

Individual Family Service Plan (IFSP) Form Guidance

This instruction document is intended to provide technical assistance to individuals completing the IFSP form, which is posted on the Minnesota Department of Education's (MDE) due process forms web page. The purpose of the IFSP document is to provide a written record of the decisions made at an IFSP meeting where parents and early intervention personnel jointly make decisions about the early intervention program for an infant or toddler with a disability and the child's family. This model document provides a template for an IFSP that is compliant with state and federal law and provides useful information for staff and parents. While not all sections of the model IFSP are required for all children with disabilities who are participating in Infant and Toddler Intervention, the failure to include certain required information may result in non-compliance and reduced effectiveness of the program. This guidance will help staff ensure that all required information is included in a child's IFSP so that early intervention services are effective as planned and delivered. Each section of the IFSP form is included in this guidance and the applicable guidance follows each section.

Individual Family Service Plan (IFSP)

Check here if this is an Interim IFSP	
Resident District:	IFSP Meeting Date:

Interim IFSP Checkbox

Check the box if this is an interim IFSP. Early intervention services for an eligible child and the child's family may begin before the completion of the evaluation and assessments. There are two form requirements for an interim IFSP. The form must include: 1) the name of the service coordinator who will be responsible for implementation of the interim IFSP and the coordination with other agencies and persons and 2) the early intervention services determined to be needed immediately by the child and the child's family. In addition, evaluation and assessment must be completed within the 45-day timeline, unless the 45-day timeline does not apply. Appropriate prior written notice must be given and signed parental consent received before implementing an interim IFSP.

Note: The two required components for an interim IFSP are notated by footnotes in the IFSP form.

Resident District Number

Record the number of the Minnesota school district where a child has established residence for educational purposes. A child's resident district may not be a special education cooperative, an education district, or an intermediate district. See Appendix K1 in *MARSS Manual* at

http://education.state.mn.us/MDE/SchSup/SchFin/MARSSStuAcc/MARSSRepInst/index.html for guidance on determining a child's resident school district.

IFSP Meeting Date

Record the month/day/year (00/00/0000) of the team meeting held to develop this IFSP. If more than one meeting is required, record the date of the first of a series of meetings during which the proposed IFSP was reviewed or developed.

IDENTIFYING INFORMATION Parent/Guardian Name(s): Child's Name: MARSS ID #: Gender: $\square M$ $\Box \mathsf{F}$ Relationship to child: Date of Birth: ____/___ Address: **Providing District** Primary Phone: (Name/Number): Mobile Phone: _____ School Address Email (optional): (provide mailing address and street address if different): Parent's Native Language: _____ Child's Native Language: ____ Referral Date ___/___/ Initial IFSP Meeting Date ____/____ Primary Medical Care Provider/Clinic (optional): ______ Primary Care Provider Phone (optional):_____ Primary Care Provider Fax (optional): _____ Document reason(s) if 45-day timeline does not apply or was not met:

Identifying Information

Record requested identifying information. This information is gathered over time beginning with the initial contacts with the family and continues throughout the evaluation and IFSP development process. If the parent does not have a phone, email, or fax, please indicate this on the form. This section is added to and changed as needed. The service coordinator may also discuss with a family their preferences for ongoing communication (e.g., phone, e-mail, face-to-face).

Child's Name: Record the first and last name of the child.

MARSS ID Number: Follow the local school district process for obtaining this number. Every child entering a school district program for the first time is assigned a unique MARSS number by the district providing the initial service. This 13-digit number is assigned to the child for the rest of his/her school years, even if the child moves or is dis-enrolled for a period of time and later re-enrolls.

Gender: Check "M" for male or "F" for female.

Date of Birth: Record the month/day/year (00/00/0000) of child's birth.

School: Record the name of the school where the Infant and Toddler Intervention Program is located.

Providing District: Record the name and number of the district responsible for providing Infant and Toddler Intervention Services. The providing district may be an independent school district, a special education cooperative, an intermediate district, or an education district. The providing district may be different from the resident district requested at the top of the form.

School Address: Record the mailing address of the Infant and Toddler Intervention Program. Provide both the street address and mailing address if they are different.

Parent or Guardian Names: This section includes important contact information for each parent/guardian of the child. The parent/guardian information may need to be completed more than once if the child lives with a parent but also is involved with a second parent or guardian. There may be additional circumstances that warrant filling out multiple parent/guardian sections, such as:

- The child lives with grandparents or extended family and the child's mother and/or father maintain parental rights; or
- The child lives with foster parents but the mother and/or father maintain parental rights; or
- The child has a surrogate parent. The district shall appoint the surrogate parent when: the parent, guardian, or conservator is unknown or unavailable; the child is a ward of the commissioner of human services; or the parent requests in writing the appointment of a surrogate parent. The request may be revoked in writing at any time.

