



NEW MEXICO

**Early Childhood**  
Education & Care Department

**Family Support and Early Intervention Division**  
FAMILY INFANT TODDLER (FIT) PROGRAM

# IFSP Guidance Document



This guidance document was designed to assist IFSP teams in developing functional IFSPs that support child participation in family and community life. The IFSP is a plan, written **“with families for families”**(Pletcher & Younggren, 2013); it is a fluid, individualized, and dynamic document. As such, it is intended to further develop and result in progress, and consequently, the IFSP is revised and adjusted as needed, based on individual child and family circumstances.

It is recommended that the IFSP meeting occur in a timely manner, following the evaluation, assessment, and determination of eligibility. However, the IFSP process actually begins at the time of referral. The initial interactions are important in establishing a relationship that will allow the family to identify their needs within the context of their everyday routines and activities. As the relationship develops, the intent is to allow those needs to emerge naturally as the primary focus.

The NM FIT IFSP references information gathered from the point of referral through the actual IFSP meeting, resulting in services that build on the family’s abilities to help achieve the IFSP outcomes.

“The entire process is about supporting the family and promoting their confidence, competence and enjoyment as they work with early intervention to meet the needs of their child and family,” (Pletcher & Younggren, 2013).



## **WHAT THE IFSP PROCESS MEANS TO PARENTS**

***“Prior to the IFSP, we had heard from the medical team all the things the twins were not doing and about all the needs they were going to have in the future. As parents, we were feeling overwhelmed and didn’t know where to begin. Our IFSP helped us to see what was working and all the good things our twins were doing. My husband shared that he was able to see the twins as individuals for the first time. The IFSP gave us direction and an understanding of how we could help each of the twins and what we could do to make life better for our family.”***

***- New Mexico Parent***

# User Options to this Document

This document can be downloaded to a computer or portable device providing quick access to additional resources via hyperlinks throughout these pages. It can also be printed in color, grayscale or black and white.

Each step described on the right-hand pages correspond to the numbers on the IFSP form shown on the left.

*Please remember the child's full name must be entered in the space provided at the bottom of every page of the IFSP.*

This guidance document supports and aligns with Family Service Coordination and the IFSP process.



## Resources

The following resources are available to download on the FIT Training and Resource Portal. If you are using this document in an electronic format you can click the links below or through the hyperlinks found throughout this document.

- [NM Key Principles](#)
- [Frequently used acronyms](#)
- [FIT Program IFSP: Brief Guidance Card for Family Service Coordinators](#)
- [Conversation Starters to use During a Routines Based Interview](#)
- [Quick Guide for a Routines Based Interview Conversation Starters](#)
- [ECO Map](#)
- [Child Outcome Discussion Prompts](#)
- [Describing Early Childhood Outcomes](#)
- [Introduction to Crosswalks](#)
- [IDA Crosswalk](#)
- [HELP Crosswalks](#)
- [IFSP Online Training](#)



***THIS IFSP IS PROVIDED AS AN EXAMPLE ONLY***  
***The IFSP is Individualized to meet the needs of each individual child which enables the family to support their child's development.***



**INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP)**

**Child's Name:** Gianna Sanchez

**Date of Birth:** 09/01/13  Female  Male **Referral Date:** 06/01/15

**Parent/Guardian Name:** Adria Sanchez **Parent/Guardian Name:** \_\_\_\_\_

**Relationship/Role:** Mother **Relationship/Role:** \_\_\_\_\_

**Mailing Address:** 3215 Clark St. NE **Mailing Address:** \_\_\_\_\_  
Our Town, NM \_\_\_\_\_  
87000 \_\_\_\_\_

**Telephone:** 505-777-1234 **Telephone:** \_\_\_\_\_

**Physical Address:** 3215 Clark St. NE \_\_\_\_\_  
Our Town, NM \_\_\_\_\_  
87000 \_\_\_\_\_

**This plan is (Check one)**  Interim IFSP  Initial IFSP  Annual IFSP

**Date of IFSP Meeting:** 07/08/15 **IFSP Start Date:** 07/08/15 **IFSP End Date:** 07/07/16

**If Initial IFSP - was it held within 45 days of referral Date?**  Yes  No

**If No - what was the reason for exceeding the 45 Days?** \_\_\_\_\_

**Anticipated Date for IFSP Review:** 01/2016 **Anticipated Date for Annual IFSP:** 07/07/16

**Designated Service Coordinator:** Stephanie Smith 555-1234  
*(Service Coordinator's Name, Agency)* *(Phone Number)*

**Eligibility Determination Date:** 06/15/15 **Date of Re-determination of Eligibility:** 06/15/16  
*(Date CME team determined eligibility)*

**Current Eligibility for the FIT Program (check all that apply):**

Developmental Delay  Established Condition  Biological/Medical Risk  Environmental Risk

**ICD Code 1:** 315.3 **ICD Code 2:** \_\_\_\_\_ **ICD Code 3:** \_\_\_\_\_ **ICD Code 4:** \_\_\_\_\_

**ICD Code 5:** \_\_\_\_\_ **ICD Code 6:** \_\_\_\_\_ **ICD Code 7:** \_\_\_\_\_ **ICD Code 8:** \_\_\_\_\_

**Exit Date:** \_\_\_\_\_ **Exit to:** \_\_\_\_\_

# IFSP Cover Page

## 1. Child and Family Demographic Information

- Child's Name
  - Name as it appears on Medicaid card or birth certificate
- Date of Birth
- Referral Date
  - Enter date of referral
  - Use original referral date if child has transferred from another FIT provider
- Parent/Guardian
  - Space provided for biological parents, foster parents, Grandparents, etc.
- Relationship/Role
- Mailing Address
- Telephone
- Physical Address: Address or location where child will receive services

## 2. About this IFSP

- Check Interim, Initial or Annual IFSP
  - Interim IFSP - ONLY to be used in rare cases when there is an immediate need for services prior to the completion of the evaluation. An Interim IFSP does not waive the requirement of the 45-Day timeline.
  - Initial IFSP - is the family's first (non-interim) IFSP developed by the team, including the family.
  - Annual IFSP - Annually IDEA Part C requires that eligibility be re-determined including a review of the family's needs and resources and a new IFSP form is completed.
- IFSP Meeting Date
- IFSP Start Date
  - Date IFSP becomes effective
- IFSP End Date
- If Initial IFSP
  - Was the IFSP meeting held within 45 days of referral?
  - If you answered "No", give specific reasons
- Anticipated Date for IFSP Review
  - Within 6 months
- Anticipated Date for Annual IFSP
  - Generally in one year
- Designated Service Coordinator
  - ⇒ Include name, agency, and contact information

## 3. Eligibility

- Date child determined eligible for FIT Program
- Date child was re-determined eligible, if applicable
- Current eligibility
  - Check eligibility categories that apply
- ICD Code
  - Enter all that apply
  - Up to three (3) categories can be entered into FIT-KIDS

## 4. Exit

- Exit – Completed after child exits program
  - When and where did the child exit to?



## *Key Principle #4*

The early intervention process, from initial contacts through transition, must be dynamic and individualized to reflect the child's and family members' preferences, learning styles, and cultural beliefs.

