current functioning and can realistically be achieved in the agreed upon review period
- Completion dates should not be longer than six months, as a review at that time should indicate progress, need for change, etc.

Outcomes should be written for a period of no longer than six months.

It is essential that the service coordinator ask questions to guide the family to set realistic outcomes for a six month review period. The family may have their goals, but the IFSP team must help the family to develop achievable outcomes. An example is the parent wants the child to walk when the next developmental step is independent sitting. A way to address the concern is to write *"Johnny will sit independently in order to gain skills to walk."* You are the expert in development, help the family understand what comes first in order to achieve the outcome they want.

The link between family concerns and priorities, evaluation and assessment results, outcomes, and supports and strategies should be clear to anyone looking at the IFSP document. While evaluation and assessment must address all developmental domains, outcomes reflect the family priorities and concerns and need not address all domains. However, if the child evaluation clearly shows a need within a domain, the service provider should, through the family needs assessment process, explore the child's functional skills within that domain within the family's daily routines. If the family does not choose to work on a domain, document your conversation around that concern.

There are two kinds of outcomes that may be included in an IFSP:

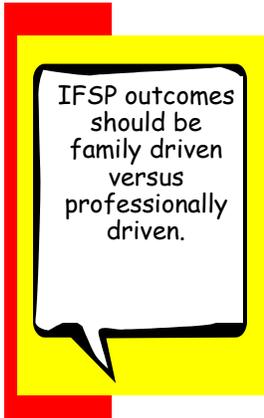
1. Child outcomes — are designed to enhance the child's learning through functional participation in everyday routines and activities that are important and meaningful to the family or expand the activity settings in which the child can be competent.
2. Family outcomes — are designed to enhance the capacity of the family to meet the needs of the child.



TRAC is a reflection of information on the IFSP and does not drive the services.

While not every family will need or desire family-oriented outcomes, these needs must be addressed once they are expressed. It is important to recognize that, although no family outcomes may be identified, all supports and services that are identified as necessary to meet the child outcomes focus on enhancing family capacity in facilitating their child's competence and participation.

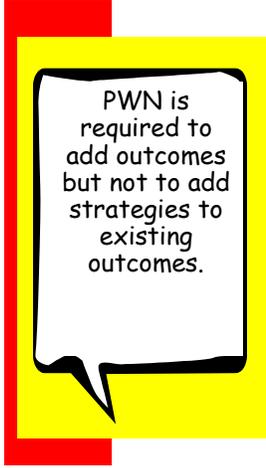
Writing outcomes that are meaningful to families is not the same as writing intervention goals designed to remediate impairments. Families rarely enter the early intervention process hoping that their child's "range of motion for hip abduction will increase by 20°." Caregivers are much more likely to say that they would like to get their child's "legs far enough apart to get a diaper on without hurting her." There are other important differences between therapeutic goals and outcomes:



Comparison Of Therapeutic Goals Versus Outcomes

Goals	Outcomes
Written by professional or multidisciplinary team	Generated collaboratively by entire team including family
Usually focus on remediating deficits identified during developmental assessment of child	Focus on functional behaviors in which the family would like to see change
Usually focus on impairments and discrete skills	Usually focuses on child's participation with family and community and is related to function, quality of life and satisfaction
May be specific to one discipline	Relate to the child or family as a whole rather than to an intervention service or therapeutic approach
Example: Baby will use a pincer grasp	Example: Baby will independently eat finger foods at mealtime with family

Based on child assessment results, interventionists may have concerns related to planning for and decision making within the IFSP process. These concerns would not be part of the IFSP unless they were a part of the family's priorities. In discussing outcomes with families, they must be provided an opportunity to share their wishes and goals for their child and family. They should be encouraged to talk about what they have tried themselves already, what has and has not worked, and specifically what they are hoping people on the team can do to help them achieve outcomes. This conversation assists the team in understanding the context of the outcomes and in formulating preliminary ideas for necessary services and supports to meet the family identified outcomes.



PWN is required to add outcomes but not to add strategies to existing outcomes.

The Outcome Functionality Checklist (see below) is a tool for teams to use when writing outcomes and strategies for the intervention plan. Are the outcomes functional? Necessary? Appropriate? Measurable? How do you determine which related services are needed?

Outcome Functionality Checklist

—R. A. McWilliam 2001

- Is the outcome related to a child's needs in a routine (i.e., time of day, event, or activity)?
- Is the outcome clear about what the child will do?
- Is the purpose either self-evident or stated (e.g., "Maria will _____ to _____" or "Antwan will _____ so he can _____")?
- Is the outcome specific enough so everyone knows what is being worked on?
- Is the outcome general enough so the child has options for how he or she performs the skill?
- Is the outcome worded in a way most ordinary people would understand?
- Is the outcome necessary for successful functioning in routines or otherwise to meet the family's desires (versus a nice developmental step)?
- Can one logically answer *Why are we working on this?*

Blank Page

Developing and Writing IFSP Outcomes Instructions

1. **Child's name:** The child's name must be included on all outcome pages in the event that they become separated from the rest of the IFSP document.
2. **Outcome #:** It is important to help the family prioritize outcomes so that services can address what is really important. Outcomes should be numbered sequentially through the end of the annual IFSP. If an outcome requires additional pages use the Notes page of the IFSP and number accordingly e.g. 6, 6A, 6B, 6C etc.. (At the annual IFSP meeting a new IFSP is written and outcomes are numbered beginning with 1. See Annual Review Section.)
3. **What would you like to see happen?:** This statement should be written in collaboration with the family, based on conversations and the family needs assessment and so it is understandable to the family. Follow the RUMBA criteria:
 - Relevant** to the needs of the child and family's concerns, and developmentally appropriate.
 - Understandable:** written in family-friendly words free of jargon and in the family's native language.
 - Measurable** and observable.
 - Behavioral:** Describe a functional change in behavior that is desired for child or family.
 - Achievable:** something that is reasonably expected to occur with intervention and that can be integrated within the family's natural routine or activity.
4. **Anticipated start date:** This is the date that the outcome is anticipated to begin. In some cases the IFSP outcome may not be initiated immediately pending assignment of a service provider. The date the service is anticipated to start would coincide with the dates on the Summary of Services and Supports page. This date must be filled in on each outcome page to have a complete IFSP.
5. **Anticipated completion date:** This date should be a reasonable estimate of when the individual outcome is expected to be achieved. It will vary from one outcome to another and from one child and family to another. For most outcomes, this date should be no farther away than the anticipated date of the 6-month IFSP review. If outcomes cannot be achieved for a year, than they need to be broken down into more finite steps. It is important that families see progress and success in achieving outcomes.
6. **Evaluation date:** This date is the actual date on which the IFSP outcome is reviewed. It should not be filled in when the outcome is generated. The IFSP must be reviewed at six months, but may be reviewed as frequently as needed.
7. **Rating:** This number should indicate whether the outcome was accomplished or will be continued, changed, or removed. These codes are found in the evaluation key at the bottom of the outcomes page. This is critical to determine success, if outcomes are continually rated as to be continued, it may be an indicator that the outcomes are too broad or general and need to be revised to make them achievable.

Continued on Page 30

Child's Name:

Nombre del niño(a): _____ ①

OUTCOME#/META# _____ ②: What would you like to see happen for your child and/or family?/¿Qué le gustaria cambiar para su niño(a) y/o su familia? ③

Anticipated Start Date:

Anticipated Completion Date:

Fecha Anticipada en que se Empezará: _____ ④ Fecha Anticipada de Compleción: _____ ⑤

Fecha de Evaluacion:

Punteo:

Evaluation Date: _____ ⑥ Rating: _____ ⑦

Routine
Rutina

INTERVENTION STRATEGIES/ESTRATEGIAS DE INTERVENCIÓN

Step Completed
Paso Completado

Criteria: How will we know when this outcome is achieved?/Criterio: ¿Cómo sabemos cuando el resultado se logro?

Procedure: How will we assess progress?/Procedimiento: ¿Cómo evaluaremos el progreso?

Evaluation Key:

1. Outcome Accomplished
1. Meta Lograda

2. Outcome to be Continued
2. La Meta deberá Continuar

3. Outcome to be Changed
3. La Meta deberá ser Cambiada

4. Outcome Removed
4. La Meta se Erradicó

8. **Intervention strategies:** Strategies build upon child and family interests in the context of activities and routines that occur in everyday life. Methodology should not be the outcome, for instance the outcome is not that the child will receive the Picture Exchange Communication System (PECS) or Applied Behavioral Analysis (ABA). Methodology is an approach to achieve an outcome, not a service, and should be included in the context of strategies. If a family requests a particular methodology it is up to the IFSP team to determine if this approach is appropriate for the child. Strategies and methods are determined by the program. Strategies and activities should be written in easy to understand language, specific to the needs and concerns of the family and build on family strengths.

Strategies are the step-by-step detail that will lead to achievement of the outcome. Each outcome must include specific strategies to assist the family and team in achieving the outcome. "Consultation with another provider" alone is not sufficient, but may be one of the strategies. If using activity sheets, attach to the IFSP. Think of this section as a table that can be completed as follows:

Routine/Rutina	INTERVENTION STRATEGIES/ESTRATEGIAS DE INTERVENCION	Step Completed/Paso Completado
What is the routine in which this activity will be embedded?	Who will do what?	Date on which this strategy is completed or no longer appropriate or necessary?
Mealtimes (self-care/feeding)	J's family will provide J with a child-sized spoon and a chance to practice feeding himself. Mary will initially provide foods that have a sticky texture so they will adhere to the spoon e.g. oatmeal and then progress to other foods.	
Mealtimes (assistive technology)	The developmental specialist will assist the family in finding a curved spoon and a plate that suctions to the table. "Consultation with a feeding expert"	
Mealtimes (communication)	J's family will provide J with 2 food items and say the word for those items so that J has a chance to make a choice by pointing to which food he wants.	

9. **Criteria:** This statement tells us how everyone will know when the outcome is achieved. For example, "We will know J can feed himself with a spoon when he independently uses a spoon to feed himself for 3 days in a row." Asking the parent how they will know an outcome is accomplished can help clarify the criteria. This should not be a repeat of the Outcome.
10. **Procedure:** This statement tells everyone how progress will be measured. For example, "J's family will put a star sticker on the chart provided by the service coordinator each time he uses the spoon to feed himself." The procedure may be informal, such as parent report or observation, or it may require a more formal process through an assessment instrument.
11. **Page numbers:** The IFSP pages are numbered in the sequential order with which they should be organized. If additional pages are added to a section then subsequent pages would be given a letter: e.g. 1, 1A, 1B, etc.

Note that outcomes are determined by the full IFSP team, including the family. This is not a unilateral decision and is not dictated by any one member of the team. The IFSP team as a whole determines if the approach is appropriate.