Record the name, complete mailing address, and other contact information for the child's parents(s) and/or guardian as follows:

Relationship to child: select one of the following or choose from the drop-down menu within your IFSP software.
☐ Mother
□ Father
☐ Grandparent
☐ Foster Parent
☐ Surrogate Parent
☐ Guardian Ad Litem
☐ Legal Guardian (other than as described above)

Native Language (Parent and Child): Native language is the language normally used by an individual, or, in the case of a child, the language normally used by the parents of the child. Native language for an individual who is deaf or hard of hearing, blind, or visually impaired, or for an individual with no written language, means the mode of communication that is normally used by the individual (such as sign language, braille, or oral communication).

Parent's Native Language: Record the language normally used by the parent or guardian.

Child's Native Language: Record the language normally used by the parents of the child. For evaluations and assessments, the native language of a child is the language normally used by the child, if determined developmentally appropriate by a qualified personnel conducting the evaluation or assessment.

Record the language first spoken by the child when he/she began speaking, the language spoken most of the time, or the language usually spoken in the home. This information is typically obtained from the Home Language Questionnaire. The Home Language Questionnaire is located on MDE's website at:

http://education.state.mn.us/MDE/JustParent/EngLearn/) The Home Language Questionnaire, signed by the

parent, should be on file for all students coded other than English. The Home Primary Language is also reported within MARSS. Enter the numerical MARSS code that corresponds with the Home Primary Language. A complete

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☐ Other

listing of these codes can be found in the MARSS Manual located on MDE's website at: http://education.state.mn.us/MDE/SchSup/SchFin/MARSSStuAcc/MARSSRepInst/index.html .

Referral Date: Record the month/day/year (00/00/0000) that local central point of intake received the referral. This information is displayed on the initial and any subsequent IFSPs.

Initial IFSP Team Meeting Date: Record month/day/year (00/00/0000) of the first IFSP team meeting to develop the initial IFSP. This is the date that concludes the 45-day timeline for Part C evaluations. This information should be displayed on the initial and any subsequent IFSPs.

Primary Medical Care Provider: Record the child's primary care provider or clinic, if known, from whom the child receives his or her primary medical care. Providing this information is not a federal or state requirement, and the parent may choose to not provide this information, however this information may be helpful for the team, especially if the child has significant health and medical concerns.

Primary Care Provider Phone: Record the phone number of the child's primary care provider or clinic. Providing this information is not a federal or state requirement, and the parent may choose to not provide this information, however this information may be helpful for the team, especially if the child has significant health and medical concerns.

Primary Care Provider Fax: Record the fax number of the child's primary care provider or clinic. Providing this information is not a federal or state requirement, and the parent may choose not to provide this information; however, this information may be helpful for the team, especially if the child has significant health and medical concerns.

Reason(s) if 45-day timeline does not apply or is not met: You must document reasons why the 45-day timeline has not been met. Federal regulations set out two specific situations where the 45-day timeline does not apply:

1) the child or parent is unavailable to complete the screening (if applicable), in the initial evaluation, the initial assessments of the child and family, or the initial IFSP meeting, due to exceptional family circumstances that are documented in the child's early intervention records; or 2) the parent has not provided consent for the screening (if applicable), the initial evaluation, the initial assessment of the child, despite documented, repeated attempts by the district or early intervention service provider to obtain parental consent. The following are examples of exceptional family circumstances that may result in the 45-day timeline not applying:

Illness of child or parent;
Family scheduling conflicts such as vacation or moving; or
Other parent requested considerations.

The following systems-related reasons may result in the 45-day timeline not being met:

- Staffing and scheduling:
 - Inadequate capacity with existing providers;
 - Example: District decision not to contract for additional provider time
 - Example: District decision not to post for additional providers
 - Example: Inability to hire necessary, qualified staff
 - Delay in securing services of an interpreter;
 - o Referral received outside provider contract year;
 - Difficulty coordinating schedules of evaluation team members:
 - Referral received just prior to scheduled break in instruction;
 - Unanticipated absence of evaluation team member;
 - Delayed communication between central point of entry and evaluation team; or
 - o Inadequate documentation of reasons for untimeliness.

If the 45-day timeline does not apply for one of the two exceptions stated above, the district or early intervention service provider must complete the screening, initial evaluation, initial assessment, and initial IFSP meeting as soon as possible after the basis for the exceptions ceases to exist. These exceptions do not constitute a waiver of

the 45-day timeline, and the district or early intervention service provider must develop and implement an interim IFSP to the extent appropriate. Please see the first section of this guidance document for further technical assistance about necessary components and appropriateness of an interim IFSP.