**This page can be completed upon referral or at any time before the IFSP meeting. However, it must be reviewed with the family at the IFSP meeting.**

## Your Family

### Everyday routines, activities, places, and people in your life

*Young children learn best through routines and activities that they are interested in and participate in often. It is helpful for us to know where and how your child regularly spends time so that we can develop this plan. As you and your Family Service Coordinator talk about your daily routines, she/he will summarize that information below.*

Typical Daily Routines and Activities <b>1</b>	Describe what your child does during this activity and who participates. <b>2</b>	<ul style="list-style-type: none"> <li>• What do you and your child enjoy about this activity?</li> <li>• What makes this routine/activity challenging or difficult? <b>3</b></li> </ul>
Getting Ready	We get up early around 6am so that we can get everybody (Mom, Dad, Gianna, 2 older sisters) ready for work and school. Gianna usually wakes up happy and likes to pull the blankets off of her sisters to wake them up. She will help with getting dressed (e.g. - put arms into sleeves). Sometimes she will eat breakfast at home and sometimes she won't eat breakfast until she gets to daycare - it depends on how crazy the morning is at home.	<ul style="list-style-type: none"> <li>• Gianna really likes to interact with her sisters in the morning.</li> <li>• It is a little challenging trying to get everyone going all at once</li> </ul>
Mealtimes at Child Care	Gianna will typically point to the counter if she is hungry. The daycare staff will serve snack to the children. Gianna will sometimes stuff her cheeks with snack and then spit it out. She is not drooling during mealtimes and she will push unwanted snack off of her tray. The children bring lunch from home so mom sends foods that she knows Gianna will most likely eat. Gianna typically wants to get out of her seat before she is finished eating.	<ul style="list-style-type: none"> <li>• Daycare staff do not know why Gianna stuffs her cheeks and then spits out food - is it too much food? Is it a game? Is she finished eating?</li> <li>• Staff also do not know if Gianna is actually finished eating when she wants to get out of her seat</li> <li>• Mom gets new ideas for foods to try when the daycare staff share which snack foods Gianna liked that day</li> </ul>
Free Play at Child Care	Gianna typically enjoys songs, music and dancing, crafts, cuddling dolls and pushing them in strollers. Gianna's current favorite song is "Wheels on the Bus" and she will imitate several of the hand motions in the song. She enjoys the water table and seems to be more vocal during this time, including imitation of some sounds such as "ba-ba-ba". She is comfortable with familiar staff but will withdraw and be more "shy" with new staff in the room.	<ul style="list-style-type: none"> <li>• Gianna gets frustrated when she wants something and is not understood</li> <li>• She will take toys away from other children and sometimes become "aggressive"</li> <li>• Staff have difficulty with knowing what Gianna wants and/or needs for most of the day</li> </ul>
Dinner at Home	The girls do their homework at the table while mom starts to make dinner around 5/5:30pm. Gianna sits in her highchair during this time and will play with some toys and/or "sing" with mom. Once dinner is ready, Gianna is given food right away while everyone else is getting ready for dinner and coming to the table. She is about ½ way through her dinner by the time everyone else just starts to eat. Gianna will want to get out of her chair so we think she is finished but then she also starts to grab other people's food. She also likes to throw her food and sippy cup onto the floor and then she will point at it to get it back - it's like a game.	<ul style="list-style-type: none"> <li>• Gianna and mom enjoy singing together while dinner is being prepared</li> <li>• Family does not know what Gianna needs when she fusses to get out of her chair - she still seems hungry and she wants to be with everyone but she grabs food and dinner becomes more challenging for everyone else</li> <li>• Gianna will also stuff her mouth and then spit the food out, family does not understand why she does this</li> </ul>
Bath time	Gianna has a bath almost every night just before bed. She has a variety of colorful ducks that she plays with in the tub and mom and sisters are all in the bathroom singing songs like Old MacDonald. Gianna likes to try and make some of the animal noises for the song and she will also play games like Patty-Cake and "Where's your eye?"	<ul style="list-style-type: none"> <li>• Gianna's favorite time of day</li> <li>• She gets all the attention and she is contained in one place</li> <li>• She loves music and singing and will try to imitate sounds and hand motions</li> <li>• She loves the water and bubbles</li> </ul>

# Your Family Page 1

The “Your Family” pages serve as a guide to conversations with the family as they participate in a voluntary process to identify their:

- **Concerns** = What the family is worried or wondering about;
- **Priorities** = What the family feels is most urgent and should be addressed first;
- **Resources** = Family, friends, groups, organizations, etcetera, that support the child and family in their day to day life.



In this section, the Family Service Coordinator can summarize the obtained information through a routines-based interview process.

## **1. Typical Daily Routines and Activities**

Enter the routine and activity (mealtime, bath time, shopping, etc.)

## **2. Describe what your child does during this activity and who participates.**

Summarize the discussion of routines and activities, describe how the child participates in the activity and how other individuals participate in the activity. It is important to remember that we are considering the family’s routines and activities not necessarily their schedule, therefore, the time of day the activity occurs is generally not included.

## **3. What do you and your child enjoy about this activity? What makes this routine/activity challenging or difficult?**

Summarize the family’s responses, clearly identifying their information regarding what is working for the family and what challenges they experience during the activity. Consider what the family needs help with to make the routines and activities successful and more enjoyable.

## **RESOURCES**

- [Conversation Starters to use During a Routines Based Interview](#)
- [Quick Guide for a Routines Based Interview](#)

**\*\*If additional space is needed to describe everyday routines, please use another page.**

I choose NOT to share information about our everyday routines, activities & places. Parent Initials [     ]

**What are your most important concerns, difficulties or challenges that your child and/or family experiences during daily routines or other concerns, difficulties or challenges that you would like us to help you address in the IFSP? It may be helpful for us to review your child's most recent assessment information as well.**

1

We can't understand what Gianna wants or needs because she is not using words. Dinner is a challenge because we don't know when she is finished eating and she wants to get up before everyone else is finished so it is hard for all us to enjoy a meal together. When we can't understand her she gets frustrated.

**By understanding who plays an important role in your child and family's lives, we can better include the people who routinely support your child and family as we develop this plan.**

2

Who are the people who are routinely in your child's life and what role do they play (e.g., siblings, grandparents, aunts & uncles, child care provider, baby sitter)?

Gianna has two older sisters, ages 7 & 9, whom she adores and who like to help her whenever they can. We have a large extended family that we see frequently and includes, grandparents, aunts, uncles, and cousins. Gianna enjoys playing with all of her cousins. Gianna is at the child care center 5 days a week and the staff is very helpful in sharing their observations and ideas with us.

3

Who are the people who support you as a parent and what role do they play?

Gianna's grandparents are really helpful if we need them to take of her or the older girls if they are sick and they will also take any of the girls to and from school if we need it.

4

What other agencies/organizations (e.g., medical provider, WIC, place of worship, support group) that support your family?

We are members of a church and we participate in a variety of community activities.

5

Would you like us to help you to learn about or identify other resources, services or support (e.g., assistance with housing, utilities, finding a pediatrician, child care, respite). If yes, which ones?

We would like to know if there are any other community resources or events that we can participate in as a family. It is hard to find activities that all three girls can participate in because of the difference in their ages.

**\*\*If you would like to draw an ECO map, please use the back of this page or another page.**

I choose NOT to share information about our everyday routines, activities & places. Parent Initials [     ]

# Your Family Page 2

## 1. What are the family's most important concerns, difficulties or challenges? What does the family want help with?

- Review and discuss the routines and activities the family identified as being challenging or difficult in *Column 3* on the first page of "Your Family". Summarize the information from the discussion.
- Support the family in understanding what information learned during the evaluation process connects to or impacts the challenges and difficulty they experience during daily activities and routines. Summarize the information from the discussion.
- Support the family to determine what they would like to focus on in the IFSP and note their priorities.