Child's Name:
Nombre del niño(a): _____

OUTCOME#/META# _____: What would you like to see happen for your child and/or family?/¿Qué le gustaría cambiar para su niño(a) y/o su familia? _____

Anticipated Start Date: _____ Anticipated Completion Date: _____
Fecha Anticipada en que se Empezará: _____ Fecha Anticipada de Compleción: _____

Fecha de Evaluacion _____ Punteo: _____
Evaluation Date: _____ Rating: _____

⑧

Routine INTERVENTION STRATEGIES/ESTRATEGIAS DE INTERVENCIÓN Step Completed
Rutina Paso Completado

⑨

Criteria: How will we know when this outcome is achieved?/Criterio: ¿Cómo sabemos cuando el resultado se logro?

⑩

Procedure: How will we assess progress?/Procedimiento: ¿Cómo evaluaremos el progreso? ____

Evaluation Key:
1. Outcome Accomplished
1. Meta Lograda

2. Outcome to be Continued
2. La Meta deberá Continuar

3. Outcome to be Changed
3. La Meta deberá ser Cambiada

4. Outcome Removed
4. La Meta se Erradicó

Page 6 _____

Location of Services: Natural Environments and Natural Environments Justification Introduction

Sec. 303.12 Early Intervention Services

(b) Natural Environments. To the maximum extent appropriate to the needs of the child, early intervention services must be provided in natural environments, including the home and community settings in which children without disabilities participate.

Sec. 303.167 Individualized Family Service Plans

(c) Policies and procedures to ensure that--

- (1) To the maximum extent appropriate, early intervention services are provided in natural environments; and
- (2) The provision of early intervention services for any infant or toddler occurs in a setting other than a natural environment only if early intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment.

Sec. 303.18 Natural environments

As used in this part, natural environments means settings that are natural or normal for the child's age peers who have no disability.

Sec. 303.344 Content of an IFSP

(d) Early intervention services.

- (1) The IFSP must include a statement of the specific early intervention services necessary to meet the unique needs of the child and the family to achieve the outcomes identified in paragraph (c) of this section, including--
 - (i) The frequency, intensity, and method of delivering the services;
 - (ii) The natural environments, as described in Sec. 303.12(b), and Sec. 303.18 in which early intervention services will be provided, and a justification of the extent, if any, to which the services will not be provided in a natural environment;
 - (iii) The location of the services

Providing services in natural environments is not just the law, but more importantly, it reflects the core mission of early intervention and how children learn, which is to support families to provide learning opportunities for their child within activities, routines, and events of everyday life that occur in community settings where a child lives, learns, and plays. Providing early intervention within activities (bath time, mealtime, reading, playing, etc) that occur in natural settings (home, childcare, playground, etc) offers numerous opportunities for the child to learn and practice new skills to enhance growth and development. The provision of services in natural settings and during daily routines and activities fosters the use and development of natural supports in a family's social and cultural network. This helps promote the child's and family's full participation in community life. In developing the IFSP, outcomes are identified prior to determining how early intervention services will be provided. Determining intervention strategies begins with identifying and understanding the family's routines and daily activities. Services and supports are provided within these activities to maximize the child's opportunities for learning and practicing new skills.

In accordance with federal Part C requirements, each IFSP service is required to be provided in natural environments unless an outcome or outcomes cannot be achieved satisfactorily by doing so. If a service can not be provided in a natural environment, a **justification** must be provided on the IFSP. In identifying services and supports, the IFSP team is responsible for the following:

- Valuing and preserving the family's typical routines when identifying services, supports and strategies necessary to achieve the outcomes. Services must "fit the family" instead of making the family "fit the service."
- Making the decision about where the early intervention services within the daily activities and routines of the child and family are to be provided. No individual member of the team may unilaterally determine the setting for service delivery. Every effort is made to select a setting that the entire IFSP team, including the parent, supports. Office of Special Education Projects (OSEP) has clarified that family preferences, or the preferences of one IFSP team member, is not sufficient justification for not providing services in a natural setting through the following letters to states:
 - ❖ OSEP states in a letter to Heskett, Missouri, May 26, 1999 in response to a question about whether it violates Part C for a parent to chose a non-natural environment (e.g., center-based program or clinic for children with disabilities) that they deem is best for their child: "Although Part C recognizes the importance of, and requires, parent involvement throughout the IFSP process, Part C does not relieve the State lead agency of its responsibility to ensure that other regulatory and statutory requirements, including the natural environments provisions, are met. While the family provides significant input regarding the provision of appropriate early intervention services, ultimate responsibility for determining what services are appropriate for a particular infant or toddler, including the location of such services, rests with the IFSP team as a whole. Therefore, it would be inconsistent with Part C for decisions of the IFSP team to be made unilaterally based solely on preference of the family. The State bears no responsibility under Part C for services that are selected exclusively by the parent; however the State must still provide all other services on the IFSP for which the parents did consent."
 - ❖ OSEP states in a Letter to Elder, Texas, July 17, 1998 in response to a question if it violates Part C to provide services in a setting selected by the parent, which does not meet the definition of a natural environment even if the parents are incurring the cost of the setting, if the IFSP team determines services can be satisfactorily achieved in the natural environment: "... if the parents do not consent to a particular location for a service specified in the IFSP, the State may not use Part C funds to provide that service in a location different from that identified on the IFSP. The parents are free to reject any service(s) on the IFSP by not providing written consent for that service(s) or by withdrawing consent after first providing it. If the parents do not provide consent for a particular early intervention service, which also includes the location, that service may not be provided....".
 - Document the natural environments in which services are provided under location of service.
 - Reflecting learning opportunities within the activities, routines, and events of everyday life in outcomes and strategies to meet the outcome
 - Determining if a service needs to be provided in a setting that is not a natural environment in order to achieve the outcome.
 - Considering the following guidance in determining whether a setting is a natural environment:
 - ❖ Children and families participate in a variety of community activities that are natural for them including those that occur in their home. Therefore, **if the**

family does not want services in their home, another community setting is identified where the child's needs can be addressed.

- ❖ **Natural groups of children are groups that would continue to exist with or without children with disabilities.** Groups that are not “natural groups” include playgroups, toddler groups or child care settings that include only children with disabilities. However, even the most “natural” of groups is not a natural setting for a particular child if it is not part of that child's family's routine or community life.
- ❖ **Service settings that are not “natural settings” include clinics, hospitals, therapists' offices, rehabilitation centers, and segregated group settings.** This includes any settings designed to serve children based on categories of disabilities or selected for the convenience of service providers.
- ❖ **Providing a justification for providing services in a setting outside of a natural environment** that includes sufficient documentation to support the IFSP team's decision that the child's outcome(s) could not be met in natural settings and identifying a plan on how such services will be transitioned to a natural setting.

Since parent-to-parent support through parent groups or other means, is critical for families of children with disabilities. OSEP has determined that such parent activities do not have to be provided in a natural environment. Specifically, OSEP states in a *Letter to Yarnell, Pennsylvania, October 19, 1999* that “...for services directed solely at the parent such as parent support, those services are not required to take place in a natural environment. No justification, therefore, is needed on the IFSP. **Such services solely for the parent, however, cannot be used as a justification for providing services to the child in other than natural environments.**”

Justification If Services Cannot be Provided in a Natural Environment Instructions

1. **Child's name:** The child's name must be included on all IFSP pages in the event that they become separated from the rest of the IFSP document.
2. **Date:** The date that the determination was made that a service could not be provided within a natural environment.
3. **Outcome Number:** The number of the outcome that cannot be achieved within a natural environment.
4. **Services:** Which services are being provided to accomplish this outcome, e.g. nutrition, physical therapy.
5. **Location of Service:** Location where service will be provided other than a natural environment, e.g. clinic setting.
6. **Explanation:** Of why the outcome cannot successfully be achieved within a natural environment, parent choice is not an appropriate justification. Remember natural environments are more than just the home, explore with the family other places and activities that they routinely participate in to assist in determining other appropriate environments. If the outcome cannot be achieved within a natural environment this section must explain why not.
7. **Page Number:** The IFSP pages are numbered in the sequential order with which they should be organized. If additional pages are added to a section then subsequent pages would be given a letter: e.g. 1, 1A, 1B, etc.

Child's Name: _____ ① _____ Date: ② _____

**Justification
for not providing services in natural environments**

Outcome # _____ ③ _____ Service(s) _____ ④ _____ Environment in which service will be provided: _____ ⑤ _____

⑥
Explain why the IFSP team determined that it was not appropriate to provide this service in a Natural Environment (If there is not an appropriate justification, what is the plan for progressing to a natural environment?):

Outcome # _____ Service(s) _____ Environment in which service will be provided: _____

Explain why the IFSP team determined that it was not appropriate to provide this service in a Natural Environment (If there is not an appropriate justification, what is the plan for progressing to a natural environment?):

Outcome # _____ Service(s) _____ Environment in which service will be provided: _____

Explain why the IFSP team determined that it was not appropriate to provide this service in a Natural Environment (If there is not an appropriate justification, what is the plan for progressing to a natural environment?):

TRANSITION INTRODUCTION

See Regulation Sec 303.148, Page 12

Although some children may transition out of early intervention services prior to age three, transition is required for all children by their third birthday. It is important to begin early to talk with families about issues and concerns and supports needed for a successful transition. Transition plans are developed and implemented to prepare children and families to exit from early intervention services. IFSP meetings are held to develop the transition plan when the child is 2 years 6 months old or no later than 2 years 9 months of age. The transition plan is documented in the Individualized Family Service Plan (IFSP). According to IDEA the transition plan should include:

1. Providing parents with training and information. Some examples may include but not limited to:
 - Differences between Part B services and Part C services and supports
 - Differences between Least Restrictive Environment and Natural Environments
 - Differences in eligibility determination and criteria
 - The focus on child versus child and family
 - Program or service options and considerations
2. Procedures to prepare the child for changes in service delivery, including steps to help the child adjust to, and function in, a new setting, e.g.. has the child participated in a group setting, is the child toilet trained, what form of transportation is necessary, and
3. With parental consent, the transmission of information about the child to the local educational agency or other community services, to ensure continuity of services, including evaluation and assessment information and copies of the IFSP that have been developed and implemented.
4. Transition planning should include:
 - The type of assistance that the family may need to be prepared for the transition
 - Program options
 - Eligibility requirements
 - How records and information will be transmitted between agencies
 - What additional evaluation and assessments may be needed

Successful transitions promote decisions that meet the family's individual needs, ensure the continuity of services, avoid duplication in assessment and evaluations and reduce stress for children, families and service providers. *(For more details on Transitions other than at age three, see the directions in the Service Coordination Module 4 and the Transition Module 5 of these guidelines.)*

All children exiting the early intervention program must have a transition plan.