IFSP TEAM MEMBERS					
IFSP Team Members	Name/Title	Agency	Phone	Email	
Parent/Guardian					
Parent/Guardian					
Individual Requested by Parent					
Service Coordinator					
Evaluator or Assessor					
Evaluator or Assessor					
Service Provider					
Service Provider					
Other Team Member(s)					
□ Attended me □ Participated □ Made pertin	name, how each evaluator a eeting: through telephone conference ent records available at the m ledgeable authorized represen	e call:eeting:			

IFSP Team Members

Record the IFSP team members present at the meeting, listing the member's name, title, agency, phone and email. All members are required to attend in order for a meeting to be considered an IFSP team meeting, with the exception of evaluators and assessors who can participate in alternative formats.

IFSP team members include:

- The parent or parents of the child;
- Other family members, as requested by the parent, if feasible to do so;
- An advocate or person outside of the family, if requested by the parent;
- The service coordinator designated by the district to be responsible for implementing the IFSP. The participation
 of the service coordinator is a minimum requirement for the development of an interim IFSP;
- A person(s) directly involved in conducting the evaluations and assessments; and
- As appropriate, persons who will be providing services to the child or family.

The IFSP team must be multidisciplinary. It must include the involvement of the parent and two or more individuals from separate disciplines or professions. One of these individuals must be the service coordinator.

Evaluators or assessors of the child must be multidisciplinary, but may include one individual who is qualified in more than one discipline or profession.

If an evaluator or assessor is unable to attend an IFSP meeting, indicate on the IFSP form, how the evaluator or assessor participated in the meeting. The four alternative ways an evaluator or assessor can participate in an IFSP meeting include the following:

- Attended meeting:
- Participated through telephone conference call;
- Made pertinent records available at the meeting; or
- Had a knowledgeable, authorized representative attend the meeting.

Please indicate on the form how each evaluator or assessor participated in the IFSP meeting.

IFSP meetings must be conducted in settings and at times that are convenient to families and 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.

Note: If the parent has requested to inspect and review any early intervention records relating to their child that the district collects, maintains, or uses in relation to the provision of services under Part C of the IDEA, the district must comply with a parent's request to inspect and review records without unnecessary delay and before any meeting regarding an IFSP. A district must comply with a parent's request for access to records no later than 10 days after the request has been made.

PROGRESS REPORTING
Part C federal regulations require, at a minimum, a 6-month periodic review and an annual IFSP meeting to evaluate the IFSP. 34 C.F.R. § 303.342.
Projected Periodic Review Date/ Projected Annual Review Date/
Projected Periodic Review Date : At the time of the initial IFSP development, enter month/day/year (00/00/0000) of the projected review date. The IFSP periodic review shall take place every six months or more frequently if warranted or if requested by parent. For example, the IFSP team may decide to conduct a periodic review three
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months after the initial IFSP meeting. Following this meeting, the IFSP team must meet within 6 months, or sooner if warranted or requested by the parent, to conduct the next periodic review. A period of no longer than six months can elapse between two reviews, whether they are periodic or annual reviews.

The purpose of the periodic review is to determine the degree of progress being made towards achieving the planned outcomes and to decide whether changes to outcomes or services are necessary.

Participants in a periodic review include:

- The parent or parents of the child;
- Other family members, as requested by the parent, if feasible to do so;
- An advocate or person outside of the family, if requested by the parent;
- The service coordinator; designated by the public agency to be responsible for implementing the IFSP; and
- If warranted, a person or persons directly involved in conducting the evaluations and assessments and as appropriate, persons who will be providing early intervention services to the child.

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

Projected Annual Review Date

At the time of the initial IFSP development, enter month/day/year (00/00/0000) of the projected annual review date. This may be less than, but not more than, 12 months from the initial IFSP date.

The annual IFSP review meeting is the time to evaluate and revise the entire IFSP and must happen at least annually. The purpose of this meeting is 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 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.

Written notice should be sent to all participants before the meeting date to ensure attendance. Requirements for membership and participation at an annual IFSP review meeting is the same as the requirements for membership and participation at an initial IFSP team meeting. The same requirements apply if an evaluator or assessor cannot attend an IFSP annual review meeting regarding alternative ways to participate.

Note: A transition conference must be held for a child between the ages of two years and three months and two years and nine months of age. Consider combining this transition conference with an IFSP meeting when possible. If the transition conference coincides with a periodic review, the meeting must include all required members of an IFSP annual review team in addition to a representative of the Part B program, if the child is potentially eligible for preschool special education services.

EVALUATION AND ASSESSMENT SUMMARY Determining eligibility for Part C and Part B concurrently? No Yes If yes, an evaluation report for Part B eligibility is also required to be completed, as are all of the Procedural Safeguards for initial evaluations under each part, including separate prior written notice and timelines.