## 2. Who are the people routinely in the child's life? This may include siblings, grandparents, child care providers and others.

- Review and discuss who the family identified as participating in their typical daily routines and activities in *Column 2* on the first page of "Your Family". Enter this information.
- Include the types of support(s) provided, for example, childcare, encouragement, etc.
- Ask the family if there are others who play an important part in their child's life and include them in this box along with those already identified.

## 3. Who are other people that support the parent?

- Gather information from the parent(s) on the people that support them as parents and individuals and the roles they play. Remember, sometimes the people who support the child are not always the people that support the parents. Enter the information.
  - If parent supports are the same as the child supports, you can write "same as above".

## 4. What other agencies or organizations are a support to the family?

- Document medical providers, churches, support groups, medical providers or any agency or organization the family identifies as a support.

## 5. What resources, services or supports would the family like help with?

- After summarizing and reviewing the information shared, list the resources and/or other support the family would like help with.



Drawing an ECO map or web often supports families to clearly see what supports they have. Use an additional page to draw an ECO map.

Although very rare, the family has the right to **NOT** share information about their everyday routines, activities and places. If the family does not want to share this information they simply initial on the bottom of both page 1 and 2 of "Your Family".

### Key Principle #2

All families, with the necessary support and resources, can enhance their children's learning and development.

#### This page will help the team to understand:

- What is most important to the family.
- The family's informal support, including family members, friends, and community organizations.
- The family's formal supports such as medical providers and other services.

## Summary of Relevant Health Information

1

**Primary Care Provider Name:** Dr. Jones **Phone:** 555-2222

**Child's Overall Health:** May include pregnancy, birth history, growth, allergies, nutrition, well-child visit information, medical/developmental diagnosis, hospitalizations, medications, specialists, other interventions, etc.

Mother received regular pre-natal care. Gianna was born at 39 weeks and 6 lbs. 9oz. There were no complications for either baby or mom and they were discharged after 2 days in the hospital. Mom reports that Gianna has had issues with constipation and eczema since birth and she also has seasonal allergies. Gianna has had two (2) ear infections which were resolved with antibiotics.

Gianna is very particular about she likes to eat and does not eat a large variety of foods. The family will usually try to increase fruits in Gianna's diet when she appears to be having issues with constipation.

Gianna is up to date on all of her immunizations and has been to all of her Well-Child Checks with her pediatrician. There are no other health or medical concerns at this time.

2

3

**Vision:** Date Tested: 06/15/15 Results:  Pass  Did not pass  Unable to Screen

Instruments Used:  NM Birth to 3 Vision Screening  Other: \_\_\_\_\_

Tested by (Doctor or Agency): Tiny Wonders

Recommendations/Referral: No recommendations at this time

Follow-up screening: Date: N/A Result: \_\_\_\_\_ Recommendation: \_\_\_\_\_

4

**Hearing:** Date Tested: 06/15/15 Results **Left:**  Pass  Did not pass  Unable to Screen  
Results **Right:**  Pass  Did not pass  Unable to Screen

Instruments Used:  OAE/Tymp  Other: \_\_\_\_\_

Tested by (Doctor or Agency): Tiny Wonders

Recommendations/Referral: Appointment to re-screen is scheduled with family July 22, 2015

Follow-up screening: Date: \_\_\_\_\_ Result: \_\_\_\_\_ Recommendation: \_\_\_\_\_

# Summary of Relevant Health Information

## 1. Enter the Primary Care Provider's name and phone number.

## 2. Child's Overall Health

- Use as much space as needed to provide a summary of the child's health based on what you learned from the family through the routines-based interview, and from the review of the child's medical records.
- For infants, this may include giving a summary of their birth history including birthweight, Apgar score, etc.
- For all children, summarize their present health status, including any current diagnosis and on-going health issues, such as chronic otitis media, asthma, etc.

## 3. Vision

- Enter the month, day, and year the child's vision was tested.
- Results: Check the appropriate box.
- Instruments Used: Check the appropriate box. If you did not use the NM Birth to 3 Vision Screening, check "Other" and enter what instrument was used.
- Enter who tested the child's vision. This may be a physician, ophthalmologist, NMSBVI or your agency.
- Enter any recommendations or referrals to be made.
- Follow-up screening: This space is used when an initial attempt to screen the child's vision was not successful. Once a successful screening is completed the date, result and any recommendations are entered in the spaces provided.



## 4. Hearing

- Enter the month, day, and year the child's hearing was tested.
- Results: Check the appropriate box for each ear.
- Check the OAE/Tympanometry box and/or check "Other" and enter newborn, audiologist, etcetera, if appropriate.
- Enter who tested the child's hearing. This may be a physician, audiologist, NMSD, or your agency.
- Enter any recommendations or referrals to be made.
- Follow-up screening: This space is used when an initial attempt to screen the child's hearing was not successful. Once a successful screening is completed, then the date, result, and any recommendations are entered in the spaces provided.

## Present Abilities, Strengths, and Needs

For children to be active and successful participants at home and in the community, they need to develop skills in the three functional areas described below. We use this information about your child's abilities and your concerns and priorities to understand your child's progress.

1

Date of evaluation/assessment: 06/15/15 Based on:  Initial Evaluation  Ongoing Assessment

Instrument(s) Used: Infant-Toddler Developmental Assessment (IDA)

Child's Chronological Age: 22 mos

Child's Corrected Age (if applicable:

*(until child reaches 24 months)*

N/A Months

HOW DOES YOUR CHILD... <b>2</b>		YOUR CHILD'S STRENGTHS <i>What are some things your child likes to do? What skills does your child demonstrate or is beginning to demonstrate?</i> <b>3</b>	YOUR CHILD'S NEEDS <i>What are skills that your child does not do or skills that are difficult for your child? In what activities or skill areas does your child need support and/or practice?</i> <b>4</b>	Your child's developmental levels based on evaluation and assessment. <b>5</b>
<b>DEVELOPING POSITIVE SOCIAL-EMOTIONAL SKILLS</b>	This involves how the child relates to and communicates with adults and other children. For older children consider how the child follows rules related to groups or interacting with others.	Gianna enjoys interacting with all of her family members, especially her older sisters, and expresses affection with hugs, kisses, smiles, and laughter. She enjoys interacting with the teachers and other children at daycare. Gianna is shy around new people and will take a little while to warm up to them. If given this time, she will usually enjoy interacting with new people.	Gianna does not yet communicate well with words and she will sometimes suddenly grab toys away from other children. She will get frustrated when not understood and may throw herself on the floor and cry. Gianna is also not yet using words to request assistance.	<b>Social:</b> <u>15.5-18</u> months  <b>Emotional:</b> <u>18-36</u> months
<b>ACQUIRING AND USING KNOWLEDGE AND SKILLS</b>	This involves thinking, reasoning, remembering, problem solving, using symbols and language.  Also consider how the child understands their physical and social worlds.	Gianna seems to understand most things that are said to her and she can follow simple 1-2 steps directions. Gianna enjoys exploring on her own in familiar places. She is able to play with one toy or activity for several minutes and uses early problem solving skills to achieve greater success as she plays and explores (e.g. - changing grasps to achieve greater success in playing with blocks and toys with several smaller pieces). Gianna loves music and will imitate many of the hand motions to favorite songs such as Wheels on the Bus.	Gianna's lack of spoken words and other methods of communication do not allow her to express everything that she knows or understands about her world. She is not yet consistently imitating words and her vocabulary is very limited. She communicates most often by pointing and/or pulling a person to what she would like. This method of communication is more typical of a younger child and Gianna gets frustrated when she cannot get others to understand her.	<b>Communication:</b> <u>13-15.5</u> months  <b>Cognitive:</b> <u>21-24</u> months  <b>Gross Motor:</b> <u>21-24</u> months
<b>USING APPROPRIATE ACTION TO MEET NEEDS</b>	This involves taking care of and communicating basic needs, getting from place to place and using objects as "tools".  In older children consider how they are able to contribute to their own health and safety	Gianna walks, runs, and dances, but she falls a lot. She is trying to use a cup and a spoon and she can drink from a straw. She will assist in getting dressed and loves her bath time. Gianna has a few words and will growl, grunt, point, gesture, and pull an adult to communicate her needs. She responds well to music and singing when she is distressed, such as during longer car rides.	Gianna doesn't like a lot of foods- she likes meat but not foods like pudding and yogurt. She also does not like to be dirty/sticky when eating. She will stuff her cheeks and then spit her food out. Gianna tends to take a little while to settle down at bedtime: she may squirm and/or cry and get out of bed. Gianna is not yet using words to communicate her needs.	<b>Fine Motor:</b> <u>21-24</u> months  <b>Self Help:</b> <u>13-18</u> months
<b>Additional Notes</b>				