Transition is a part of the IFSP and requires Prior Written Notice.



Remember to list the Part B eligibility information, IEP date, and the date services began in TRAC no later than 30 days after the child transitions.

Blank Page

Transition Page Instructions

1. **Child's name**
2. **Date plan was developed.** This date may be an earlier date than the transition meeting with the receiving agency (school district or other program).
3. **Transition meeting date:** This is the date of the transition meeting with the receiving agency. Required for transition to Part B, encouraged for transition to community agencies.
4. **What needs to be done?** List what needs to be done to prepare the child, train the parents, and to share information. The following sections of the transition plan help to organize the plan into three categories, parent training, preparing the child, and working with the receiving agency.
5. **Who is responsible?** Note who is responsible to see that each step of the transition plan is completed?
6. **Date started:** Identify the start date and the timeline for completion of each activity.
7. **Date completed:** Note the date when each activity is completed.
8. **Explanation of Transition:** This will take place at the very first IFSP meeting helping parents understand what transition means and should be an ongoing conversation.
9. **Transition at age 3:** At each IFSP review a conversation around the child leaving the program at age 3, and when is the appropriate time to begin transition planning.
10. **Transition to:** Begin conversations with families about their options related to their child's transition at age 3, will the school district be the appropriate program and what other programs may be available.
11. **Sharing child information:** With parental permission send information to the school district including the child's name, date of birth, parent name and address.
12. **Preparing the child:** Explore what support and skills the child will need for a successful transition, e.g. separating from parents, transportation concerns, etc. and develop outcomes to address concerns as appropriate.
13. **Sharing documents:** Have a discussion with the parent about what documents they would like sent e.g. IFSP, assessment results, and where they would like them sent e.g. school district, Head Start, and sign consent forms.
14. **Transition Meeting:** Schedule with parental permission a transition meeting with the school district or other agency where the child will be transitioned. This meeting must take place no later than 90 days prior to the third birthday. This meeting is required for children being referred to Part B, and is recommended for children being referred to other agencies. Provide documentation if the meeting does not happen within the 90 day timeline.



The Transition Meeting date with the school district needs to be entered into TRAC within the week it occurred or was scheduled.

TRANSITION PLAN/PLAN DE TRANSICIÓN

Child's Name: _____ ①

Date Plan Developed: _____ ②

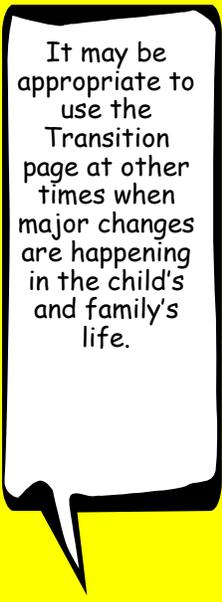
Transition Meeting Date: _____ ③

What needs to be done? (Including training for parents, preparing child, and sharing information.) ④	Who is Responsible? (Position- eg. Service Coordinator or IFSP team) ⑤	Date Started (Each Activity began) ⑥	Date Completed ⑦
1. Discuss what "transition" from early intervention means and what we can do to plan for this transition. ⑧			
2. Discuss eligibility and age guidelines for early intervention so we understand when our child may no longer be eligible for early intervention services. ⑨			
3. The plan of how we will explore preschool special education services as well as other community program options for our child., including: eligibility for the program, the latest date a referral may be made to the program to ensure we don't have a gap in services, and who we can talk to for more information. See Outcome(s) #: ⑩			
4. Our child's name, address, phone number and birth date will be sent to the school district no later than _____, unless we disagree.			
5. Help our child begin to learn new skills needed to adapt to a new place. See Outcome(s) #			
6. With our permission, provide specific information to the future service provider or program (e.g., assessment reports, IFSP, etc.) ⑪			
7. Schedule a meeting with our family, service coordinator, and someone from the new program to plan how we are going to make the transition. (Meeting happens no later than 90 days from third birthday) ⑫			

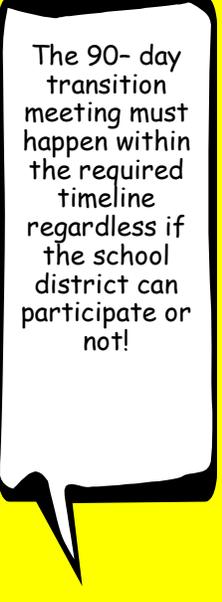
⑬

Transition Page Instructions Continued

15. **Preparing the family:** Preparation of the family for the transition is required under IDEA regulation. Parents need to be assisted with understanding the differences between Part B and Part C. In addition, parents have many concerns when their child is moving from one program to another, and the transition plan should address through an outcome any issues or concerns. Families may be concerned about transportation, accessibility, toileting, feeding, etc. (Outcome required.)
16. **Additional steps:** Any additional concerns that arise as a result of transition planning and the 90-day meeting can be addressed in this section of the transition plan.
17. **Signature of plan participants:** The parent, all IFSP team members and other agency representatives should sign the transition plan. As with any IFSP meeting the parent may invite anyone they would like to attend. In addition, the school district or other community agency that is participating in the plan should sign along with the early intervention providers who are in attendance.
18. **Page Number:** The IFSP pages are numbered in the sequential order with which they should be organized. If additional pages are added to a section then subsequent pages would be given a letter: e.g. 1, 1A, 1B, etc.



It may be appropriate to use the Transition page at other times when major changes are happening in the child's and family's life.



The 90- day transition meeting must happen within the required timeline regardless if the school district can participate or not!

Transition Page Continued

What needs to be done? (Including training for parents, preparing child, and sharing information.)	Who is Responsible? (Position- eg. Service Coordinator or IFSP team)	Date Started (Each Activity began)	Date Completed
8. Help our child and family prepare for and understand the changes in services so that we can move smoothly from one program to another.			
<p style="text-align: center;">(15)</p>			
Additional Steps			
<p style="text-align: center;">(16)</p>			

Signature of Plan Participants/Firma y Titula de Los Participantes del Plan:

Parent/Guardian (17)

Parent/Guardian

School District Representative

Other Community Agency Representative

Early Intervention Representative

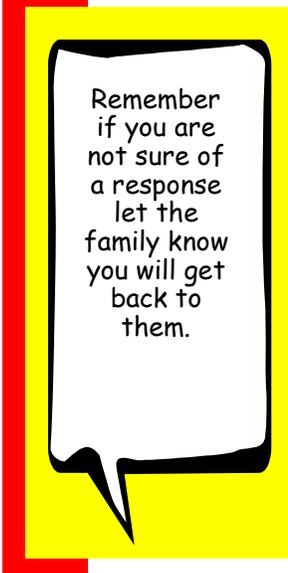
Other Participant

Working with Community Partners

If services and supports identified on the IFSP are being provided by professionals outside of NEIS, the service coordinator must ensure that those providers become team members on the IFSP and follow local program procedures.

The service coordinator is responsible for:

- Ensuring that IFSP services are provided at no cost to the family, including those provided by a community provider. If the family has given consent for insurance billing, the co-pays and deductibles must be paid for by NEIS. If the family has not given consent, the provider must be a contractor with NEIS.
- Meeting with the family and the service provider to review outcomes and to develop strategies that address learning through participation in everyday routines and activities that naturally occur in community settings unless the IFSP provides appropriate justification as to why services cannot be provided in natural environments.
- Ensuring that the service provider participates in the IFSP meeting and signs as an IFSP participant on the signature page.
- Periodically attending sessions with the community provider and the family to evaluate progress and to assist the family with strategies in the home and in other appropriate community settings.
- Assisting the family in accessing community services/ resources and coordinating those services.
- Ensuring families understand that any services they access above and beyond those identified on the IFSP are the family's responsibility and will not be reimbursed by NEIS.
- Ensuring that the family understands that if they want a change to a service, or believe the IFSP is not meeting their child's needs, they must request an IFSP meeting to discuss changes to services, frequency and/or intensity. (Casual conversations with families do not constitute a request for services, it is the service coordinator's responsibility to offer IFSP meetings if the family appears to be requesting a change or more services.)



Remember
if you are
not sure of
a response
let the
family know
you will get
back to
them.

Summary of Services & Supports Introduction

Any services that the child is receiving must be reflected on this page. When services change, the changes must also be reflected. (See Appendix A for the Part C Technical Assistance document and examples for filling out this page.)

The IFSP team needs to remember that intervention is what occurs between visits, not only what is done during a specific service provider visit with the family or caregiver. The IFSP team needs to be cognizant of the changing roles of service provider when determining the supports and services that may be needed to achieve an outcome. Specifically, the practitioner is no longer viewed the “expert with the toy bag” but as a resource and partner for families and caregivers who are enhancing their child’s development and learning. In this new role, the practitioner shares his/her knowledge and resources with the child’s key caregivers and provides support to them in their day-to-day responsibilities of caring for their child and in doing the things that are important to them. The focus of each individual intervention session is on enhancing family capacity and competence in facilitating their child’s learning and participation in family and community life. Intervention sessions no longer focus only on the specific skills of the child but on what’s working and what’s challenging for the child’s and family’s participation in their everyday routines and activities of community life. (For more information see Module 1, Foundation and Philosophy and Module 3, IFSP Implementation).

Determining Frequency and Intensity of Services

Current research based evidence supports the following two broad critical questions the IFSP team must consider to determine type, frequency and intensity of service:

1. How often does the family/caregiver need support to be comfortable in using intervention strategies?

- What is the knowledge base of the primary provider. If the primary has years of experience and training across disciplines, they will need less support than a new interventionist who needs the opportunity to work with other team members for mentoring and coaching.
- At each visit, the caregiver's learning needs in relation to the child's developmental needs and the desired outcomes are considered at a frequency that matches the caregivers' need for timely, additional guidance.
- Do the outcomes identified require a high level of specialized skill to address or are they more easily implemented with minimal guidance and instruction? When a higher level of skill is needed to address IFSP outcomes, then there may be a need for an increased frequency of services and supports for a period of time while the family and/or caregiver becomes comfortable in implementing the strategies and then decreasing.