Evaluation and Assessment Summary

The initial IFSP and subsequent IFSPs must each include a statement of the child's present levels of development in each of the five domains. These levels of development must be addressed by an appropriately comprehensive evaluation and assessment procedures under Part C. The Evaluation/Assessment Summary section of an initial IFSP will include information gathered from the initial Part C evaluation and assessment procedures. The Evaluation/Assessment Summary of subsequent IFSPs must document information integrated from ongoing assessment, reports of parents and other caregivers and observations made by service providers. There is no requirement for a separate Evaluation Report under Part C. For children who are determined eligible, the Evaluation Summary provides evaluation results to parents and documents developmental status within the IFSP.

For children who are determined to not be eligible for Part C, or if parents of an eligible child decline services, the Evaluation Summary section together with the completed cover page should be provided to parents.

If a separate evaluation is written, either because your district requires you to write an Evaluation Report or if you are documenting the results of an evaluation that addressed eligibility under both Part C and Part B (the Evaluation Report is a Part B requirement), you must still complete the Summary of All Developmental Areas (Part C required IFSP information). You may not state "see attached Evaluation Report."

Determining Eligibility for Part C and Part B concurrently: Check "Yes" or "No" You are required to follow all of the Procedural Safeguards for initial evaluations under each part, including separate Prior Written Notice and timelines. If "Yes" is checked, an evaluation report is also required.

Evaluation for Report for Part B: When determining eligibility for Part C and Part B concurrently an Evaluation Report for Part B eligibility must be completed.

SUMMARY OF ALL DEVELOPMENTAL AREAS

Physical development, including vision and hearing

Communication (e.g., understanding, expression, intelligibility, use of language, language skills and pre-literacy)

Cognition (e.g., thinking, play skills)

Social Emotional (e.g., engagement, response to caregivers, coping)

Adaptive (e.g., feeding, dressing, toileting, sleeping)

Summary of All Developmental Areas

By integrating the evaluation summary into the IFSP, the federal requirement to include a summary of all developmental areas in the IFSP is addressed.

Note: If a child has a diagnosed condition with a high probability of resulting in developmental delay or disorder, you are not required to conduct norm-referenced testing in each developmental area. A child's medical and other records may be used to establish eligibility under Part C, if those records indicate that the child's level of functioning in one or more developmental area constitutes a developmental delay or meets criteria for an infant or toddler with a disability.

For children who are referred but have not been diagnosed with such a condition or developmental delay, you must conduct norm-referenced testing that addresses each developmental area. All five developmental areas must be addressed through norm-referenced testing regardless of the primary developmental area under which the child is thought to most likely be determined eligible. For example, if a review of all information gathered through the

referral indicates that communication development is the concern, the team must still address all five developmental areas through norm-referenced testing.

This information should be updated during annual IFSP reviews. Emphasis should be given to the child's functional abilities and strengths within daily routines. Include information on what the child can do and what he needs to learn. The child's learning style may be addressed so that natural abilities can be more easily identified and strengthened.

Address all of the following domains for an initial evaluation and for an annual review of the IFSP.

- Physical development such as:
 - Health (includes medical, dental, nutrition);
 - Vision/Hearing (screening, glasses, hearing aids, history of ear infections);
 - Fine motor (use of hands and upper body);
 - Gross motor (quality and function of movement, equipment/devices); and
 - Other Sensory issues, if appropriate
- Communication (understanding, expression, intelligibility, use of language, language skills and pre-literacy)
- Cognition (thinking, play skills, problem solving)
- Social Emotional (engagement, response to caregivers, coping)
- Adaptive (feeding, dressing, toileting, sleeping)

	ELIGIBILITY DETERMINATION				
☐ Not eligible	under Part C				
☐ Eligible for	Part C early intervention services (infant and toddler intervention services):				
Meets eligibility for Part C services through developmental delay of 1.5 standard deviations or more in at least one of the following development area(s):					
	Cognitive: Indicate instrument and score:				
	Communication: Indicate instrument and score:				
	Adaptive: Indicate instrument and score:				
	Physical: Indicate instrument and score:				
	Social or Emotional: Indicate instrument and score:				
If score	es were obtained through a review of medical or other records, indicate source/provider:				
	eligibility for Part C services through developmental delay because of a diagnosed physical or condition or disorder which has a high probability of resulting in a developmental delay.				
Specify	condition(s) and source of diagnosis:				
☐ Meets	eligibility for Part C services through categorical disability (specify):				
☐ Meets	eligibility for Part C services through the use of informed clinical opinion as an independent basis.				

Describe the rationale the team used for determination of eligibility for Part C through the use	se of informed
clinical opinion:	

Eligibility Determination

Determining eligibility for Part C: The members of the IFSP Team discuss their findings and conclusions and determine if there is documentation, data, or other evidence that the child meets the eligibility requirements under Minnesota Rules 3525.1350 and Minnesota Rules 3525.1351.

Eligibility Determinations (initial IFSP only): Check the box that corresponds to the appropriate Part C eligibility determination and provide any additional information requested, such as rationale for determination. If the child is eligible for Part C services, specify which component of the birth through 2 criteria listed below was used.

