

Form EI-04 Individualized Family Service Plan (IFSP)

IFSP type and date Initial _____ Periodic _____ Annual _____
 Periodic _____ Periodic _____

EIDS number _____

Section 1: Child and Family Information

Child's first name	Last name	Nickname	Date of birth
Languages spoken with child	Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Child's race and ethnicity	School district of residential parent
Parent name	Address		Child lives with? <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to child if not biological or adoptive parent		Phone; Cell (C); Home (H); Work (W)	
Email address	Preferred contact method <input type="checkbox"/> Call <input type="checkbox"/> Email <input type="checkbox"/> Text		Preferred contact times

Parent name	Address		Child lives with? <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to child if not biological or adoptive parent		Phone; Cell (C); Home (H); Work (W)	
Email address	Preferred contact method <input type="checkbox"/> Call <input type="checkbox"/> Email <input type="checkbox"/> 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 _____

Section 3: Eligibility and Assessment

Section 3A: Eligibility

Initial Eligibility

Your child is eligible for Ohio Early Intervention (EI) due to:

Developmental delay, as determined by EI evaluation team, on _____ (date). See section 3B for the summary of eligibility.

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 _____

Section 3B: Evaluation Summary

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.

- I. **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 adaptation to the tool or environment (adaptive equipment, interpreter, sign language) are included.

- II. **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).

- III. **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.

- IV. **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.

Section 3C: Family-Directed Assessment (FDA) Summary

This section summarizes what you told the assessment team about your family's priorities, concerns, and resources.

Date completed

Name of assessment tool(s) used to conduct the FDA

Name of person who completed the FDA

Family resources: The people most important and routinely in our child's life and the role they play in our family:

The agencies, organizations, services, and activities that are most important to our family's life right now:

Family routines: Our family enjoys participating in the following routines and activities:

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:

Family priorities: These are the resources that our child and family need, including family support, activities, programs and organizations:

At this time, we would like the EI team to help us most with:

Section 3D: Other information: We would like our team to know:

Section 3E: Assessment Summary

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.

Developing Positive Social-Emotional Skills

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.

Child's strengths

Child's needs

Child Outcome Summary (COS) Statement: Relative to same age peers, our child

- | | |
|--|---|
| <input type="checkbox"/> has all of the skills that we would expect of a child his or her age in the area of this outcome. | <input type="checkbox"/> 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. |
| <input type="checkbox"/> has the skills that we would expect of his or her age in regard to this outcome; however, there are concerns. | <input type="checkbox"/> 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. |
| <input type="checkbox"/> 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. | <input type="checkbox"/> 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 the this outcome area. |
| <input type="checkbox"/> 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

Acquiring and Using Knowledge and Skills

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

Child's needs

Child Outcome Summary (COS) Statement: Relative to same age peers, our child

- | | |
|--|---|
| <input type="checkbox"/> has all of the skills that we would expect of a child his or her age in the area of this outcome. | <input type="checkbox"/> 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. |
| <input type="checkbox"/> has the skills that we would expect of his or her age in regard to this outcome; however, there are concerns. | <input type="checkbox"/> 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. |
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| <input type="checkbox"/> 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 *acquiring and using knowledge and skills* since the last child outcome summary rating?

Yes No

Using Appropriate Action to Meet Needs

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

Child's needs

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.
- has the skills that we would expect of his or her age in regard to this outcome; however, there are concerns.
- 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.
- 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.
- 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.
- 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.
- 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 the this outcome area.

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

Multidisciplinary Evaluation and Assessment Team Members

Printed name	Discipline	Contact information
_____	_____	_____
_____	_____	_____
_____	_____	_____

Section 4: Our Child and Family Outcomes

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 in words easily understandable by everyone and in a way that clearly relates to what you stated as your priorities during the family-directed assessment (if conducted).

Outcome number	This child outcome addresses	<input type="checkbox"/> Developing positive social relationships	<input type="checkbox"/> Acquiring and using new skills and knowledge	<input type="checkbox"/> Taking action to meet own needs	<input type="checkbox"/> Outcome addresses family participation, family well-being, or information	<input type="checkbox"/> Outcome addresses transition
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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?

What's happening now?

Strategies: What steps and activities, including who and when, will help us meet the IFSP outcome?

Supports that we currently have available to help us with this outcome (formal and natural, including services not provided by EI).

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.

Result of review

<input type="checkbox"/> Outcome met	<input type="checkbox"/> Progress made; continue with current outcome, strategies and services	<input type="checkbox"/> Continue outcome and revise strategies and/or services	<input type="checkbox"/> Revise outcome, strategies, and services	<input type="checkbox"/> No longer parent priority
_____	_____	_____	_____	_____
Date	Date(s)	Date(s)	Date(s)	Date

New concerns or events that affect this outcome

Progress made toward meeting this outcome

Early Intervention services: Using all of the information available, the IFSP team has identified the following EI services to support our outcomes.

El service type	Method	Location	How often	Session length	Provider agency	Funding source	Projected start date	Projected end date	Outcome number(s)

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.

List steps that the service coordinator and family will take, including projected date, for moving the service into a natural environment.

List any EI service that is needed, but not yet coordinated.

Steps that the service coordinator will take to coordinate the needed EI service(s).

Timely receipt of services (TRS) due by _____

Section 5: Consent for EI Services

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.

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.

Signature	Name, role, and agency	Participation method	Date

Participation method: In-person (P); Technology (T); Written (W)