**Form EI-04 Individualized Family Service Plan (IFSP) **

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| IFSP type and date | Initial  Periodic | | |  | | | | | Periodic  Periodic | | |  | | Annual | | |  | |  | | EIDS number | |
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| **Section 1: Child and Family Information** | | | | | | | | | | | | | | | | | | | | | | |
| Child’s first name | | | | | Last name | | | | | | | | | Nickname | | | | | | Date of birth | | |
| Languages spoken with child | | | | | Interpreter needed?  Yes No | | | | | | | | Child’s race and ethnicity | | | | | School district of residential parent | | | | |
| Parent name | | | | | Address | | | | | | | | | | | | | Child lives with?  Yes  No | | | | |
| Relationship to child  if not biological or  adoptive parent | | |  | | | | | | | Phone; Cell (C); Home (H); Work (W) | | | | | | | | | | | | |
| Email address | | | | | | | | Preferred contact method  Call  Email  Text | | | | | | | Preferred contact times | | | | | | | |
| Parent name | | | | | Address | | | | | | | | | | | | | Child lives with?  Yes  No | | | | |
| Relationship to child  if not biological or  adoptive parent | | |  | | | | | | | Phone; Cell (C); Home (H); Work (W) | | | | | | | | | | | | |
| Email address | | | | | | | | Preferred contact method  Call  Email  Text | | | | | | | Preferred contact times | | | | | | | |
| **Section 2: Service Coordinator Information** | | | | | | | | | | | | | | | | | | | | | | |
| Your Early Intervention (EI) service coordinator serves as the single point of contact for carrying out the following activities during your participation in EI. This includes   * explaining and ensuring your rights in EI, * coordinating your child’s initial and ongoing eligibility, * coordinating Individualized Family Service Plan (IFSP) meetings within required timelines including those requested by you, * assisting the IFSP team with developing outcomes that are functional and reflect your concerns and priorities, * assisting you in identifying, obtaining, funding, and monitoring needed EI services, * assisting you with locating and connecting to other supports and resources that you need and want, * and facilitating the development of a transition plan before age three. | | | | | | | | | | | | | | | | | | | | | | |
| Name of service coordinator | | | | | | | Phone | | | | | | | | | Email | | | | | | |
| Agency name | | | | | | | | | | | Supervisor name and contact information | | | | | | | | | | | |
| Timely receipt of services (TRS) due by | |  | | | | Periodic six-month review due by | | | | | | |  | | | Transition outcome and planning conference (TPC) due not fewer than 90 calendar days and not more than 9 months prior to the child’s 3rd birthday | | | | | |  |
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| Child’s name | | | | EIDS number |
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| **Section 3: Eligibility and Assessment** | | | | |
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| Section 3A: Eligibility | | | | |
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| **Initial Eligibility** | | | | |
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| Your child is eligible for Ohio Early Intervention (EI) due to: | | | | |
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|  | Developmental delay, as determined by EI evaluation team, on       (date). See section 3B for the summary of eligibility. | | | |
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|  | Diagnosed physical or mental condition with a high likelihood of resulting in a developmental delay. | | | |
|  | | | | |
|  | | Diagnosed condition | | |
|  | | | | |
|  | | Date EI service coordinator confirmed diagnosed condition | | |
| **Annual Eligibility** | | | | |
| Your child is: | | | | |
| Eligible until age three and re-determination of eligibility is not applicable. | | | | |
| Eligible at this year’s re-determination due to: | | | | |
|  | |  | Developmental delay, as determined by EI evaluation team, on       (date). See section 3B for the summary of eligibility. | |
|  | |  | Diagnosed condition | |
|  | | | Date EI service coordinator confirmed diagnosed condition | |
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| Child’s name | | EIDS number |
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| Section 3B: Evaluation Summary | | |
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| Below is a summary of your child’s current level of functioning in all developmental domains. The evaluation team explains what was learned about your child’s development through the evaluation process. | | |
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| 1. **Tool administration:** In this section, the evaluation team documents what tool was used, the date(s) of administration, and results (including whether a delay is present based on scores or clinical opinion) in all developmental domains (adaptive, physical [gross and fine motor, vision, hearing], communication, social emotional and cognition). The location of testing and notations of any adaption to the tool or environment (adaptive equipment, interpreter, sign language) are included. | | |
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| 1. **Review of your child’s history:** This is a summary of what the evaluation team learned through parent interview and reviewing health (such as medical, vision, hearing, nutrition, genetics, and specialized clinic) and education records (such as early head start and childcare providers). | | |
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| 1. **Personal observation of your child:** This is a summary of what the evaluation team learned from observing your child during the evaluation. This includes the type of activities your child participated in, with whom your child interacted, and your child’s reaction to new and familiar situations and people, including the evaluation team. | | |
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| 1. **Information from other sources as necessary to obtain an understanding of your child’s unique development:** Any other type of information that you shared but was not documented elsewhere may be included here. | | |
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| Child’s name | | | | | EIDS number |
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| Section 3C: Family-Directed Assessment (FDA) Summary | | | | | |
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| This section summarizes what you told the assessment team about your family’s priorities, concerns, and resources. | | | | | |
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| Date completed |  | Name of assessment tool(s) used to conduct the FDA |  | Name of person who completed the FDA | |