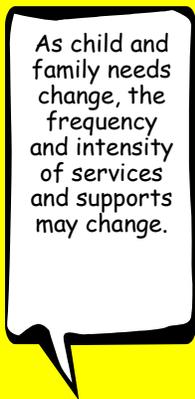
“...since the goal of early intervention should be to support the families' ability to enhance their child's development, visiting too often can send a disempowering message. That is, early interventionists through frequent visits may communicate to families that they are not competent enough to make a change in their children's development and need experts implementing the intervention. On the other hand, early interventionists need to provide adequate support to families...Finding a balance between enough but not too much may be difficult for professionals.” (p. 24)- Lee Ann Jung, Ph.D., 2003

- Are the outcomes or strategies new for the child and family? The need to increase frequency of services and supports may be evident when a child enters a new developmental phase and more frequent guidance is needed by the family and/or caregiver.
- Will the service provider(s) be working with only the family or with other caregivers as well in addressing IFSP outcomes? If the service provider will be working with a variety of caregivers (e.g., parents, grandparents, child care, etc), more frequent services may be needed for a period of time. Learning about the child's activity settings and interest-based learning opportunities that occur at these other natural settings and with other caregivers and teaching the various caregivers strategies and skills to address desired outcomes may take some time.
- Is the parent's understanding of and/or his or her ability to assist with implementing suggested activities affected by his or her own cognitive or emotional issues? If so, the IFSP team will need to consider how other informal and formal community resources and supports, other caregivers, and direct Part C early intervention services can be combined to best address the full constellation of child and family needs. More frequent Part C early intervention services, however, are not a substitute for an active parent-provider partnership that includes involvement by the family/caregiver in each early intervention session.
- Does the child need intensive, one-on-one support to participate in his/her environment? Under these circumstances, there also may be a need for an increase in support to the family in addressing the IFSP outcomes.

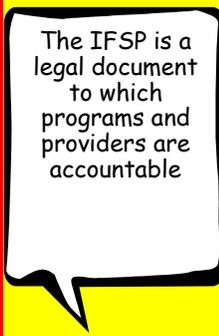
It is expected that the frequency of Part C supports and services will change over time for an individual child and family, sometimes increasing and sometimes decreasing, as the variety of factors outlined above change.

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

- Is the relationship between the child/family/caregiver and the provider new (e.g., because they have just begun initial Part C services or there has been a change in providers) or well established? If the family is just beginning services from their initial IFSP, there may be more frequent changes in strategies as the Part C provider continues learning about the activity settings, routines, and how the child responds to proposed strategies.
- The service provider, with the family, needs to evaluate the effectiveness of the strategies and modify them as necessary.
- Is attainment of an outcome(s) especially urgent and able to be resolved quickly with intensive intervention (e.g., new referral of a child with non-organic failure-to-thrive, which needs quick



As child and family needs change, the frequency and intensity of services and supports may change.



The IFSP is a legal document to which programs and providers are accountable

resolution; or a child's behavior is prohibiting the family from finding a child care provider to accept the child)?

- Are there a large number and/or wide variety of strategies involved in addressing the desired outcomes or are there relatively few or more similar strategies?
- Is the child progressing at the expected rate in meeting identified outcomes?
- Decisions are made based on who is the most appropriate person to work with the child and family to help them meet their outcomes.

When determining frequency and intensity of services and supports, some key areas to consider include:

- Who is involved with the child;
- The parents' level of understanding;
- Some families are not as verbal and may need more time to begin with;
- The level of service coordination needed;
- The medical needs of the child.

Staff must understand that frequency and intensity are not determined by their caseload size, but by the needs of the child and family. Services and supports are not determined based on what is available.

Compensatory Services

The IFSP is a written agreement and is enforceable through Complaint and Due Process Procedural Safeguards. A remedy that may be afforded to families is compensatory services. The following are some reasons why compensatory services may be awarded:

- The frequency and intensity designated on the IFSP was not provided.
- Child assessment and family needs assessment identify needs that were not addressed by the IFSP team.
- There is not sufficient documentation in the child record that the IFSP was reasonably calculated to provide benefit to the child.
- There is no documentation that the child is making progress and the IFSP is not being updated to address the concern.

Anticipate at any time when in the home new concerns may arise. Carry necessary documents to be able to address e.g. PWN, IFSP, etc.

The service coordinator is responsible to ensure that all services on the IFSP are being provided.

Summary of Services & Supports Instructions

1. **Child's Name**
2. **Services and Supports:** List the code for services & supports the child and family will be receiving.
3. **Discipline:** List the discipline that will be providing the service & support from box 1. (i.e. PT, OT, not an individual's name, this could also be a community provider.)
4. **Anticipated Start Date:** This is the date the service or support will begin.
5. **Anticipated End Date:** This is the date that the service or support will no longer be expected to be needed. (This should match what is identified on the outcome pages.)
6. **Frequency:** This is how often the family receives the service or support (e.g. weekly, monthly, quarterly).
7. **Intensity:** This is the length of time the child and family are seen for each service or support. (e.g. one hour, 45 minutes, 30 minutes, 90 minutes.)
8. **Method:** This is most often individual service, but can be consultative or group. Individual services are face-to-face with the child and family. Consultative is not a face-to-face visit. Co-treatment is two different disciplines treating the child in a joint intervention session.
9. **Location:** This is the primary service setting for the service/support. Within the IFSP there may be multiple settings identified for accomplishing an outcome, however each service or support can have only ONE setting documented in TRAC. List the setting where the service is provided most often, e.g.:
 - Home
 - Child Care setting
 - Grandparent or other relative's home
 - Park, playground, library
 - Grocery or department store
10. **Payment Source:** This is the source of payment that will be used for the service (private insurance, Medicaid, NEIS). This may be a combination of sources. If a family declines billing of their private insurance, and does not have any other third party payment source, the payment source would be "NEIS."
11. **Does the child require assistive technology services or devices:** Check yes or no that the child needs assistive technology. If yes, a strategy must be written that addresses the assistive technology need for either a service or a device.
12. **Medical and Other Services (Needed but not required under Part C):** List medical and other services the child and family may need that are not required under IDEA, Part C, e.g. dental care, neurology follow-up, orthopedic support through Shriners Children's Hospital.
13. **Page numbers:** The IFSP pages are numbered in the sequential order with which they should be organized. If additional pages are added to a section than subsequent pages would be given a letter: e.g. 1, 1A, 1B, etc.

Each service or support can have only ONE setting. List the location where the service is provided most often.



Every time services change on the IFSP remember to submit a TRAC change form.

Child's Name _____
 Nombre del Niño(a) _____

**SUMMARY OF EARLY INTERVENTION SERVICES AND SUPPORTS
 RESUMÉN DE APOYO DE INTERVENCIÓN TEMPRANA**

*Service & Support Codes: Assistive Technology Services (ATS), Assistive Technology Devices (ATD); Audiology (AUD), Family Training Counseling (FTC), Health Services (HS), Medical Services for Diagnostics only (MS), Nursing Services (NS), Nutrition (NT), Occupational Therapy (OT), Physical Therapy (PT), Psychological (PSY), Respite (RS), Social Work (SW); Special Instruction (SI), Speech & Language Pathology (SLP); Sign Language (SL); Cued Language Services (CLS); Transportation (TR), Vision (VS)
 **Part C is payer of last resort/Los fondos de Parte C solo deben ser usados como un "último recurso."

Support* Apoyos* (Use Codes Below)	Discipline Professional	Anticipated Start Date Fecha de Comienzo	Anticipated End Date Fecha de Compleción	Frequency Fre- quencia (How Often) (Cuántas Veces)	Intensity Intensidad (How Long) (Cuanto Tiempo)	Method Método (Group/Individual/ Consultative) (Grupo/Individual/ Consultativo)	Location*** Lugar*** (Must be natural environ- ment unless justified) (Debe ser Ambiente Natural al menos que sea justificado)	Payment Source** Pago Principio** (Ins/Medicaid/NEIS/ Other) (Aseguranza/ Medicaid/NEIS/ Otro)
2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Does the child require assistive technology devices and services?
 .. yes .. no (If yes, then a strategy(s) must address this need) 11

Medical and Other Services (Needed but not required under Part C)

Service Apoyo	Provider Proveedor	Contact Information Contacto de Información	Funding Source or Steps Taken to Secure Service La Fuente que financia o Da un paso Tomado para Asegurar el Servicio
<input type="radio"/> 12			

Other Services Not Required by IDEA

The "other services" in paragraph (e) of Section 3003.344 *Content of an IFSP* are services that a child or family needs, but that are neither required nor covered under this part. 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, for the following reasons: First, the IFSP would provide a comprehensive picture of the child's total service needs (including the need for medical and health services, as well as early intervention services). Second, it is appropriate for the service coordinator to assist the family in securing the non-required services (e.g., by

- (1) determining if there is a public agency that could provide financial assistance, if needed,
- (2) assisting in the preparation of eligibility claims or insurance claims, if needed, and
- (3) assisting the family in seeking out and arranging for the child to receive the needed medical-health services).

Thus, to the extent appropriate, it is important for a state's procedures under this part to provide for ensuring that other needs of the child, and of the family related to enhancing the development of the child, such as medical and health needs, are considered and addressed, including determining

- (1) who will provide each service, and when, where, and how it will be provided, and
- (2) how the service will be paid for (e.g., through private insurance, an existing Federal-State funding source, such as Medicaid or EPSDT, or some other funding arrangement).

Services and Supports Definitions

Method

Consultation: Service providers consult with other providers, other professionals (e.g. physicians), parents or caregivers regarding specific strategies or information that may help the child achieve his/her IFSP outcomes. Consultation occurs when the child is not present or when the clear purpose of the visit is for the service provider to collaborate/share information with professionals, parents or caregivers. Consultation may be authorized with the intent of helping several providers coordinate their strategies that relate to a particular outcome, where all are working on the same outcome.(This is another means of facilitating a transdisciplinary or coaching approach.)

It may also be authorized when it is determined that an early intervention provider needs to have one or more visits with the parent or caregiver to discuss effective intervention strategies. In any case, it is not essential for the child to be present for that collaboration. Consultation should also be the method selected by IFSP teams for time designated by the service provider for supervisory activities, e.g. an ABA consultant supervises a behavioral

aide (with or without the child being present). As with any early intervention service, the necessary amount of time for this supervision must be determined by the IFSP team and authorized in the IFSP.

Direct Service: This method of service involves working directly with a child and coaching/training parents, other family members, childcare providers, or other professional on strategies that will help the child and family achieve one or more IFSP outcome. The child will always be present during this method of service and at least part of the time will be spent working with the child or modeling appropriate techniques with the child. This method of service may involve observation of the child and family, working with family and other caregivers or providers in conjunction with providing services to the child. This may involve such activities as providing guidance to caregivers regarding positioning, language stimulation, modifying environments etc. It may also involve professional to professional training, e.g. a physical therapist observes the child and demonstrates strategies for a provider from another discipline such as a developmental specialist on positioning or how to build muscle tone (transdisciplinary or coaching approach). This definition is consistent with Medicaid's description of direct services.

Group Service: If the IFSP team has determined that group services are necessary to address one or more outcomes (e.g. a service provider is working with a group of children in a child care facility, or play group), the method of service will be shown as "Group."