# Present Abilities Strengths and Needs

## 1. At the top of the page:

- Enter the month, day, and year of the evaluation and/or assessment used to determine the child's developmental levels.
- Check the appropriate box.
  - ⇒ *Initial Evaluation*: Check this box when a child is first determined eligible for the FIT Program.
  - ⇒ *Ongoing Assessment*: Check this box when completing an annual IFSP, although you have re-determined eligibility, the re-determination is also considered ongoing assessment.
- Enter what tool was used for this evaluation and assessment. The family may not be familiar with the term IDA, HELP, AEPS, etc., therefore, you should consider entering the full name of the tool used to support the family's understanding.
- Enter the child's chronological age in months.
- If the child is under 24 months of age and was premature, enter the child's corrected age in months.

## 2. How Does Your Child...

This column supports the family's understanding of each outcome, providing them the opportunity to share their expert knowledge of how their child functions and demonstrates the three global outcomes. Additional information describing each outcome is provided in the handout *Describing Early Childhood Outcomes*.

## 3. Your Child's Strengths

Enter information shared by the family, what you learned from your observations, and the evaluation and assessment. This information helps identify the strengths the child is demonstrating in each of the three outcomes.

## 4. Your Child's Needs

Enter what you learned from your observations, evaluation, and assessment, and the family's concerns. The information written here is not next steps; it is information to help the team understand what the child does not do, has difficulty with, or what the child may need support and practice with, which will help him or her be more successful in each of the three outcomes.

## 5. Your Child's developmental levels:

Enter the developmental levels for each of the domains based on the evaluation or assessment used.

### Resources

[Describing Early Childhood Outcomes](#)

[Child Outcome Discussion Prompts](#)

[IDA Crosswalk](#)

[HELP Crosswalk](#)



**Child / Family Outcome**

**Given what you've shared about your family's daily life, what would you like to see happen in your daily routines as a result of early intervention supports and services?**

*For example, "I would like Joey to be able to sit at the table and eat a meal with the family."*

**Outcome # 1**

We want Gianna to use more words so that we can understand what she needs during dinnertime.

1

**Tell us what progress will look like. When would you like to see this happen?**

*For example, "By Thanksgiving, we would like Joey to sit at the table for about 20 minutes and eat dinner with the family about three times a week."*

By Grandma and Grandpa's 40<sup>th</sup> wedding anniversary (November, 2016), we would like Gianna to sit in her highchair during dinner and tell us with words or signs if she wants more food or if she is finished eating and would like to get down.

2

**Strategies: Who will do what in which everyday routines, activities and places to meet this outcome? As appropriate, document which IFSP team member(s) will implement each strategy.**

1 **During daily activities, your family (and/or childcare provider) should continue to:** use songs and finger motions with Gianna to encourage her imitation skills with both gestures and words. Since Gianna enjoys doing these activities during bath time, encourage her to respond with either words or a sign to request a particular item (e.g. - ducks, bubbles) or song (e.g. - Old MacDonald, Wheels on the Bus).

3

2 **IFSP team members will support your family to use the following ideas and strategies:**

- The Developmental Specialist, mom, and the child care staff will discuss and identify which words would help Gianna move through her day and lessen her frustration. The Developmental Specialist will coach mom, dad, and child care staff in using simple signs combined with spoken words to encourage Gianna to imitate more frequently.
- The Developmental Specialist and the Speech Therapist will observe Gianna during mealtimes at home and at childcare. They will support the family (mom, dad, and older sisters) and childcare staff to ask Gianna a question, such as "Do you want more milk?", and to pause and wait for a response (words or signs) from Gianna before offering anything to her.
- The Speech Therapist will support the family and the Developmental Specialist to identify specific words and sounds to target and expand upon during routines and activities. For example, identifying specific sounds (da-da, pa-pa, etc.) that could be incorporated into the imitation games that Gianna likes to play during bath time at home and/or water play at child care.
- The Developmental Specialist will support mom in identifying additional toys or activities that will interest Gianna while dinner is being prepared so that she can be engaged in an activity and also spend less time in her highchair.

3 Referrals or assessments that would be helpful:

Information or resources that would be helpful:

4 Co-visits between Developmental Specialist and Speech Therapist will help us coordinate strategies.

# Child and Family Outcomes

## 1. Outcome

- Number each Outcome starting with the number 1.
- Write the outcome in the space provided. It is important that the outcome is clearly based on family concerns and priorities. This means there is a clear connection between information found in the “Your Family” section of the IFSP and how the outcome supports the child’s ability to participate in daily routines and activities.

## 2. Progress

- Write a statement describing what progress will look like to the family, and when the family hopes this will happen.

## 3. Strategies

- Describe what the family and/or child care provider is already doing, and should continue doing, to support their child in reaching each outcome.
- List the ideas and strategies developed by the IFSP team, including the family.
- Enter any referrals or additional assessments the team determines would be helpful to meet this outcome. Also enter any information or resources that would be helpful to the family or team members to be able to implement strategies and support achievement of the outcome. ***Don’t forget to review the resources, services or support the family identified on page 2 of the “Your Family” section of the IFSP.***
- If there will be co-visits, identify which staff will be co-visiting together.



### Outcomes:

- Describe what the team, including the family, want to see for the child and/or family as a result of early intervention supports and services.
- Reflect the family’s priorities.
- Are functional and meaningful to the family.
- Are written in the family’s words as much as possible and in family-friendly language.
- Are written as a positive statement of change.

### Progress Statements:

- Describe something that is observable and measurable
- Describe what progress will look like.
- Include a timeline that reflects an event or date that is meaningful to the family.
- Identify who will observe and report the progress to the team.
- Use the name of family members, pets, friends, or activities as part of the context of measuring progress.

### Strategies:

- Have high child interest; i.e., have the “fun factor”.
- Are developmentally appropriate.
- List the service and describe the way the service will be delivered using verbs such as consult, provide, coach, support, explore.
- Describe assigned tasks within the typical routines, activities, and places the family identified in the “Your Family” section of the IFSP.
- Support peer and sibling interactions and/or parent and child interactions.

## *Key Principle #5*

IFSP Outcomes must be functional, and based on the needs and priorities of children and families.