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| **Family resources:** The people most important and routinely in our child’s life and the role they play in our family: | | | | | |
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| The agencies, organizations, services, and activities that are most important to our family’s life right now: | | | | | |
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| **Family routines:** Our family enjoys participating in the following routines and activities: | | | | | |
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| **Family concerns:** The concerns, difficulties, or challenges that our family experiences during daily routines and activities that would be helpful for the EI team to address: | | | | | |
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| **Family priorities:** These are the resources that our child and family need, including family support, activities, programs and organizations: | | | | | |
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| At this time, we would like the EI team to help us most with: | | | | | |
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| **Section 3D:** Other information: We would like our team to know: | | | | | |
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| Child’s name | | | | EIDS number | |
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| **Section 3E: Assessment Summary** | | | | | |
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| For children to be active and successful participants at home and in their communities, they need to develop skills in three functional areas: (1) developing positive social-emotional skills; (2) acquiring and using knowledge and skills; and (3) taking appropriate action to meet their needs. Your team uses information about your child’s present levels of development, your family’s concerns, resources and priorities, and your daily routines to understand your child’s individual needs in relation to same age peers. This information supports the development of meaningful outcomes for your child and family. | | | | | |
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| **Developing Positive Social-Emotional Skills** | | | | | |
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| Summary of how our child interacts and plays with the family, other adults, and other children. This includes skills, such as (1) communicating and interacting with family, friends, caregivers, and others, (2) showing his or her feelings, (3) playing social games, such as a peek-a-book or turn-taking, using words, sounds, signs, or gestures, (4) calming down when upset (5) and showing understanding of social rules, such as sharing and taking turns. | | | | | |
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| Child’s strengths | | | | | |
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| Child’s needs | | | | | |
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| **Child Outcome Summary (COS) Statement:** Relative to same age peers, our child | | | | | |
|  | has all of the skills that we would expect of a child his or her age in the area of this outcome. |  | is not yet using skills expected of his or her age. He or she does use many important and immediate foundational skills to build upon in the area of this outcome. | | |
|  | has the skills that we would expect of his or her age in regard to this outcome; however, there are concerns. |  | is showing some emerging or immediate foundational skills, which will help him or her to work toward age appropriate skills in the area of this outcome. | | |
|  | shows many age expected skills, but continues to show some functioning that might be described like that of a slightly younger child in the area of this outcome. |  | might be described as like that of a much younger child. He or she shows early skills, but not yet immediate foundational or age expected skills in this outcome area. | | |
|  | shows occasional use of some age expected skills, but more of his or her skills are not yet age expected in the area of this outcome. |  | | | |
|  | | | | | |
| For annual IFSP and at exit. Has our child shown any new skills or behaviors related to developing positive social-emotional skills since the last child outcome summary rating? | | | | | Yes  No |
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| Child’s name | | | | EIDS number | |
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| **Acquiring and Using Knowledge and Skills** | | | | | |
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| Summary of how our child learns new things and uses basic language, communication, and problem solving skills. This includes (1) copying others actions, (2) problem-solving, (3) using gestures, words, or signs, (4) communicating needs and wants, (5) understanding directions, (6) and communicating his or her own thoughts and ideas. | | | | | |
| Child’s strengths | | | | | |
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| Child’s needs | | | | | |
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| **Child Outcome Summary (COS) Statement:** Relative to same age peers, our child | | | | | |
|  | has all of the skills that we would expect of a child his or her age in the area of this outcome. |  | is not yet using skills expected of his or her age. He or she does use many important and immediate foundational skills to build upon in the area of this outcome. | | |
|  | has the skills that we would expect of his or her age in regard to this outcome; however, there are concerns. |  | is showing some emerging or immediate foundational skills, which will help him or her to work toward age appropriate skills in the area of this outcome. | | |
|  | shows many age expected skills, but continues to show some functioning that might be described like that of a slightly younger child in the area of this outcome. |  | might be described as like that of a much younger child. He or she shows early skills, but not yet immediate foundational or age expected skills in this outcome area. | | |
|  | shows occasional use of some age expected skills, but more of his or her skills are not yet age expected in the area of this outcome. |  | | | |
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| For annual IFSP and at exit. Has our child shown any new skills or behaviors related to acquiring and using knowledge and skills since the last child outcome summary rating? | | | | | Yes  No |
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| **Using Appropriate Action to Meet Needs** | | | | | | | | | |