Co-Treatment: If two professionals from different disciplines are jointly serving a child to implement a particular activity or strategy (e.g. picture or symbol system), the method of service will be shown as "Co-Treatment." When choosing this method, both service providers are working with the child simultaneously so 100% of their time is child and family directed. The Summary of Services and Supports would identify both disciplines and the frequency and intensity of that intervention session listed as co-treatment. For billing purposes, the two providers must ensure that both are not billing for 100% of their time.

Measuring IFSP Outcomes

Criteria: Each outcome must have a measurable criteria that will identify if there is success in achieving that outcome. The following questions can help determine the criteria:

1. What will it look like to the family when they know that progress is being made?
2. What is a meaningful timeline for the family?
3. What will performance/practice look like to the program coordinator and staff when they know that progress is being made?

Procedure: Once the criteria is determined, how will the IFSP team measure if the outcome is met, based on the criteria? Will it require the use of an assessment protocol? Will it require a therapist to do physical manipulation or examination of the child? Does the family need to keep a log; for example how many words the child is functionally using? Can the criteria be measured by simple observation? The IFSP team must determine based on the criteria what it will take to measure whether the outcome has been met, needs to be modified or changed.

IFSP Review Introduction

Sec. 303.342 Procedures for IFSP development, review, and evaluation.

- (a) Meeting to develop initial IFSP--timelines. For a child who has been evaluated for the first time and determined to be eligible, a meeting to develop the initial IFSP must be conducted within the 45-day time period in Sec. 303.321(e).
- (b) Periodic review.
- (1) A review of the IFSP for a child and the child's family must be conducted every six months, or more frequently if conditions warrant, or if the family requests such a review. The purpose of the periodic review is to determine--
 - (i) The degree to which progress toward achieving the outcomes is being made; and
 - (ii) Whether modification or revision of the outcomes or services is necessary.
 - (2) The review may be carried out by a meeting or by another means that is acceptable to the parents and other participants.
- (c) Annual meeting to evaluate the IFSP. A meeting must be conducted on at least an annual basis to evaluate the IFSP for a child and the child's family, and, as appropriate, to revise its provisions. The results of any current evaluations conducted under Sec. 303.322(c), and other information available from the ongoing assessment of the child and family, must be used in determining what services are needed and will be provided.
- (d) Accessibility and convenience of meetings.
- (1) IFSP meetings must be conducted--
 - (i) In settings and at times that are convenient to families; and
 - (ii) In the native language of the family or other mode of communication used by the family, unless it is clearly not feasible to do so.
 - (2) Meeting arrangements must be made with, and written notice provided to, the family and other participants early enough before the meeting date to ensure that they will be able to attend.
- (e) Parental consent. The contents of the IFSP must be fully explained to the parents and informed written consent from the parents must be obtained prior to the provision of early intervention services described in the plan. If the parents do not provide consent with respect to a particular early intervention service or withdraw consent after first providing it, that service may not be provided. The early intervention services to which parental consent is obtained must be provided.

Note: The requirement for the annual evaluation incorporates the periodic review process. Therefore, it is necessary to have only one separate periodic review each year (i.e., six months after the initial and subsequent annual IFSP meetings), unless conditions warrant otherwise.

Because the needs of infants and toddlers change so rapidly during the course of a year, certain evaluation procedures may need to be repeated before conducting the periodic reviews and annual evaluation meetings in paragraphs (b) and (c) of this section.

A periodic IFSP review must be conducted at least once every six months, however, IFSP reviews may occur more frequently. An IFSP review must be done whenever the child's or family's needs change that result in a change to the IFSP. **Any time a change is made to the IFSP, the service coordinator must use the Review page.** Frequently, a periodic IFSP review is completed to add or change services, including modifying frequency and intensity. Adding an outcome to the IFSP is considered a change; adding strategies to achieve an outcome already on the IFSP is not. A periodic IFSP review can be initiated by request from the family, service coordinator or service provider. Whenever a periodic IFSP review is completed, the IFSP Review page must be completed. Remember, it does not matter if a review is done prior to six months, but at no time should a family go longer than six months without a review of the IFSP.

The purpose of the periodic review is to determine--

- (i) The degree to which progress toward achieving the outcomes is being made; and
- (ii) Whether modification or revision of the outcomes or services is necessary.

The review may be carried out by a meeting or by another means that is acceptable to the parents and other participants.

An annual IFSP review is required regardless of whether or not changes to the IFSP are needed. At the annual review, all listed outcomes from the previous IFSP must be reviewed and rated as to whether they were achieved, continued, or removed. The Review page must be completed at the annual review prior to completing the new IFSP.

1. **Prior written notice must be provided to the family.** Regardless if an IFSP review is arranged by phone or somewhat spontaneously (precluding time for mail to be delivered), Prior Written Notice must be provided to the family. When a request for an IFSP review is made by the family, "per parent request" is documented on the prior written notice and the notice is given to the parent at the time of the review. Six month and annual IFSP reviews should be anticipated far enough in advance so that the written notice can be mailed or given to the parent ahead of time. Either way the parent(s) should have time to ask any additional desired caretaker, family member, advocate, friend, specialist etc. to attend or participate. The parent rights document must be sent or given with every prior written notice.
2. **Parents rights must be provided with the Prior Written Notice and reviewed with the family.** Parents rights can be reviewed with the family either during the IFSP review meeting or in advance of the meeting. Since The IFSP Review page must be dated and signed by both the parent and the service coordinator, (and other IFSP Review participants), it is a good place to document that parent rights were reviewed as well as the outcomes.
3. **A summary of the child's and family's accomplishments**

Remember
IFSP Review
requires
Prior
Written
Notice.

Remember
that a formal
IFSP review
with Prior
Written
Notice is not
required to
add
strategies to
an outcome.



If the IFSP
changes during
a review,
update TRAC.

and a discussion of the progress made toward achieving outcomes must be included at each IFSP review. This is a good opportunity to look at “what is working” and “what is challenging.”

4. The Review page can also be a way to document services that the program offers to a family that they choose to decline.
5. Parents are given a copy of the review page.

Every visit is an occasion for an informal review of the IFSP. Through conversations and use of open ended questions of families regarding what’s working and what’s challenging, families can share the strategies they’ve been using, current concerns, celebrate successes, and note progress toward achieving outcomes.

IFSP Review Instructions

1. **Child’s Name.**
2. **Date:** This is the date of the IFSP review meeting.
3. **Purpose of Review:** Circle the one that applies e.g. 6 month, annual.
4. **Summary of Outcome Review:** Evaluate each outcome to determine the child’s and family’s accomplishment and a discussion of the progress made toward achieving each outcome using the rating scale. Modifications needed should be noted in this section. Additions or changes in services or their frequency and intensity can be made at this time. The Services and Supports page must reflect any changes that have been made to services, frequency and intensity

Note: There is a national movement to document efficacy and accountability in early intervention. One way Nevada is trying to accomplish this task is by recording the percentage of achieved outcomes at six month and annual reviews. The IFSP review page can be a valuable self organizational tool to help collect this data.
5. **Update Family Needs Assessment:** At each review discuss with the family any new concerns that may have risen, and any changes within their family that may have an impact. Document that parent rights have been provided and reviewed with the family.
6. **New Outcomes Needed:** Summarize any new outcomes that are needed as a result of the Family Needs Assessment, ensure that a new outcome is added, and update the summary of services and supports if required. If a family declines any Part C service that the IFSP team proposes during the IFSP review, this must also be documented on the IFSP Review page.
7. **Participants:** Identify all of the team members that participated in the review process.
8. **Signature:** Each IFSP Review is signed by the parent and the Service Coordinator, and is acknowledging receipt and understanding of parent rights.
9. **Page Numbers** The IFSP pages are numbered in the sequential order with which they should be organized. If additional pages are added to a section then subsequent pages would be given a letter: e.g. 1, 1A, 1B, etc.

INDIVIDUALIZED FAMILY SERVICE PLAN REVIEW
 REVISIÓN DEL PLAN DE SERVICIO FAMILIAR INDIVIDUALIZADO

Child's Name:

Nombre del niño(a): _____ ① _____ Date: _____ ② _____

Purpose of Review: (circle one) 6 month Annual Exit Other Upon request by _____ ③ _____
Summary of Outcome Review:
④
Update Family Needs Assessment
⑤
New Outcomes Needed
⑥
Participants
⑦
Parent Acknowledgement: I have received a copy of my parent rights under Part C along with this IFSP review record. These rights have been explained to me and I understand them. I participated in the development of this IFSP Review and I give informed consent for Nevada Early Intervention Services to carry out any changes listed on the IFSP Review Record. Consent means: that I have been fully informed of all information about the activity (s) for which consent is sought, in my native language (unless clearly not feasible to do so) or other mode of communication; that I understand and agree in writing to the carrying out of the activity(s) for which consent is sought; the consent describes the activity(s); and the granting of my consent is voluntary and may be revoked in writing at any time. I understand that I may decline a service or services without jeopardizing any other early intervention service(s) my child or family receive through Nevada Early Intervention Services. I understand that my IFSP will be shared among Nevada Early Intervention Services and service providers implementing this IFSP.
Parent/Guardian Signature/ Firma del Padre/Tutor _____ Service Coordinator/ Firma de el coordinador de servicios _____

Additional Notes Instructions

When using Additional Notes pages to add to the IFSP, the parent should initial additions and notations. Number the pages and note what page it refers to, e.g. "Page #6B of Outcome #2" or "Health History, continued, Page 2A."

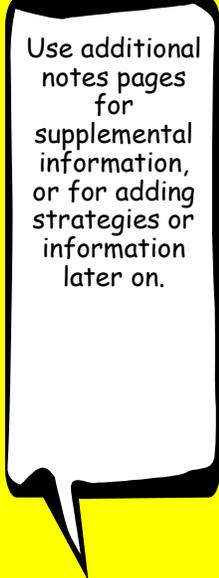
1. Child's name

2. **Date:** This is the date of whatever addition is being added to the IFSP.

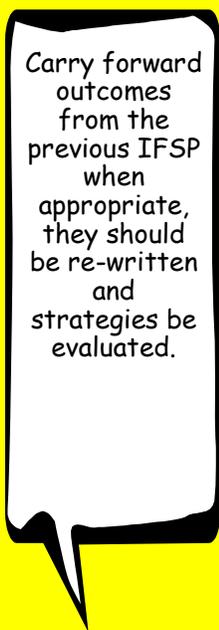
3. Use this page for documenting

- Additional strategies for an outcome
- Updates to the Health History information
- New family concerns

4. **Page Numbers** The IFSP pages are numbered in the sequential order with which they should be organized. If additional pages are added to a section than subsequent pages would be given a letter: e.g. 1, 1A, 1B, etc.



Use additional notes pages for supplemental information, or for adding strategies or information later on.