**IFSP Transition Plan**

**1 Child's Name:** Gianna Sanchez **Birth date:** 09/01/13 **2**

**Key Dates in the Transition Process for this Child:** **Child's Third Birthday:** 09/01/16 **3**

Transition Conference required (at least 90 days but no more than 9 months before 3<sup>rd</sup> birthday): 06/03/16 **4**

Transition Referral Form required to be sent by (at least 60 days before Conference): 04/04/16 **5**

Transition Assessment Summary required to be sent by (at least 30 days before Conference): 05/05/16 **6**

Transition Conference Invitation required to be sent by (at least 30 days before Conference): 05/05/16 **7**

**Transition Plan - Part 1** (Completed at Initial IFSP) **Date of Initial IFSP:** **07/08/15** **8**

- Family is informed that FIT services end on the child's 3<sup>rd</sup> birthday and that the Family Service Coordinator (FSC) will support the family through the transition process.
- The FSC reviews with the family the transition timelines and transition options including preschool and other early care and learning options in the community. FSC inquires about family preferences and priorities for the future.

Notes: The family would like to have Gianna continue at her current child care. They would be willing to explore any additional services (e.g. - Public School Special Education), if needed, to support her development as she transitions from the early intervention program. **9**

**10**

**Transition Plan - Part 2** (Initiated before child is 24 months) **Date Part 2 Initiated:** **07/08/15**

**11**

Transition Process Action Steps and Persons Responsible	Projected date of completion	Date Completed
The FSC reviews with the family the early childhood transition options in the community, including preschools, Head Start, private therapies and other learning opportunities. The FSC discusses the eligibility determination process for each program. Notes:	<b>12</b> 09/13/15	<b>13</b>
The FSC provides the family with contact information for community transition options and facilitates visits to these programs. Notes:	10/13/15	
The FSC reviews with the family the <u>FIT rights and safeguards</u> in the <i>Procedural Safeguards</i> handout. FSC ensures family has a copy of rights. Notes: Reviewed and provided a copy of Procedural Safeguards.	07/08/15	07/08/15
If the child is potentially eligible for public school services, the FSC completes the <u>Transition Referral form</u> with parent signature, and sends it to the school district <u>at least 60 days before the Transition Conference</u> . Notes:	03/04/16	
The FSC will schedule the <u>Transition Conference</u> in collaboration with the family and transition partners. FSC discusses with the family which agencies/programs and people should be invited (e.g., school district, NMSBVI, NMSD, Head Start, community preschool). Notes:	05/03/16	
When a Transition Conference is scheduled with the school district for children who are potentially eligible, the FSC completes the <u>Transition Assessment Summary Form</u> with the family and providers, and sends it to the school district <u>at least 30 days before the Transition Conference</u> . • <i>The FSC sends copies of current assessments (incl. ECEP evaluations), IFSP and most current ECO documents with parent Signature on assessment summary form. (Assessments must be current within 6 months of the Transition Conference date.)</i>	05/05/16	

# IFSP Transition Plan - Page 1

There are three pages in the IFSP related to Transition Planning. The Transition Plan is used to document within the IFSP the steps and services that shall be taken to ensure a smooth transition of the child from EI services to the subsequent activities, supports, and/or service(s) that the parent(s) or legal guardian(s) choose and for which the child is eligible. The transition plan will be initiated at the child's initial IFSP meeting. To complete page 1:

1. Enter the child's first, middle, and last names.
2. Enter the month, day, and year of the child's birth.

## Key Dates in the Transition Process

3. Enter the month, day, and year of the child's third birthday.
4. Enter the month, day, and year of when the Transition Conference is required to be held.
5. Enter the month, day, and year of when the Transition Referral Form is required to be sent to the LEA.
6. Enter the month, day, and year of when the Transition Assessment Summary Form is required to be sent to the LEA.
7. Enter the month, day, and year of when the Transition Conference Invitation is required to be sent with parental consent to the LEA and any other potential preschool providers/partners (NMSD, NMSBVI, Head Start, childcare, etc.) with details about the conference.

## Transition Plan Part 1

8. Enter the month, day, and year of the child's ***Initial*** IFSP.
9. After fully informing the family of when FIT services will end for their child, and after reviewing transition timelines and future program options, enter any notes related to family preferences and priorities for their child.

## Transition Plan Part 2

10. Enter the month, day, and year that Part 2 of the Transition Plan is initiated.  
⇒ ***For each Transition Process Action Steps and Persons Responsible:***
11. In the "Notes" section, enter the name of the person who is responsible of reviewing information with the family, and any action steps of what needs to occur between initiating Part 2 of the Transition Plan and the projected completion date of the action step.
12. Enter a projected month, day, and year the activity will be completed.
13. You will return to the IFSP Transition Plan Part 2 each time a Transition Process Action Step is completed and enter the month, day, and year it was completed.

### **Remember: This is a plan!**

- ***Every child*** in the FIT Program must have a ***Transition Plan***.
- Every child leaving the FIT Program must have a ***Transition Conference***.



**Information including guidance documents and community MOUs are available at the New Mexico Early Childhood Transition Initiative website.**

***Part 2 of the Transition Plan continues on the next page of the IFSP...***

Transition Process Action Steps and Persons Responsible	Projected date of completion	Date Completed
The FSC sends the written <i>Transition Conference Invitation</i> to the school district and transition partners <u>at least 30 days before the Transition Conference</u> . In addition to the school district, the <u>written invitation</u> is required to be sent to NMSBVI, NMSD, and Head Start (if these are possible placements for transition). Notes: <b>2</b>	<b>1</b>  05/05/16	<b>3</b>
The FSC completes a <i>FIT Prior Written Notice</i> with the family <u>at least 5 days before the Transition Conference</u> .	04/30/16	
Based on transition discussions, the family would like the child to transition to: <b>4</b>		
The FSC and family review health information related to the child's transition, including <u>vision and hearing screening/concerns</u> (which should be current within 6 months of the Transition Conference date). Notes:		<b>5</b>
The FSC and family consider other questions or concerns that need to be addressed at the Transition Conference (i.e., transportation, equipment, information, resources). Notes:		<b>6</b>

**Transition Plan - Part 3** (Completed at the Transition Conference)    **Date Part 3 Completed:** **7**

- 8**  If Transition Plan-Part 3 and Transition Conference completed less than 90 days before the child's third birthday:  
 Child was determined eligible for FIT services less than 90 days before child's 3<sup>rd</sup> birthday  
**9**  Family Reason: 10                       Agency Reason: \_\_\_\_\_

Transition Process Action Steps and Persons Responsible	Projected date of completion	Date Completed
The FSC asks the family and IFSP team to review child's strengths and needs, including recent assessment information. Notes: <b>11</b>		
The FSC asks the school and/or other program representatives to share service options and settings, and explain the terms "inclusive setting" and "least restrictive environment". <b>12</b> • <i>Remember: If child is <u>not</u> going to a school program, discuss other service options available, including community preschool, private therapy, etc.</i> Notes:		<b>13</b>
<b>If the meeting is with the local school district, the FSC <u>asks the school representative to:</u></b>		Check if completed
<b>14</b> 1. Explain/provide the family with a copy of IDEA Part B rights and procedural safeguards.	<input type="checkbox"/> Y <input type="checkbox"/> N	
2. Explain the Part B eligibility determination process and ask parent to sign consent, if parent is ready.	<input type="checkbox"/> Y <input type="checkbox"/> N	
3. Explain the next steps in the process including the Eligibility Determination Team (EDT) meeting and Individual Education Plan (IEP) Meeting.	<input type="checkbox"/> Y <input type="checkbox"/> N	
4. Explain that the family can choose who they want to invite to EDT and IEP meetings.	<input type="checkbox"/> Y <input type="checkbox"/> N	
<b>15</b> If any of the above not completed, when will steps be completed? _____		

# IFSP Transition Plan continued - Page 2

## For each Transition Process Action Step

1. Enter the projected day, month, and year the activity will be completed.
2. In the “Notes” section enter the name of the person who is responsible and any action steps in detail of what needs to occur between the date Part 2 of the Transition Plan was initiated and the projected date the process action step will be completed.
3. You will return to the Transition Plan Part 2 each time a Transition Process Action Step is completed and enter the day, month, and year it was completed.
4. Enter the name of the program where the family would like their child to transition based on the discussions relating to their child’s transition and available services and program options.
5. With the family, review their child’s health information. In the “Notes” section of this box enter any pertinent information related to the child’s health (i.e.: Immunizations needed, need for a more recent hearing or vision screening, etc.).
6. As you discuss the Transition Conference with the family make note of any questions/concerns the family has and write these in the “Notes” section of this box.