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| Summary of how our child is beginning to take care of his or her own needs, such as moving from place to place, eating independently, and taking care of basic needs. This includes (1) letting me know when he or she is hungry, (2) letting someone know when he or she needs help, (3) working on getting something that is out of reach, and (4) how much help our child needs with dressing, eating, using the toilet, and communicating. | | | | | | | | | |
| Child’s strengths | | | | | | | | | |
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| Child’s needs | | | | | | | | | |
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| **Child Outcome Summary (COS) Statement:** Relative to same age peers, our child | | | | | | | | | |
|  | has all of the skills that we would expect of a child his or her age in the area of this outcome. | | |  | is not yet using skills expected of his or her age. He or she does use many important and immediate foundational skills to build upon in the area of this outcome. | | | | |
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|  | shows occasional use of some age expected skills, but more of his or her skills are not yet age expected in the area of this outcome. | | |  | | | | | |
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| For annual IFSP and at exit. Has our child shown any new skills or behaviors related to using appropriate action to meet needs since the last child outcome summary rating? | | | | | | | | | Yes  No |
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| **Multidisciplinary Evaluation and Assessment Team Members** | | | | | | | | | |
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| Printed name | |  | Discipline | | |  | Contact information | | |
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| **Section 4: Our Child and Family Outcomes** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| This section identifies a child or family outcome based on what you want to accomplish, as well as the steps to meet your outcome.The outcome is based on information the team learned from the child and family assessment(s). Each IFSP outcome must be written inwords easily understandable by everyone and in a way that clearly relates to what you stated as your priorities during the family-directedassessment (if conducted). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Outcome number | | |  | This child outcome addresses | | |  | Developing positive social relationships | | |  | | Acquiring and using new skills and knowledge | |  | Taking action to meet own needs | | | | | |  | | Outcome addresses family participation, family well-being, or information | | |  | Outcome addresses transition | |
| Given what you’ve shared about your family’s daily life, what would you like to see happen within your family’s activities as a result of EI supports and services. How will we know when it is accomplished? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| What’s happening now? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Strategies: What steps and activities, including who and when, will help us meet the IFSP outcome? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Supports that we currently have available to help us with this outcome (formal and natural, including services not provided by EI). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Review of this outcome: A review of the IFSP must occur at least every six months, but may occur sooner. You may request an IFSP review at any time.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Result of review | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | Outcome met | |  |  | Progress made; continue with current outcome, strategies and services | | | |  |  | Continue outcome and revise strategies and/ or services | | | | |  | |  | | Revise outcome, strategies, and services | | | |  |  | No longer parent priority | | |
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|  | Date | | | | Date(s) | | | | |  | Date(s) | | | | | |  | | Date(s) | | | | | |  | | Date | |  |
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| **New concerns or events that affect this outcome** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Progress made toward meeting this outcome** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Child’s name | | | | | | | | | | | | | | | | | | | EIDS number | | | | | | | | | | |
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| **Section 4: Our Child and Family Outcomes** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| This section identifies a child or family outcome based on what you want to accomplish, as well as the steps to meet your outcome.The outcome is based on information the team learned from the child and family assessment(s). Each IFSP outcome must be written inwords easily understandable by everyone and in a way that clearly relates to what you stated as your priorities during the family-directedassessment (if conducted). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Outcome number | | |  | This child outcome addresses | | |  | Developing positive social relationships | | |  | | Acquiring and using new skills and knowledge | |  | Taking action to meet own needs | | | | | |  | | Outcome addresses family participation, family well-being, or information | | |  | Outcome addresses transition | |
| Given what you’ve shared about your family’s daily life, what would you like to see happen within your family’s activities as a result of EI supports and services. How will we know when it is accomplished? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| What’s happening now? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Strategies: What steps and activities, including who and when, will help us meet the IFSP outcome? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Supports that we currently have available to help us with this outcome (formal and natural, including services not provided by EI). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Review of this outcome: A review of the IFSP must occur at least every six months, but may occur sooner. You may request an IFSP review at any time.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Result of review | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | Outcome met | |  |  | Progress made; continue with current outcome, strategies and services | | | |  |  | Continue outcome and revise strategies and/ or services | | | | |  | |  | | Revise outcome, strategies, and services | | | |  |  | No longer parent priority | | |
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|  | Date | | | | Date(s) | | | | |  | Date(s) | | | | | |  | | Date(s) | | | | | |  | | Date | |  |