Carry forward outcomes from the previous IFSP when appropriate, they should be re-written and strategies be evaluated.

Consent for Early Intervention Services Introduction

303.342(e) Parental Consent.

The contents of the IFSP must be fully explained to the parents and informed written consent from the parents must be obtained prior to the provision of early intervention services described in the plan. If the parents do not provide consent with respect to a particular early intervention service or withdraw consent after first providing it, that service may not be provided. The early intervention services to which parental consent is obtained must be provided.

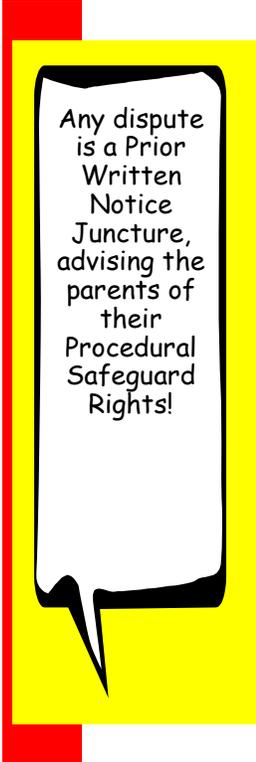
IDEA regulation is clear that services may not be provided without parental consent. The service coordinator through the IFSP process must ensure that families fully understand that if they do not agree to any or all services on the IFSP, the service may not be provided.

If the family does not agree or consent to a particular service, all other services on the IFSP, for which consent has been given, must be provided. If there is a dispute the service coordinator has an obligation to determine what is in dispute, so that other services the family agrees with are not in jeopardy.

If the family does not agree with any services on the IFSP, the service coordinator must advise the family that NEIS cannot provide their child with any services, and remind families of their procedural safeguards. At that point the family must make a decision to exercise their procedural safeguard rights through Due Process, Complaint or Mediation. If the family requests any of these remedies, the child will remain in stay put status, meaning the last agreed upon services would continue to be provided. Any services that are in dispute would not be provided until resolution through one of the procedural safeguard processes.

If it is the initial IFSP and the family does not agree to any of the services offered, then the child will not receive any services pending dispute resolution. The service coordinator must remind the family that early intervention is voluntary on their part.

If the IFSP is up for annual review and the family does not want to meet to review the IFSP, or keeps canceling the IFSP meetings, a Prior Written Notice must be sent to the family indicating that without a current IFSP, NEIS may not provide services. Indicate a date to reconvene the IFSP, and if the family does not respond, the case should be closed. Services may not continue to the family with an expired IFSP, unless there are documented exceptions, e.g. illness of child, family emergency.



Any dispute
is a Prior
Written
Notice
Juncture,
advising the
parents of
their
Procedural
Safeguard
Rights!

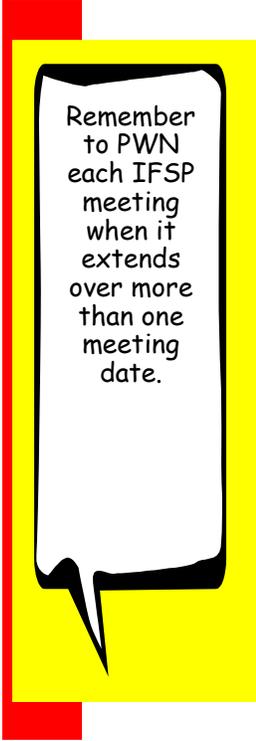
Blank Page

Parental Consent Instructions

1. **Child's Name**
2. **Child's Date of Birth:**
3. **IFSP Date:** This is the date that the IFSP is finalized. All components of the IFSP are complete.

Parental Consent for the Implementation of Early Intervention Services

4. **Parent agrees to all components of the IFSP:** At the completion of development of the IFSP, the parent agrees with the IFSP and is consenting to implement the services that have been designated. The parent would sign and date here.
5. **Parent agrees with the exception of services designated:** NEIS can only provide those services that the family has given consent for. At times during IFSP meetings the program and family cannot come to agreement on a particular service, or the frequency and intensity of a service. Have the parent sign their agreement to all of the services on the IFSP that are not in question, those service can then be implemented per the IFSP Summary of Services and Supports page. If there are services that are in dispute then list them here and have the parent sign this section of consent. At that time the family should have their procedural safeguards reviewed with them on what their next steps are: they have the option to reconvene the IFSP, file a complaint if they believe there is a violation of federal regulation, request mediation, or go to due process over those services in dispute. NEIS cannot provide any services that are in dispute and the parent has not given consent for. Remind families that our services are voluntary on the part of families.
6. **Parent does not agree with any services on the IFSP:** If the parent does not agree with any services identified on the IFSP, then the parent would sign this section. It is imperative that the family understands that NEIS may not provide any service without parental consent, so if there is no agreement on any service, than the family is refusing NEIS services. The family may receive service coordination if they agree. Again see #5 for a review of the parent's procedural safeguards rights.
7. **Page Numbers** The IFSP pages are numbered in the sequential order with which they should be organized. If additional pages are added to a section then subsequent pages would be given a letter: e.g. 1, 1A, 1B, etc.



Remember to PWN each IFSP meeting when it extends over more than one meeting date.

Child Name: _____ ① _____

Date of Birth: _____ ② _____

IFSP Date: _____ ③ _____

IFSP Agreement Parental Consent for Provision of Early Intervention Services

I have received a copy of my parent rights under Part C of IDEA. These rights have been explained to me and I understand them. I participated in the development of this IFSP and I give informed consent for Nevada Early Intervention Services to carry out the services and supports listed on this IFSP.

Consent means: that I have been fully informed of all activity(s) for which consent is sought, in my native language (unless clearly not feasible to do so) or other mode of communication; that I understand and agree in writing to the carrying out of the activity(s) for which consent is sought; the consent describes that activity(s); and the granting of my consent is voluntary and may be revoked in writing at any time.

I understand that I may decline a service or services without jeopardizing any other early intervention service(s) my child or family receives through Nevada Early Intervention Services.

I understand that my IFSP will be shared among Nevada Early Intervention service providers implementing this IFSP.

I am in agreement with all components of this IFSP.

④

(parent signature/date)

I agree with this IFSP, with the exception of the following services, which I understand will not be implemented without my consent: ⑤

(parent signature/date)

I do **not** agree with the entire IFSP. I am fully aware of the nature of services being offered and that my child and/or ward will not be able to receive services from Nevada Early Intervention Services unless I give my consent. My rights have been explained to me and I am aware of my procedural safeguards.

⑥

(parent signature/date)

IFSP Implementation Introduction

Since early intervention services are no longer achieved by “taking clinical practice” into the child’s home, early intervention providers must make the transition from being the expert with the toy bag to being a resource and partner with families and caregivers, who are enhancing their child’s development and learning through everyday activities and routines. In this role, the provider shares his/her knowledge and resources with the child’s key caregivers and provides support to them in their day-to-day responsibilities of caring for their child and in **doing the things that are important to them**. The focus of each individual intervention session is on enhancing family capacity and competence in facilitating their child’s learning and **participation** in family and community life. Intervention sessions no longer focus only on the specific skills of the child but focus on **what’s working and what’s challenging for the child’s and family’s participation in carrying out their daily routines and participating in family and community activities**. Specifically, intervention sessions incorporate opportunities to:

- reflect with the family on what is working;
- use professional expertise to collaboratively problem solve challenges with families;
- help families adapt interactions, activities, routines, environment, schedule and apply successful strategies to their challenges whenever possible;
- support family capacity to enhance their child’s development through a variety of learning opportunities.

The Effective Practice Guidelines, Foundation and Philosophy, Module 1, provides research based evidence that is imperative for early intervention providers and families to understand how children learn, in order to implement effective and high quality early intervention services and supports for achieving positive results for young children with disabilities and their families and ensuring that IFSP outcomes are met.

Strategies for Providers: Implementing High Quality IFSP Services

Early intervention providers, regardless of their discipline, need to share his/her knowledge and resources with the child’s key caregivers and provide support to them in their day-to-day responsibilities of caring for their child and in doing the things that are important to them. To be a successful resource to families, early intervention providers need to do the following starting at the initial contact and continuing through individual intervention sessions:

- Join in a partnership with family members and caregivers rather than assuming the role as the expert.
- Build positive, respectful and supportive relationships with



Promoting experimental therapies (essential oils, aromatherapy etc.) are not within the scope of early intervention.

families by:

- ❖ Listening to families
 - ❖ Being responsive to family questions and concerns
 - ❖ Respecting family values and culture.
- Using conversations to gather information from families rather than formal interviews – talk about what’s working in their everyday activities and routines and what people, places, and things their child and family find important, enjoyable, and of interest.
 - Share resources and information in ways that meet the individualized learning styles and preferences of each caregiver and family member.
 - Provide meaningful information to families to support them making informed decisions regarding important aspects of their child’s life and problem solving challenges related to their child’s and family’s participation in everyday activities that are important to them.
 - Use conversations to gather information from families on their everyday activities and routines and what people, places, and things their child and family find important, enjoyable, and of interest.
 - Discuss with families and caregivers what happens between intervention sessions – what’s working, what’s challenging, etc.
 - Engage in joint planning and problem solving, starting where family members and caregivers are, to help them adapt strategies used for those things that are working well to situations that are challenging.
 - Observe the routine or activity as it occurs with the caregiver and child and join in the routine or activity while maintaining the integrity of the caregiver’s preference and sequence.
 - As a coach, help families and caregivers identify what they are already doing everyday that is working well (strategies or learning opportunities that are effective), what’s not working and what they would like to learn or improve their skills.
 - Provide general information on how children learn and how these principles apply to how their own child learns.
 - Help nurture the parent-child relationship by focusing on the strengths of the family and the strengths of the child and what’s working well between them.
 - Help family members and primary caregivers use child initiated instruction, activity-based approaches, and integrated or embedded intervention to promote their child’s learning. Help families identify the many learning opportunities that occur throughout their child’s day and how they can use multiple opportunities to help their child learn.
 - Help family members and caregivers identify what people, places and things are of interest and are important to them and their child and family.
 - Use modeling and demonstrations with family members and caregivers to help them gain the necessary knowledge, skills and competence to help their child participate in meaningful activities and experiences in their everyday lives. Modeling should be used when families and caregivers are interested in demonstrations or when they request them.
 - Develop, revise and implement IFSP strategies in meeting IFSP outcomes that

focus on the following:

- How all children learn throughout the course of everyday life, at home and in the community
- Naturally occurring learning opportunities that occur in the child and family's everyday activities and routines, rather than contrived, specialized instruction
- Functional child skills that relate to participation in family and community
- Supporting primary caregivers to provide children with learning experiences and opportunities that strengthen and promote a child's competence and development
- Supporting learning that occurs in context of the things that have high levels of interest and engagement for the child and family
 - ❖ Family strengths (what's working)
 - ❖ Family priorities (what's important)
 - ❖ Child and family interests (what's enjoyable and motivating)
 - ❖ Family concerns (what's challenging)
 - ❖ Caregiver/child interactions
- As a coach, explore with family members and caregivers how and when to use strategies and information appropriate to specific situations or contexts.
- Be flexible in assuming the various roles (e.g., coach, partner/collaborator, resource, advisor) based on the individual needs and circumstances of children and families. Changing roles many times during one intervention session may be necessary.
- Consult with colleagues when more information or guidance is needed to support families and caregivers in facilitating their child's learning in everyday routines and activities – ask team members to consult with the child and family as well.