## *Key Principle #4*

From initial contact through transition, the early intervention process is individualized and dynamic to reflect the preferences, learning styles, and cultural beliefs of the child and family members.

## **Transition Plan Part 3: The majority of this section is completed during the Transition Conference but enter the projected date for the Transition Process Actions Steps and note who will be responsible.**

7. Enter the month, day, and year the Transition Conference was held.
8. If the date of the Transition Conference was held less than 90 days before the child turns three, check this box.
9. Check the appropriate box indicating if the reason for not meeting the timeline was due to a family or an agency reason.
10. Enter the reason why the transition conference timeline was not met next to the respective checked box.

## **Transition Process Action Steps and Persons Responsible**

11. Enter any notes and the person responsible, including details on follow-up activities after the family and IFSP team have reviewed the child’s strengths, needs, and recent assessment information.
12. Enter any notes and the person responsible, including details on follow-up activities after program representatives have shared service/program options and explained to the family what the terms “inclusive setting” and “least restrictive environment” mean. If the child is not going to a school program, you may use this space to document available options that the family may consider.
13. Enter the month, day, and year the action step was completed.  
⇒ ***If the transition meeting is with the local school district, the FSC asks the LEA representative to:***
14. Check “Y” or “N” as appropriate for each of the four listed steps. If any steps are not completed enter when the step will be completed.
15. If any of the steps, 1–4, are not completed enter the month, day, and year the step will be completed.

<b>Transition Process Action Steps and Persons Responsible</b>
<p>The FSC reviews the next steps that need to occur prior to transition, including additional assessments, applications (Head Start/preschool), immunizations, school visits, equipment needs, special considerations, etc. Notes:</p> <p><b>1</b></p>
<p>The FSC explains FIT follow-up services: For one month after the child has transitioned to a community program, FSC may provide service coordination and other IFSP team members may provide up to 4 total hours of service to community program staff to support a smooth transition, if needed.</p> <p><input type="checkbox"/> Yes, our family would like follow up services. <input type="checkbox"/> No, our family has declined. Notes:</p> <p><b>2</b></p>
<p>The FSC asks the family if all concerns, priorities and questions have been addressed during the meeting. Notes:</p> <p><b>3</b></p>

**4 I / we participated fully in this Transition Conference for our child and have been informed of my rights related to Transition:**

Parent/Guardian Signature **5** \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

The following individuals also participated in this Transition Conference:

Print Name (Role/discipline)	Signature	Date	Method of Participation	Agency Information
<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>

Additional Notes: **11**

## ***Transition Plan—Part 3 continued:***

1. In the notes section of the first box enter a description of the transition action steps and services that the IFSP team determines necessary, and the follow-up activities that need to be completed prior to the child transitioning out of the FIT Program. Identify the individual(s) that will be responsible for ensuring this is completed.
2. After explaining FIT Follow-up services, check either “Yes” or “No” depending on the family’s choice. If necessary, enter any notes, clarifications, or next steps.
3. Verify with the family that their concerns, priorities, and questions were addressed during the transition conference meeting. Under the “Notes” section, document the family’s response.

## **Signatures**

After supporting the family’s full participation in the Transition Conference, and informing them of their rights related to their child’s transition, the family will:

4. Circle “I” or “We” as appropriate.
5. Sign and date Part 3 of the transition plan.

After the parent signature is obtained, each person participating in the Transition Conference will:

6. Print their first and last name, and their role/discipline.
7. Provide their signature.
8. Enter the month, date, and year they signed.
9. Identify how they participated, such as in person, by phone, etc.
10. Identify the agency they represent and provide contact information.
11. Additional Notes: This space is provided for the FSC to use for any additional notes, reminders, or next steps.



## EVERY CHILD TRANSITIONS

Remember every child and family has the right to transition planning! Although not all children will transition into Part B services, all children transition out of Part C services.

Transition support is provided to all children and families, including those that no longer qualify for the FIT Program.

IFSP Supports and Services (designated Transdisciplinary team lead)	Outcome #s addressed	Service type E&A / Ongoing / Follow-up	Setting Home / CBS / DDP / IPL / Other	Method Group / Individual / Consultation	Frequency (example 1x, 2x)	Period Week / Month / Qtr / Year/ Once only	Intensity (# of minutes)	Provider Name/Agency	Start Date	Projected End Date	Amendments				Funding Source (Medicaid/DOH/Other)	
											Date Service Ended	Date Family Service Coordinator made IFSF revisions (revised service on new line)	Initials of Family Service Coordinator making service revision			
Family Service Coordination	All	O	H	I	1x	Mo	60	Stephanie Smith/Tiny Wonders	07/08/15	07/07/16					DOH	
<input checked="" type="checkbox"/> Developmental Instruction	1	O	CBS	I	2x	Mo	45	Jessica Jones / Tiny Wonders	07/08/15	07/07/16					DOH	
<input checked="" type="checkbox"/> Developmental Instruction	1	O	H	I	2x	Mo	60	Jessica Jones / Tiny Wonders	07/08/15	07/07/16					DOH	
<input type="checkbox"/> Speech Therapy	1	O	H	I	1x	Mo	60	Clarissa Connors / Tiny Wonders	07/08/15	07/07/16					DOH	
<input type="checkbox"/> 1	2	3	4	5	6	7	8	9 / 10	11	12	13	14	15	16		
<input type="checkbox"/>								/								
<input type="checkbox"/>								/								
<input type="checkbox"/>								/								
<input type="checkbox"/>								/								
<input type="checkbox"/>								/								
<input type="checkbox"/>								/								
Total FIT hours per month (excluding Family Service Coordination; consultation; E & A; respite, and "other" funded services)											Date: 07/08/15	4.5 hours	Date:	hours	Primary Location of Services (setting where >50% of service hours occur):	18
* Submit a prior authorization request if over 16 hours											Date: 07/08/15	4.5 hours	Date:	hours	Primary Location of Services (setting where >50% of service hours occur):	18

**Transdisciplinary Team Consultation:** IFSP team will meet for a total of 45 minutes every quarter (month / quarter) to coordinate services / strategies Changes to Team Consultation: Date \_\_\_ # \_\_\_ minutes (mo./qtr.) Date \_\_\_ # \_\_\_ minutes (mo./qtr.) 19