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| **New concerns or events that affect this outcome** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Progress made toward meeting this outcome** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Child’s name | | | | | | | | | | | | | | | | | | | EIDS number | | | | | | | | | | |
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| **Section 4: Our Child and Family Outcomes** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| This section identifies a child or family outcome based on what you want to accomplish, as well as the steps to meet your outcome.The outcome is based on information the team learned from the child and family assessment(s). Each IFSP outcome must be written inwords easily understandable by everyone and in a way that clearly relates to what you stated as your priorities during the family-directedassessment (if conducted). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Outcome number | | |  | This child outcome addresses | | |  | Developing positive social relationships | | |  | | Acquiring and using new skills and knowledge | |  | Taking action to meet own needs | | | | | |  | | Outcome addresses family participation, family well-being, or information | | |  | Outcome addresses transition | |
| Given what you’ve shared about your family’s daily life, what would you like to see happen within your family’s activities as a result of EI supports and services. How will we know when it is accomplished? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| What’s happening now? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Strategies: What steps and activities, including who and when, will help us meet the IFSP outcome? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Supports that we currently have available to help us with this outcome (formal and natural, including services not provided by EI). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Review of this outcome: A review of the IFSP must occur at least every six months, but may occur sooner. You may request an IFSP review at any time.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Result of review | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | Outcome met | |  |  | Progress made; continue with current outcome, strategies and services | | | |  |  | Continue outcome and revise strategies and/ or services | | | | |  | |  | | Revise outcome, strategies, and services | | | |  |  | No longer parent priority | | |
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|  | Date | | | | Date(s) | | | | |  | Date(s) | | | | | |  | | Date(s) | | | | | |  | | Date | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **New concerns or events that affect this outcome** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Progress made toward meeting this outcome** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Child’s name | | | | | | | | | | EIDS number | | | |
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| **Early Intervention services: Using all of the information available, the IFSP team has identified the following EI services to support our outcomes.** | | | | | | | | | | | | | |
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| EI service Type | Method | | Location | How often | | Session length | Provider agency | | Funding source | | Projected start date | Projected end date | Outcome number(s) |
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| Method: Direct (D); Joint (J) ● In-person: (P); Technology (T) | | | | | | | | Location: Home (H); Community (C); Other (O) | | | | | |
|  | | | | | | | | | | | | | |
| For each EI service that will not be provided in our child’s natural environment, an explanation of why the outcome(s) cannot be achieved in a natural environment is provided. | | | | | | | | | | | | | |
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| List steps that the service coordinator and family will take, including projected date, for moving the service into a natural environment. | | | | | | | | | | | | | |
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| List any EI service that is needed, but not yet coordinated. | | | | | | | | | | | | | |
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| Steps that the service coordinator will take to coordinate the needed EI service(s). | | | | | | | | | | | | | |
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| Timely receipt of services (TRS) due by | |  | | |  | | | | | | | | |
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| Child’s name | | | | | EIDS number | | | | | |
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| **Section 5: Consent for EI Services** | | | | | | | | | | |
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| I have been fully informed and understand all information related to the provision of Early Intervention services described in this IFSP. I have a copy of the Ohio Early Intervention Parent Rights brochure and understand my rights for giving consent. I understand that I have dispute resolution options if I have an Early Intervention complaint. I have received prior written notice about the proposed Early Intervention services and agree to the provision of these Early Intervention services described in this IFSP. | | | | | | | | | | |
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| Parent signature | | |  | Parent name | | | |  | Date | |
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| Parent signature | | |  | Parent name | | | |  | Date | |
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| We acknowledge that the outcomes reflect the family’s priorities and concerns and the EI services support those outcomes. We agree to carry out the plan in a manner that supports the family’s ability to help their child participate in and learn from their everyday activities whenever possible. | | | | | | | | | | |
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| Signature |  | Name, role, and agency | | | |  | Participation method | |  | Date |
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| Participation method: In-person (P); Technology (T); Written (W) | | | | | | | | | | |
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| Child’s name | EIDS number |
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| **IFSP Overflow** | |
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| When it is not possible to provide all relevant information within the allotted space on the previous pages, type see “See attached” in that section and write the information for that specific section on this page. Be sure to include the IFSP section reference. | |
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