Overall, intervention is most effective when provided through the parent(s) and the caregiver(s). Intervention is not, however, designed to turn parent(s) and caregiver(s) into the interventionist or therapist – but to build their confidence and competence in promoting their child's learning through functional participation in everyday activities for achieving IFSP outcomes. Providers need to have meaningful conversations with families during each intervention session in order for them to appropriately apply their knowledge and provide the necessary supports to enhance family capacity.

Using Conversations with Families in Order to Apply Knowledge and Enhance Family Capacity

Specifically, intervention strategies build on the strengths and interests

Current federal requirements and current research directs the implementation of the IFSP. Keep current within your discipline ... the best practice literature is constantly evolving.

Don't forget your professional expertise – parents are relying on your knowledge.

of both the child and family. Intervention sessions incorporate opportunities to reflect with the family on what is working and where additional problem solving may be needed. As a result, conversations with families need to occur during each intervention session in order to provide appropriate support and enhance family capacity. The following questions are the kinds of questions that can be used in conversations to elicit family responses during intervention sessions:

- How have things been going since my last visit?
- Do you have anything new you want to ask about?
- Is there a time of day that's not going well for you?
- What would like help with? What supports would be helpful for you and your child?
- What have you thought about doing or trying?

When families identify a specific challenge, the following questions can be used to facilitate problem specific with the family:

- What things have you tried?
- What has worked for you in the past? What hasn't worked?
- When does this behavior occur?
- Who is involved?
- What happened when . . . ?
- What do you mean by . . . ?
- What do you want to see happen?
- I remember when you did . . . for . . . , do you think something like that might work for . . . ?

The following general statements can promote discussion and more information:

- Tell me more . . .
- Tell me more about . . .
- How do you feel when...happens?
- How can I help you?

Scenarios: How Do We Apply These Strategies in Practice?

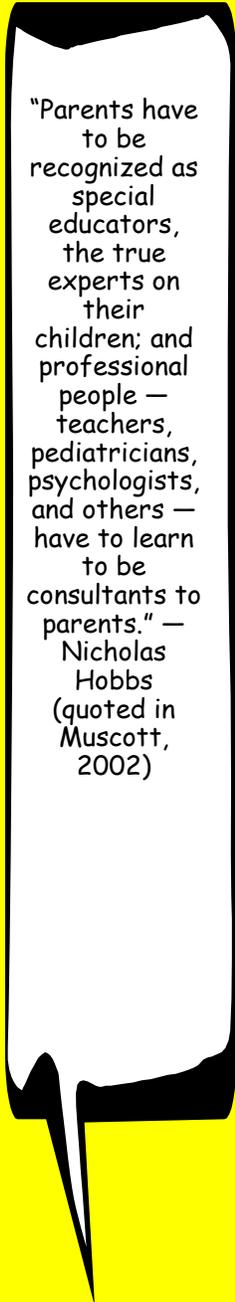
Martha, Susan, Elizabeth and Joe. Martha is 18 months old and has Spina Bifida. Her sister, Susan, is a busy three-year-old. Elizabeth stays at home with both girls, although she is trained as a nurse. Her husband, Joe, works long hours, usually leaving home in the morning around 7:00 AM and getting home around 7:00 PM. Elizabeth fits in family chores around the girls' naptime and bedtime. She goes to the

grocery store after both girls are in bed at night or on weekends when Joe is home to watch them. Martha is currently functioning age appropriately in cognition, communication, self-help, and fine motor skills. Her major challenge is with mobility due to lower extremity paralyses. When asked about her priorities and concerns for Martha, Elizabeth said she wanted Martha to do the things that other children do.

Medical Model Approach: Martha receives physical therapy 2 times a week from Sally. Sally frequently brings equipment and toys to work with Martha. She places toys in strategic positions to motivate Martha to move or for her play with the toy while she handles and facilitates Martha's movements. Sally is always conscientious to model or demonstrate activities and strategies that Elizabeth and Joe can do with Martha throughout the day between visits. Sally also leaves equipment for Elizabeth and Joe to use with Martha whenever feasible. Sally always asks Elizabeth how things are going between visits and asks if they have experienced any challenges that she can help with. She has also made special efforts to occasionally see Martha at night or on weekends when Joe is home. Sally has initiated discussions with Elizabeth and Joe about ordering a wheel chair for Martha.

NEIS Family Capacity/Strengths Based Approach: Martha receives physical therapy once every two weeks from Sally, who is her primary service provider. At the beginning of each visit, Sally always asks Elizabeth about what's working, what's challenging and what Elizabeth would like to learn about to help Martha learn and participate in everyday routines and activities. Sally and Elizabeth frequently have conversations about the activities that Elizabeth, Joe and the girls are involved in and if there are activities they would like to do that they are not currently doing. For example, several months ago Elizabeth shared that she really wanted to be able to take both girls to the grocery store since she was tired of always going to the store late at night when Joe was home. Sally reflected with Elizabeth about what she thought worked and what was challenging in going to store with both girls. Sally agreed to observe Elizabeth getting the girls ready, transporting them to go the store, and while at grocery store. Sally reinforced Elizabeth on the many things that went well, and jointly problem solved with Elizabeth about how to address those things that were challenging. Sally offered several suggestions to Elizabeth and even demonstrated how to get Martha in and out of the grocery cart when Elizabeth expressed interest in see how Sally would do it. Elizabeth is now taking both girls to the grocery store during the day, which gives her and Joe time with the girls in the evening and also time for themselves. Sally also makes an effort to see Martha at times when Joe is home.

Kim, Kathy, Jane and John. Kim is 17 months old and has a history of failure to thrive associated with cardiac anomalies, encephalitis, microcephaly, spasticity and seizures. She has 4 1/2 year old sister, Kathy, who enjoys playing with Kim. Jane is a stay at home mom. Kim goes to a structured playgroup 2 mornings a week and Kathy is in a preschool program 5 mornings a week. Kim is on an NG tube at night –



"Parents have to be recognized as special educators, the true experts on their children; and professional people — teachers, pediatricians, psychologists, and others — have to learn to be consultants to parents." — Nicholas Hobbs (quoted in Muscott, 2002)

she drinks pediasure from a bottle during the day (can drink a small amount of liquid from a cup). She accepts a variety of foods (texture/tastes) by spoon when fed and can move food in her mouth with her tongue. Kim tends to gag when new textures/tastes are introduced. She communicates her wants by making throaty sounds and gestures, engages in imitative vocal play with throaty sounds, looks at toys when named, looks for toys when dropped, plays peek a boo, looks at people and smiles when talked to. Kim has spasticity in her arms and legs that impact her movement. She can bat at toys, pat pictures, hold a toy or spoon when placed in hand, bang toys, brings hand to mouth, and attempts to play pat-a-cake. She can hold her head steady when on her tummy, side, and in supported sitting and standing. She rolls from tummy to back easily and can get from her back to tummy with effort. She gets to sitting with assistance, prop sits momentarily, takes weight on legs when supported in standing. Kim enjoys other children, her sister especially and she enjoys spending time with her grandparents. Jane and John would like to Kim to be able to sleep through the night and for Kim and Kathy to be on the same sleep schedule during naptime and at night. They also would like Kim to be able to gain enough weight to be off the night NG tube and to eat table foods with the rest of the family. Jane and John would also like Kim to be able to let people know what she wants. Kim's pediatrician is very involved with Kim's development and monitoring her nutritional needs. A nurse on his staff is also nutritionist and she has worked closely with Jane and John and early intervention professionals on feeding.

Medical Model Approach: Kim receives one time a week occupational therapy and speech language therapy, once every other week physical therapy, and once a month special instruction. Kim's interventionists work closely as a team and each are well informed of the different strategies used by each professional that work well for Kim. Kim's OT works closely with Kim's Pediatrician.

- Kim's OT and SLP work collaboratively on oral motor and feeding issues although Kim's OT has been the primary person working on feeding issues.
- Kim's SLP focuses primarily on communication strategies between Kim, her parents, grandparents and playgroup "teacher." She has helped Kim use gestures to indicate her wants and helped her parents, grandparents and playgroup teacher understand her gestures and encourage use of them whenever feasible. She brings lots of different toys, books, and other therapeutic resources to use with Kim during her weekly sessions. Frequently, Kim will like a certain toy or book and Jane will put it on a list for Kim's birthday or Christmas. Kim's SLP has recently initiated discussions with Jane and John about the benefits of a communication board for Kim. Kim's SLP visited the playgroup, observed Kim, and gave suggestions to the "teacher" on how to encourage Kim to use gestures in communicating her wants.
- Kim's OT has been seeing her weekly since she was referred for EI services, focusing primarily on feeding. She makes her visits usually around lunchtime so she can work on feeding with Kim. She begins the feeding session with oral desensitization strategies and then feeds Kim, introducing one new food/texture every week or so, while Jane prepares and feeds Kathy. Jane is always eager to see the things that Kim's OT does and to try them with Kim herself. Jane is pleased with Kim's progress with eating from a spoon and beginning efforts to drink from a cup, but she wants Kim to eat more solids so she can gain enough weight and get off the night NG tube feedings. Jane's OT also focuses on reach, grasp and other fine motor skills either before or after Kim's lunch. She has shown Jane and John how to use a therapy ball to facilitate Kim's weight bearing

on her hands to stimulate proprioceptive input and joint stability for reach and grasp. Kim's OT also showed Jane and John how to do joint range of motion as well as techniques for relaxation of Kim's spastic muscles during dressing and bath time.