**Other Non-FIT services the child will be receiving (e.g., Respite, private therapy, Early Head Start) 20**

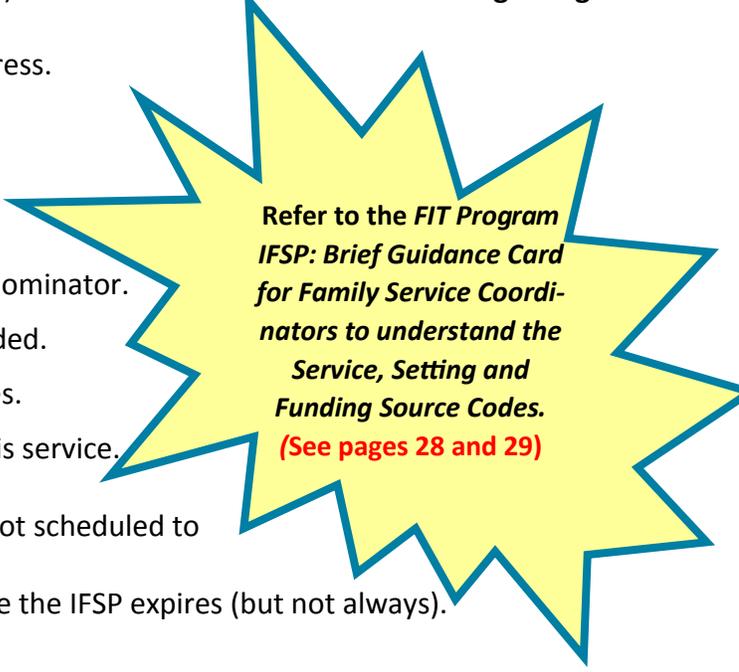
**Natural Environments:** IFSP supports and services must be provided to your child in settings that are natural or typical for children the same age. If any of the outcomes cannot be achieved by providing services in a natural environment, answer the questions below.

Which outcomes cannot be achieved in natural environments and why? 21

How will the team work toward providing those services and supports in natural environments? (describe plan and timeline): 22

# Services Page

1. This column lists the early intervention services the IFSP team identifies as required to support achievement of the outcome, and/or to support the building of family capacity. Family Service Coordination (FSC) is already listed, as all families in the FIT system receive service coordination. List any additional services to be provided (Special Instruction, Physical Therapy, etc.). **Remember to check the box designating the Transdisciplinary Team Lead.**
2. Enter the number of all the outcomes the service will address.
3. Enter the service type.
4. Enter the setting where the service will take place.
5. Enter the method of the service.
6. Enter the frequency of the service, listing at its lowest denominator.
7. Enter the period of time in which the service will be provided.
8. State the length of the visit in minutes – 30, 60, 90 minutes.
9. Enter list the name of the person who will be providing this service.
10. Enter the agency responsible for that particular service.
11. Enter the date of the IFSP, or a later date, if a service is not scheduled to begin immediately.
12. Enter the date the service will end; this is usually the date the IFSP expires (but not always).



Refer to the *FIT Program IFSP: Brief Guidance Card for Family Service Coordinators to understand the Service, Setting and Funding Source Codes.*  
(See pages 28 and 29)

## Amendments

The three columns under “Amendments” are used to add, modify, or end a service while the IFSP is in effect.

13. Enter the date the service ended.
14. If the service is revised, enter the date the FSC made the revision to the IFSP.
15. In this column the FSC making the revision enters their initials.
16. Enter the funding code from the list on the FIT Program IFSP: Brief Guidance Card for Family Service Coordinators.
17. Enter the date of the IFSP and document the total hours. Additional boxes for both the date and the total FIT hours are provided to accommodate any changes in services.
18. Enter the Setting Code where more than 50% of the services hours occur.
19. In this area, enter the total number of minutes and the frequency the Transdisciplinary Team will meet to discuss and coordinate services and strategies. Enter Month or Quarter. Additional spaces for both the date and the total minutes are provided to accommodate any changes to the plan.
20. In the space provided list any non-FIT services, such as private therapy, home visiting etc.

## Natural Resources

Services are to be provided in settings that are places the family considers typical for their family. In the rare instances services are not provided in these settings, this section of the IFSP Supports and Services page must be completed.

21. Enter the outcome number and the reason the outcome cannot be supported in the natural environment.
22. Enter the team’s plan and estimated date these services will be provided in a setting typical for the family.



# Signature Page

## ***This page documents:***

- Who participated in the IFSP development and meeting;
- How each person participated; and
- The informed written consent of the parents/guardian, agreeing to the services as described on the IFSP.

## ***Each individual participating in the development of the IFSP, and anyone assisting in implementing the IFSP, including the parents, will:***

1. Print their name including their role or discipline
2. Provide their signature
3. Enter the date they signed the IFSP
4. Document how they participated in the meeting, this may be in person, by phone, provided input, etc.
5. Enter the name of the agency where each person works, if applicable and a phone number.

## ***What does it mean to give informed consent?***

Informed Consent is a process. The family must understand the information that's given to them, they must have the chance to review any reports or documents, and they need to understand any risks both from giving consent or not giving consent. Finally, families must not feel pressured to consent to services.



## **Informed Consent by Parents()/Guardian(s)**

6. Parents check this box to indicate that they have received both written and verbal information regarding their rights under the FIT system.
7. Parents check this box to indicate they had the opportunity to fully participate in the development of the IFSP.
8. Parents check this box if they agree to the services as listed and give consent for those services to be implemented.
9. Parents check this box if they do not accept the entire IFSP to be carried out as written, but do consent for the child to receive one or more of the services that they list. Parents must be informed that they can choose not to consent to some services and still receive the other needed services to which they consent.

## **Parent(s)/Guardian(s) Signature:**

10. The parent(s) or guardian(s) sign and date the IFSP indicating their consent for the services listed on the IFSP.

**Periodic Review of the IFSP**

Date of IFSP Review: 1      2 Type of Review:  Six Month     Other     

Reason for delay: 3

A review of the IFSP must occur at least every six months. Revise the **Child/Family Outcome** page and the **Supports and Services** page if: 1) the strategies or services need to be changed; 2) an outcome is being modified; or 3) a new outcome is being added.

Note: The periodic review of the IFSP must include the parent(s)/guardian and the service coordinator and others as appropriate.

**New Concerns/Significant Events**

4

Outcome #	Describe Progress	Status (check one)
5	6	<input type="checkbox"/> Outcome reached <input type="checkbox"/> Continue with outcome 7 <input type="checkbox"/> Revise outcome
		<input type="checkbox"/> Outcome reached <input type="checkbox"/> Continue with outcome <input type="checkbox"/> Revise outcome
		<input type="checkbox"/> Outcome reached <input type="checkbox"/> Continue with outcome <input type="checkbox"/> Revise outcome
		<input type="checkbox"/> Outcome reached <input type="checkbox"/> Continue with outcome <input type="checkbox"/> Revise outcome
		<input type="checkbox"/> Outcome reached <input type="checkbox"/> Continue with outcome <input type="checkbox"/> Revise outcome

**Team Member Signatures (Including Parents/Guardians)**

Print Name (Role/discipline Licensure/Certification)	Signature	Date	Method of Participation	Agency/Contact Information
8	9	10	11	12

# Periodic Review of the IFSP

1. Enter the date of the IFSP review.
2. What type of review is this?
  - ⇒ Check the appropriate box. If this is a review that is not considered the sixth month review, check Other, and note why the review is occurring.
3. If the sixth month review timeline was not met, enter the reason for the delay.

## **New Concerns and Significant Events**

4. Record any changes that have occurred within the family. This may include several factors such as changes in activities, routines and places, as well as health issues.

## **Describing Progress**

5. Write the outcome number from the current IFSP.
6. Describe progress, or lack of progress, in achieving this outcome.
7. Check the appropriate box next to this outcome to clarify:
  - The team determined the outcome has been reached;
  - The team will continue to work on the outcome; or
  - The outcome, including strategies, needs to be revised.