- Developmental Delay 1.5 SD delay in one or more areas. Record the instrument and score used in each developmental area.
- Developmental Delay Diagnosed physical or mental condition or disorder that has a high probability of resulting in developmental delay. Record the specific condition(s) and the source of the child's diagnosis.
- Categorical Disability Select one from drop down menu of all categorical disability areas set out in Minnesota Rules.
- Informed Clinical Opinion-This option may be used as an independent basis to establish a child's eligibility for Part C services even when other instruments do not establish eligibility.

STOP HERE IF NOT ELIGIBLE FOR PART C.

FAMILY DIRECTED ASSESSMENT (voluntary on the part of the family)

Record the family's description of their concerns, priorities, and resources related to enhancing the development of the child. The family's concerns, priorities, and resources are to be used as the basis for developing outcomes and identifying strategies and activities to address the child's identified needs.

☐ This information was provided by family members through an assessment tool and through a personal interview with those family members who elected to participate in the tool. Please list assessment tool used:
□ Family member(s) declined

Family Directed Assessment

This section includes a summary of information gathered from the family, specifically their concerns, priorities and resources to enhance the development of their child. A family directed assessment is only needed after a child has been found eligible for Part C services. This assessment must be conducted prior to the child's first IFSP meeting (both of these must occur within 45 days of the date of the referral).

Family directed assessments under Part C must be designed to determine the resources, priorities, and concerns of the family and to identify the supports and services necessary to enhance the family's capacity to meet the developmental needs of their child. Participation in a family directed assessment is voluntary on the part of the family. If a family directed assessment takes place the assessment must be conducted by qualified personnel; be based on information provided by the family through an assessment tool and also through a personal interview with family members who participated in the assessment; and incorporate the family's description of its resources, priorities, and concerns related to enhancing the child's development.

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The information obtained through the family directed assessment is vital to helping other team members understand family dynamics, routines, and activities in order to assist the family. Whether and how much information a family chooses to share is voluntary. However, it will have more meaning to families and the team if the service coordinator explains to the family how this information will guide the team's intervention work. The more insight the team has about the family along the way, the better the team will be able to link strategies to support outcomes.

This information can be helpful in addressing or identifying any unmet medical needs or needs for community services and supports. A family identifying that they would like more information about their child's diagnosis could be a potential outcome in the Child and Family Outcomes section of the IFSP. Alternatively, if a family identified the need for childcare assistance, the service coordinator may identify this in the Needed Medical and Other Services section of the IFSP, along with steps taken to link the family to the identified program or support. This information also highlights strengths and supports that the family already has in place that will be helpful later in developing outcomes. Keep in mind that you can update this information at any time as the family's needs and circumstances change.

After completing the interview, record a summary of the family's concerns, priorities and resources in the space provided. Then check the box titled, "This information was gathered by family members through an assessment tool and through a personal interview with those family members who elected to participate in the assessment."

In the event that the family does NOT agree to participate in a family directed assessment, check the box "Family Member(s) Declined." Do not delete the family assessment component in the event a family declines. This section must remain on the IFSP to document that a family directed assessment was offered to the family as a part of the IFSP development process.

Suggestions for Gathering Family Information

The Routines Based Interview (RBI) Process is one means of conducting a Family-Directed Assessment. Information on the RBI can be found at http://www.siskin.org/www/docs/112.190.

Purpose of Gathering Information from Families

The National Early Childhood Technical Assistance Center (NECTAC) provides the following:

"The language in Part C requiring a 'family assessment' does not imply that early intervention personnel should "assess" or evaluate the family in any respect. Rather, family members are invited to share information, on a voluntary basis, to help service providers understand their concerns, priorities and resources related to supporting their child's development and learning and any other issues the family may want help to address. Identifying the family concerns and priorities helps the IFSP team develop functional outcomes and identify the services, supports and strategies to accomplish those outcomes. The identification of family resources helps the team know what family supports and strengths are already in place to address the identified outcomes.

Because children learn best in the context of everyday activities, families are asked to describe their daily routines and activities in terms of what interests and engages their child, what's going well and what challenges they face. Providers and parents can determine the routines in which to embed interventions and learning opportunities. For example, if a child loves bath time, it may be a natural opportunity to encourage the learning and use of more words, improving balance, reaching for and grasping toys, etc. Learning about a child's interests, favorite people and preferred toys and activities can help providers and families personalize learning opportunities that will be highly motivating and engaging, and build on the child's strengths.

Often families would like to participate in new activities or use community resources but need help to include their child with special needs. Accompanying the family on an outing, problemsolving with families, preparing and supporting community providers are examples of ways providers can help families engage in new activities that will have natural learning opportunities for their child.