- Kim's PT focuses primarily on Kim's mobility challenges. She consistently begins each session by talking with Jane about what's been working and what's been challenging since her last visit. In handling Kim, she usually works on relaxation of Kim's spasticity in her extremities, integration of abnormal reflexes, head control in all positions, and trunk rotation and stability while Kim plays with strategically placed toys. She has demonstrated many strategies with Jane and John who are attentive and proficient in carrying out these strategies between sessions. Jane and John play with Kim while positioning Kim on her therapy ball and Tumbleform rolls almost everyday. Kim's PT is very conscientious about helping Kim develop good quality movement patterns so that if Kim is eventually able to stand and walk independently her gait will be as functional as possible. Kim's OT and PT worked collaboratively in getting appropriate adaptive seating for Kim so she could sit to eat, play and read books. They also worked collaboratively in adapting Kim's car seat and in getting a Tumbleform bath chair for Kim. Kim's PT and OT have visited the playgroup and provided suggestions and helped the "teacher" use adaptations to support Kim's participation in play activities with other children.
- Kim's developmental specialist focuses on Kim's cognitive and social skills. She frequently brings toys and books that Kim likes and enjoys. Kim's developmental specialist spends much of her visit talking with Jane about challenges and successes in Kim's progress since her last visit. She provides suggestions on how to integrate activities that enhance cognitive/social skills into the therapy sessions and follow-through that Jane and John do at home.

NEIS Family Strength/Capacity-Building Approach: Kim currently receives 2 times per month special instruction and 1 time a month occupational therapy and speech therapy.

- Kim's developmental specialist is her primary service provider. She begins each visit talking with Kim's parents about what's been working, where they've experienced challenges, and anything they would like to learn about. Most of these discussions focus on Kim's participation in everyday routines and activities. Kim's mom has not been sleeping well due to night NG tube feedings and she is tired and finding it difficult to get things done. Since Kathy and Kim are not on the same sleep schedule at naptime and bedtime, Jane finds that she does not have a lot of time for herself. Kim's developmental specialist has been problem solving with Jane about how best to establish a consistent nap and bedtime schedule for Kim and Kathy. Kim has provided information/resources to Jane on naptime and bedtime scheduling. Jane found this information helpful and she decided to begin by keeping a log for two weeks to keep track of the actual times each girl went down for a nap and went to bed at night. Jane identified that Kim and Kathy went down for a nap on average about an hour apart. Through discussion with Kim's developmental specialist, Jane decided to start by developing a consistent naptime schedule for Kim and Kathy, putting them down for a nap together around the same time each afternoon. Kim's special instructor will continue to talk with Jane and John about the girl's nap and bedtime schedules to find out where problem solving or more information/resources may be needed. Kim's developmental specialist also checks in with

Jane and John about Kim's communication of her wants and needs and her feeding although Kim's SLP and OT make a visit once a month. Kim's developmental specialist communicates with Kim's OT and SLP whenever necessary to keep them posted on any information that would be relevant for their visits with Kim and her family. Kim's developmental specialist also has conversations with Jane and John about their participation in activities that they enjoy and value as a family any challenges related to their participation. Currently, Kim's family goes to church on Sundays and Kim's grandparents usually spend time on Sunday afternoons with Kim and her family.

- Kim's OT has been working with Jane and John around their priorities for Kim's eating. She, like Kim's other early intervention professionals have conversations with Kim's parents around what's working and what's challenging. She has helped problem solve with Jane about ways to address Kim's gagging with new textures and tastes and worked with them to plan a way to help increase Kim's tolerance of foods and textures and to systematically introduce new foods and textures. She has on a number of occasions observed Jane and John feeding Kim, discussed and reinforced what went well, and offered helpful suggestions for them. She has also demonstrated some techniques for desensitization as well as where to place the spoon to minimize Kim's gag reflex. Jane has been experiencing good success with Kim's tolerance of new textures and foods and feels very positive about the plan and support she has received on feeding. Kim's OT has also had discussions with Jane and John about Kim's motor skills and has provided some suggestions for them in helping Kim move and use her arms in the context of her participation in everyday routines and activities. Kim does not have a motor outcome on her current IFSP because feeding, sleeping, communicating wants are Jane's current priorities for Kim. They have discussed adding a motor outcome on a future IFSP.
- Kim's SLP has been supporting Jane, John, Kim's grandparents, and her playgroup teaching around Kim communicating her wants. She has observed Kim in interactive play with all of these caregivers and has had conversations with each of them about what they find works and what challenges they have in understanding Kim's wants and needs. She has provided each of them with suggestions and has modeled strategies with them. She has spent a great deal of time helping each of them to identify and incorporate Kim's communication of wants and needs in a variety of learning opportunities that occur in everyday activities and routines. Through conversations she has helped each of them identify things that Kim especially enjoys when she is with them and has provided specific suggestions on how to incorporate communication around those things that are of high interest to Kim.

Lack of Family Engagement in Nevada Early Intervention Services

Family participation in early intervention services is critical for achieving positive outcomes for children and families receiving Nevada Early Intervention Services (NEIS). Since early intervention professionals and the child's family jointly determine the necessary services and supports to enhance the child's learning between early intervention visits (through participation in everyday routines and activities of family community life) based upon the child's and family's needs, interests and priorities, in most instances, family engagement will not be an issue. However, in those circumstances when a family is not keeping scheduled appointments or is not responding to contacts by NEIS, service coordinators and service providers should see this as a cue for exploring with the family those reasons that are contributing to the family's lack of engagement. Some common reasons that may impact family engagement are as follow:

- The family is experiencing other issues that are impacting on the life of their child and family, and the supports and services offered by NEIS are not a priority at this time.
- NEIS services and supports, including type of services and their frequency and intensity, may not be perceived by the family as meeting their needs or the needs of their child
- The relationship between NEIS service coordinator/providers and the family is in early stages of development, and partnership and trust are limited as a result.

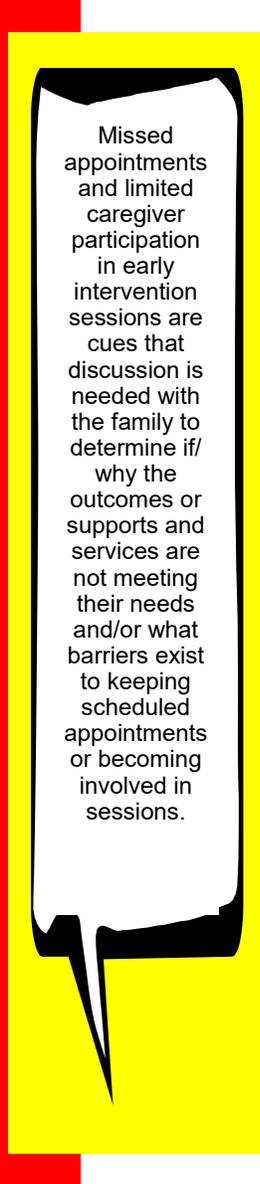
Lack of family engagement may occur at different times throughout the implementation of early intervention services. Different steps will need to be taken depending on when this occurs.

1. Lack of family engagement after referral, family does not respond to phone calls, letters, etc.: When lack of family engagement occurs
 - Make numerous attempts to contact the family within the 45-day timeline including but not limited to: telephone calls to all known phone numbers and written correspondence. All attempts to contact the family must be documented.
 - If the family does not respond by day 44, send a letter advising the family the case is being closed and they may call back at any time.



Reminder to close the child record in TRAC if the family does not respond, the reason for exit is "unable to contact family."

2. Lack of family engagement once the family has entered the system and has begun any of the process. When lack of engagement occurs prior to determining eligibility and developing the initial IFSP, the service coordinator is responsible for:
- Prior notice indicating the intended action of closing the child's record and a copy of their rights;
 - The date by which the family must contact NEIS if they do not choose to have their child's record closed at this time; and
 - A statement indicating that the family may contact NEIS at any time in the future if they wish to explore NEIS and accompanying NEIS contact information.
3. Lack of family engagement when an IFSP is in place: When the family has missed scheduled appointments or cannot be contacted by NEIS service providers when an active IFSP is in place, service providers are responsible for:
- Exploring with the family if priorities, needs, and interests have changed and determining if an IFSP review is needed to modify IFSP services and supports.
 - Making numerous attempts through a variety of means to connect with the family, including, but not limited to telephone, letters, emails or home visits and documenting these attempts.
 - Notifying the service coordinator when multiple attempts to connect with the family are unsuccessful or if conversations with the family reveal that an IFSP review is needed.
 - Prior notice the family that an IFSP review is being scheduled and if the family does not attend the meeting, or call to schedule a convenient date and time, the child's record will be closed.
4. When contacted by service providers regarding a family's lack of engagement. The service coordinator is responsible for the following:
- Scheduling an IFSP review, if requested, providing the family with prior notice, and notifying the IFSP review team of the meeting.
 - If direct communication efforts with the family have not been successful, contact the person identified by the family as an emergency contact to request assistance in connecting with the family.



Missed appointments and limited caregiver participation in early intervention sessions are cues that discussion is needed with the family to determine if/ why the outcomes or supports and services are not meeting their needs and/or what barriers exist to keeping scheduled appointments or becoming involved in sessions.

Regardless of when in the process of initiating or providing early intervention services, the lack of family engagement occurs, this is an opportunity for the service coordinator and/or service providers to reflect on their interactions with families and to assess whether family concerns, interests and priorities are driving service delivery.

Appendix A

45-day Checklist

- _____ **Appointment of Service Coordinator within 5 days of referral**
Contacts within 45-days are documented in child record

- _____ **Intake and consent forms**, update TRAC
 - _____ Evaluation and assessment
 - _____ Release of Information
 - _____ Insurance form
 - _____ HIPAA

- _____ **Written Prior Notice sent for Evaluation**

- _____ **Evaluation and Assessment**
 - _____ Review of health and medical records
 - _____ Observation of the child
 - _____ Evaluation/assessment across all domains
 - _____ Parent Interview
 - _____ Informed Clinical Opinion
 - _____ Evaluation Summary

- _____ **Eligibility Determination**
 - _____ Two disciplines determine eligibility
 - _____ Prior notice the decision of eligible/not eligible
 - _____ If eligible complete eligibility form

- _____ **Family Needs Assessment**
 - _____ Concerns
 - _____ Priorities
 - _____ Resources

- _____ **Written Prior Notice sent for IFSP including meeting notice**

- _____ **IFSP Meeting**
 - _____ Signature Page, everything completed
 - _____ Health History, including vision and hearing
 - _____ Present Levels of Development
 - _____ Family Concerns, Priorities and Resources
 - _____ Outcome page
 - _____ Outcome
 - _____ Strategies (if you know them, put in)
 - _____ Criteria
 - _____ Procedure
 - _____ Natural Environment Justification
 - _____ Summary of Intervention Supports
 - _____ Frequency
 - _____ Intensity
 - _____ Method
 - _____ Anticipated Start Date (must include)
 - _____ Anticipated End Date (no later than 6 month review)
 - _____ Transition page (include in all IFSPs and at a minimum have a conversation describing what transition is, develop full plan at appropriate juncture.)
 - _____ Consent for implementation of early intervention services must be obtained before services can begin.

- _____ **Update TRAC**

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