## **Signatures**

Each person present, and/or participating in the review, will:

8. Print their name and role/discipline.
9. Provide their signature.
10. Enter the date the individual signed the Periodic Review form.
11. Identify how they participated, such as in-person, by phone, etc.
12. Identify the agency they represent and provide contact information.

## *Key Principle #5*

### **IFSP key concepts and indicators include:**

- ⇒ Child and family needs, interests, and skills change; the IFSP must be fluid and revised accordingly.
- ⇒ Collaboratively deciding and adjusting the frequency and intensity of services and supports that will best meet the needs of the child and family.
- ⇒ Acknowledging that the IFSP can be changed as often as needed to reflect the changing needs, priorities, and lifestyle of the child and family.
- ⇒ Learning about and valuing the many expectations, commitments, recreational activities, and pressures in a family's life; using IFSP practices that enhance the families' abilities accomplish what they need done, and what they want to do for all family members.

**The Family Service Coordinator and parent(s)/guardian(s) should be involved in any discussions regarding changes to the IFSP, and all team members should be informed of any changes made.**



## FIT Program IFSP: Brief Guidance Card for Family Service Coordinators

**Initial/Cover Page:** *This page captures required demographic information needed for FIT-KIDS.*

1. Make sure to complete all sections.
2. There is added space to list foster parents, biological parents, or social worker.
3. "Physical address" space can be used to write directions or describe where the child will receive services, if other than family home (e.g., grandparents' home or child care).
4. Current Eligibility: Remember, a child may be eligible under more than one category.
5. ICD-9 codes: Only 3 can be entered in FIT-KIDS, but you should document all that apply.

**Your Family:** *These pages guide conversation with the family and documents their concerns, priorities and resources/supports.*

**Page 1:** *Note that you can attach an additional page if needed.*

1. If you have already done a routine based interview, this may be a review and summary.
2. If you have not completed the interview, *See Conversation starters below.*

**Page 2:** *Note: If you feel it is helpful, you can draw an Eco map on another page.*

If parent supports are the same as the child supports, you can write "same as above". However, sometimes the people who support the child do not support the parents.

### **Conversation Starters to Support Your Family Life**

- *How does the day begin?*
- *What are mealtimes, naptimes, and playtime like?*
- *Who does your child spend time with?*
- *Does your child attend daycare/childcare? How often? For how much time?*
- *Are some activities more enjoyable than others?*
- *Are some activities more difficult than others?*
- *Note: If the parent/care provider is having a difficult time identifying activities or routines, ask more specific questions about how the child participates in some of the following: dressing, breakfast, watching TV, preparing meals, household chores, nap or bedtime, bath time, lunch and evening meals, yard work, bedtime stories, travel in the car, going to the park or the store, or just hanging out.*
- *Are there any places that you go (e.g., shopping, doctor's appointments) that occur on a less than regular basis (e.g., once a week, every few days)?*
- *Are there other events or activities that occur fairly regularly or on the weekend (e.g., sport events for siblings)?*

### **Summary of Health Information:**

1. Use as much space as needed to summarize the child's health/medical history.
2. Documentation of Vision and Hearing screening results/recommendations is important. Note: There is a place to add/document follow-up results even at a later time.

**Present Abilities, Strengths and Needs:** *This documents required evaluation/assessment results and the child's strengths and needs in terms of the child's functional skills using the Early Child Outcomes (ECO) format. See the ECO guidance document for more specific questions and guidance. Although the information from this section can be used as measurement during the ECO process, the rating of each Early Childhood Outcome is not done on this page.*

1. Top paragraph: Gives a brief explanation for the family and team.
2. Columns on the left: The three (3) Early Childhood Outcomes with a brief description.
3. Middle two columns: Document the most important strengths and needs based on the evaluation/assessment results and discussion with the parents and team.
4. Column on the right: Document the age ranges/levels from the CME or Annual redetermination of eligibility.

**Child/Family Outcome:** Summarize areas the family described as challenging in their daily routines and areas of concern from the evaluation to assist the family in identifying possible outcomes.

### **Conversation Starters to Support Child/Family Outcomes Page**

#### **Outcome:**

- *What would you like to do or feel you could do more easily if you had help or more information*
- *What would you like your child to be able to do that would make life easier for you or more fun for your child (at home or in the community)?*

## FIT Program IFSP: Brief Guidance Card for Family Service Coordinators (Page 2)

- *If you could change one activity or routine tomorrow that would make your day go smoother related to your child, what would it be?*
- *Examples: "I would like Joey to be able to sit at the table and eat a meal with the family." "Sarah to use more words to tell us what she wants."*

**Progress:**

- *How will you know that your child/family has made progress toward this outcome?*
- *What will your child be doing? What will you be doing?*
- *By when do you want this to happen? Think about special occasions or life events that are meaningful for your family.*
- *Examples:*  
*"By Thanksgiving, Joey will be able to sit at the table and eat a meal with our family without tantrums and we will all enjoy ourselves"*  
*"By the beginning of summer, Sarah will say more words and be able to ask for the food, drinks and toys that she wants."*

**Strategies:** Remember that strategies should be embedded in the activities that the child and/or family are already doing during their daily activities and/or routines

- *Describe the way the service will be delivered using verbs (i.e., consult, provide, assess, design, support, explore).*
- *Which team members will be implementing each strategy?*
- *Where/when will it take place? During which routines/activities and places?*
- *How will the team support the child during peer and/or sibling interactions?*
- *How will the team support parent/child interaction?*

**Transition Plan:** At the top are the key dates in the process based on the child's 3<sup>rd</sup> birthday. Make sure to write in all "key dates" and all projected dates (this is a "plan").

**Supports and Services:** Remember: A Prior Written Notice (PWN) is still required.

1. Amendments: Use this to add, modify or end a service while the IFSP is in effect.
2. Non-FIT services: These are listed separately in the section below the FIT services table.
3. Natural Environments: Required when services are provided in a non-typical setting.

Try to write / type the full service name or abbreviate so the family will understand the services they will receive.

Service Codes	Setting Codes	Funding Source Codes
AT = Assistive Technology	H= Home (may include some services outside of the home)	M = Medicaid (fee-for-service)
Aud = Audiology		
DI = Developmental Instruction	CBS = Community Based Setting (child care, Early Head Start, park, pool, etc.)	DOH = Dept. of Health (State General Funds)
FSC = Family Service Coordination		
FTC&T = Family Therapy, Counseling & Training	DDP = Center based Developmental Delay Program (< 50% typically developing children)	O = Other (SALUD,WIC; Head Start; CYFD; Optum Health)
HS = Health Service (to support EI services)		
MS = Medical Services (to support EI services)	IPL = Center based Inclusive Provider Location (> 51% typically developing children)	
Nur = Nursing Services		
Nut = Nutrition Services	OS = Other Setting in the community (Hospital, clinic etc.)	
OT = Occupational Therapy		
PT = Physical Therapy		
Psy = Psychological Services		
SLCL = Sign Language & Cued Language		
SW = Social Work Services		
SLP = Speech Language Pathology		
Trans = Transportation (to receive EI services)		
VS = Vision Services		

**Signature Page:** Obtain all required signatures and dates. Make sure that family checks all pertinent boxes, signs and dates this page.

**Periodic Review:** Document each time the IFSP is reviewed and check the "type" of review in the appropriate box

**Note:** If a 6 month review was delayed, write in the reason for delay.

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