Information is usually gathered through conversations with the family. Check lists and interviews can also assist the provider to get useful information. Parents need to know the purpose of this information, how it will be used and where it will be kept. The most important factor in gathering family information is the relationship that develops over time with the provider and family members. Therefore various conversation methods and relationship building techniques yield the most valuable information."

Resources available from NECTAC on Family Assessment and other aspects of family-centered service provision can be found at http://www.nectac.org/topics/families/famassess.asp.

CHILD AND FAMILY OUTCOME(S): OUTCOME NO. 1

Office AND I AMILET OUTCOME (O): OUTCOME NO: 1				
Measurable result or measurable outcome:				
Why is this result or outcome being addressed?				
What is already happening?				
We will know we are successful when (include criteria and procedures):				
Timeline that will be used to determine the extent to which progress is being made:				
What will happen within the child and family's everyday routines and activities and places?				
Periodic review date(s):				
Describe progress toward measurable result or measurable outcome:				
□ Accomplished				
□ Continue				
□ Discontinue				
□ Continue with the following modifications or revisions:				
Child and Family Outcome(s)				

Functional outcomes identified with families are the focal point of the IFSP document. They provide direction for future collaboration between the parents and providers of infant and toddler intervention services. The outcomes specify what should happen for families and children as a result of their participation in early intervention services. Outcomes reflect parents' priorities, build upon identified strengths, build capacity in parents and other caregivers and promote the development of functional skills in children served.

The format of the Outcomes section of the IFSP has been developed to assist IFSP team members to generate outcomes that are meaningfully tied to everyday learning contexts and family routines.

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This section is to be completed at initial and annual IFSP team meetings using information from the child and family assessments and the evaluation process, as appropriate. More than one outcome may be included in the IFSP, thus additional outcome pages are included in the model IFSP form.

Measureable result or measureable outcome: Outcomes should be worded as observable skills, behaviors, products or events the team wishes to see within 6 months to 1 year.

Why is this result or outcome being addressed: This establishes a rationale for the prioritization of this outcome. This statement makes clear to all members of the IFSP why the outcome has been prioritized and is included.

What is already happening: This section equates to the "present levels of performance" section of an IEP, describing what the child and family are currently doing specific to this functional outcome.

We will know we are successful when (include criteria and procedures):

This section is a description of how you will measure this achievement of the functional outcome; the acquisition criterion. Measurable criteria track an action or behavior that can be seen or heard reliably by others, and do not require interpretation or guessing to determine when an outcome has been achieved. Specific criteria establish a realistic reference point for parents, other caregivers, and early intervention providers to easily see or hear that an outcome has been achieved. Criteria should specify where and when to observe a behavior or action. Tracking progress is difficult when criteria are too broad, are ambiguous or are stated in terms of percentages.

It is important to remember the purpose of an outcome as you identify an ending criterion. For example, if the purpose of the outcome was to promote the acquisition of a new skill or behavior, an ending criterion of "three times within one week" may be appropriate. If the purpose of the outcome was to increase a child's rate or fluency with which he or she performs an existing skill, an ending criterion of "within two minutes" is logical. If, instead, the purpose of the outcome is to promote a child's use of an acquired skill or behavior across environments, an ending criteria such as "three times a week at child care and at home" makes sense. Reports of progress by parents and other primary caregivers are acceptable and encouraged.

Timeline that will be used to determine the extent to which progress is being made: Describe the timeline, entering the month and year, that will be used to determine the extent to which progress is being made towards achieving the outcomes and the timelines that will be used to determine whether modifications or revisions of the expected outcomes or early intervention services identified in the IFSP are necessary. The timeline should reflect the anticipated date by which an outcome is expected to be achieved, and the points at which, and by whom, the progress will be monitored. For example, a family may choose to emphasize the skill of walking as a measureable result. The IFSP may note the timeline for the outcome of pulling to stand by 3 months from date of the IFSP, for the outcome of walking short distances without support by 12 months from date of IFSP as measured by parent report.

What will happen within the child and family's everyday routines, activities and places: Describe how the selected intervention methodologies will be implemented throughout the natural learning opportunities that are part of the family's daily routines. This section should clearly describe how members of the IFSP team or other caregivers of the child are embedding intervention into activities such as meals, play, bath, bed and other important daily routines.

Periodic review date(s): Provide the month, day and year when progress on the outcome was reviewed. This section will be blank when a new outcome is identified and included on the IFSP.

Describe progress toward measureable result or measureable outcome: At the periodic review describe the progress made by the child and the family related to the outcome. Also select one of the options provided to describe the degree of progress.

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	Accomplished
	Continue
	Modify/Revise (specific modifications or revisions)
П	Discontinue

How to tell if your IFSP (or I EP) goals are functional. The following information may provide helpful guidance in drafting quality functional goals and outcomes.

Robin McWilliam of the Siskin Children's Institute has developed a scale to measure the functionality of a set of goals or outcomes. The scale can be accessed at the following link:

http://www.nectac.org/~pdfs/topics/families/GoalFunctionalityScaleIII_2_.pdf

The Maryland Department of Education promotes the use of the following reflective questions for IFSP teams to use in evaluating the extent to which selective outcomes are functional and practical.

- 1. Do the outcomes promote a child's competence in situations, activities and routines that are meaningful for each family and child?
- 2. Are the outcomes, selected by each family, written in a language understood by family members?
- 3. Does each outcome identify the positive knowledge, skills or actions for a child and/or family members?
- 4. Can the outcomes reasonably be achieved within the timeframe covered by the IFSP?

Additional resources on the development of functional IFSP outcomes for children and families are available at http://www.nectac.org/topics/families/famresources.asp.

PART C SERVICES Early Intervention

Se	ervices	Projected Start Date	Length (time per session)	Frequency (number of days or sessions)	Intensity (individual or group setting)	Method (how will services be delivered)	Actual Location	Anticipated Duration	Funding Source If Other Than School

Part C Services

Enter the requested information in the corresponding space in the Part C Services Early Intervention chart. The identification of early intervention services is a requirement for the development of an interim IFSP.

Services: In this section, list each service to be provided. Early Intervention services include but are not limited to:

- Assistive technology device and services
- Audiological services
- Family training, counseling and home visits
- Health services
- Medical services
- Nursing services

- Nutrition services
- Occupational therapy
- Physical therapy
- Psychological services
- Service coordination services
- Sign language and cued language services

- Social work services
- Special instruction
- Speech-language pathology services

- Transportation services and related costs
- Vision services

Projected Start Date: Enter the date that the specific service can reasonably expect to begin. Allow time in this projection for a parent to review the IFSP and provide informed consent in writing. Services may actually begin as soon as consent is received. This date should not be changed to reflect the actual start date of services. Note: The start date for services as recorded in the student's MARSS record is that date at which both the parent has signed the IFSP and the special education services have started.

Length: Enter the length of time that the service is provided during each session.

Frequency: Indicate the number of days or sessions that a service will be provided.

Intensity: Enter whether the service is provided on an individual or group basis.

Method: Enter information on how a service will be provided. Examples of method are direct, consultative, transdisciplinary, multidisciplinary, etc.

Actual Location: Provide the setting in which the service will be provided (e.g., home, child care, ECFE, ECSE). For each early intervention service that is provided in an environment that is not the natural environment for the child, provide a justification as to why the service was not provided in the child's natural environment. IDEA defines natural environments settings that are natural or typical for a similarly aged peer who does not have a disability.

Anticipated duration of the instruction or services: Predict when a given service will no longer be provided. For many children, the anticipated duration will be one year. For children who are already two years of age or older when the IFSP is being written or revised, the anticipated duration of a service should not extend beyond the child's third birthday.

Funding Source if Other Than School: For any service that is not funded through the education system, provide the source of funding. For example, when a public health nurse provides nursing services through the IFSP team process, the funding source could be reported to be Public Health. Similarly, if the county provides respite care that meets the definition of an early intervention service, the funding source may be County Social Services, or the funding source may be Part C if the Interagency Early Intervention Committee (IEIC) has allocated funds for this purpose.

JUSTIFICATION FOR EACH SERVICE PROVIDED IN LOCATIONS OTHER THAN THE NATURAL ENVIRONMENT

Service(s):

Environments in which service(s) are provided:

Team explanation of why service(s) cannot be provided in the natural environment:

Justification for Services Provided in Locations Other than the Natural Environment

If any of the services identified in the Part C Services Early Intervention grid are provided in locations other than the natural environment, they must be addressed in this section of the IFSP.

Services: List each individual early intervention service that is provided in an environment other than a natural environment. IDEA defines natural environments settings that are natural or typical for a similarly aged peer who does not have a disability.

Environment in which service(s) are provided: Describe the settings in which each listed service is provided.

Team explanation of why the service(s) cannot be provided in a natural environment: In this section, the IFSP team is to explain how and why the team determined that the child's outcomes could not be met if the early intervention services were provided in the child's natural environment. Explain how services provided in this segregated setting will be generalized to support the child's ability to function in his/her natural environment or in the least restrictive environment for children nearing three years old.

Important note: For children who receive services in multiple environments, the team must report in MARSS the environment in which the child receives the majority of his/her early intervention services. The IFSP does not include a space to document the setting code as this code may change during the time the IFSP is implemented. The appropriate setting should be determined by the service coordinator and communicated to the MARSS reporter for the early intervention program.

NEEDED MEDICAL AND OTHER SERVICES

(Resources, supports or services that assist the child and the child's family but are not funded under Part C of the IDEA)

Needed Medical and Other Services	Steps To Be Taken To Secure Services (if services are not currently being provided)	Person Responsible	Funding Source	

Discussed but there are no identified medical and other services that are needed at this time.

Needed Medical and Other Services

The IFSP must identify medical and other services the child or family needs, or is receiving through other sources, but which are neither required nor funded under Part C of IDEA. If the identified medical and other services are not currently being provided, include a description of the steps the service coordinator or family may take to assist the child and family in securing these other services. For example, since childcare is neither required nor funded under Part C of IDEA, the IFSP team may identify childcare, if appropriate, as an 'other service' in this section of the IFSP.

Needed Medical and Other Services: Enter any needed medical and other services the child or family needs or is receiving through other sources, but are neither funded nor required under Part C of IDEA in the space provided on the grid.

Steps To Be Taken To Secure Services (if services are not currently being provided): Enter a description of the steps to be taken by the service coordinator or the family to secure the services.

Including other services on the IFSP provides a comprehensive picture of the child's total needs. Help Me Grow expects the service coordinator to assist the family to access identified needed services, as appropriate, and to explore financial assistance for these services if necessary.

If there are no needs for medical or other services for the child or the child's family check the box that indicates this topic was discussed and that there are no needs at the time the IFSP was developed.

PLANNING FOR TRANSITION FROM PART C SERVICES

Is the child potentially eligible for Part B?			
□ No □ Yes. If yes, has eligibility for Part B already been determined? □ Yes □ Not yet			
Deadline for Transition Planning Conferences (calculated to be at least 90 days before the child's third birthday)//			
TRANSITION STEPS AND SERVICES			
Paguired for ALL children receiving Part C Services, not just these notantially cligible for Part P			

Required for ALL children receiving Part C Services, not just those potentially eligible for Part B

Transition Steps and Services	What will happen?	When?
Discussions with, and training of, parents regarding future placements and other matters related to transition:		
Procedures to prepare the child for changes in service delivery, including steps to help child adjust to and function in a new setting:		
Identification of transitions services and other activities that the IFSP Team determines are necessary to support the transition of the child:		

Planning for Transition from Part C Services

This section of the IFSP was developed to assist IFSP teams in appropriately implementing and documenting the steps necessary to appropriately transition a child from services under Part C to other community services or to services under Part B if the child is eligible.

Indicate whether or not the child is potentially eligible for Part B. Check the box next to the appropriate response, Yes or No, regarding the child's potential eligibility for Part B. Please note that not all children who are enrolled in a Part C program will demonstrate potential eligibility for a part B program.

Choose "No" if the IFSP team has ongoing developmental data that indicates the child has been and continues to be "on track" for developmentally appropriate skills at age 3, this child would not be "potentially eligible" for services under Part B. If the IFSP team determines that the child is not potentially eligible for services under Part B, the IFSP team, with the approval of the child's family, should make reasonable efforts to hold a transition conference

with the district, the family, and providers of other appropriate services to discuss appropriate services the child may receive.

Choose "Yes" if the child has already been determined potentially eligible for Part B of the IDEA through a concurrent evaluation and for a child who is still showing a level of developmental delay. If the IFSP team determines that the child is potentially eligible for services under Part B of the IDEA the team must, with the approval of the family of the child, hold a transition conference with the district and the family. Note: It makes sense to combine meetings when possible. The transition conference can be combined with the periodic review and the annual review of the IFSP.

If "Yes" the child has already been determined potentially eligible for Part B, check the box "Yes" or "Not Yet" that corresponds to whether the child has already been determined eligible for Part B.

Record the latest possible deadline for a timely transition planning conference in the space provided. Enter the date in the 00/00/0000 format. This conference must be held not fewer than 90 days, and at the discretion of all parties, not more than nine months before the child's third birthday.

Transition Steps and Services

The documentation of transition steps and services is required for all children served under Part C regardless of whether the team believes the child is potentially eligible for services under Part B. Record each step of transition planning on the IFSP form and identify what will happen and the timeline for the transition steps and services. For example, for potentially eligible children whose Part B eligibility has not yet been established through an initial Part B evaluation, an important transition step would be the completion of such an evaluation.

INDIVIDUAL FAMILY SERVICE PLAN (IFSP) SIGNATURE PAGE

Authorizing Signature(s)		
This plan reflects the current priorities of my family.		
Parent Signature	Date	
District Representative	Date	
Representative of other public agency if providing IFSP services	Date	

IFSP Signature Page

Note: The signature of the parent/guardian on the IFSP does not eliminate the requirement that the district provides Prior Written Notice and obtains informed written consent before implementing the IFSP as written. Part B's 14-day waiting period does not apply to services provided through Part C. Written consent must be obtained for services provided through the initial or annual IFSP as well as for any new services added through a periodic review.

Minnesota Statutes, section 125A.32 requires the IFSP to include the signature of the parent and authorized signatures of the agencies responsible for providing, paying for, or facilitating payment, or any combination of these, for early intervention services. The authorized signatures required may include a district representative if appropriate.