

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



IFSP type and date  Initial \_\_\_\_\_  Periodic \_\_\_\_\_  Periodic \_\_\_\_\_  
 Annual \_\_\_\_\_  Periodic \_\_\_\_\_  TPC \_\_\_\_\_

ETID 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	Child's school district of residence
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	

### Other important family information

(anything you want your team to know about your family's culture, spiritual beliefs, or living arrangements)

## Section 2: Early Intervention 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 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
- Facilitating the development of a transition plan before age three

Name of EI Service Coordinator	Phone	Email
Agency name	Supervisor name and contact information	

Child's name:

Date of birth:

ETID number:

## Section 3: Child and Family Assessment

Completion date of:

\_\_\_\_\_ **Child Assessment**

\_\_\_\_\_ **Family-Directed Assessment**

During the assessments of your child and family, the assessment team gathered information from a variety of sources. This information is summarized in the following pages and will be the basis for the development of outcomes and identification of strategies and activities to address the needs of your child and family.

**The following child assessment activities must have been conducted or reviewed**

**Completion date**

- Review of the eligibility documents
- Review of child's history via medical/educational/other records
- Review of child's history via parent/family interview
- Gathering information from caregivers, family members, and/or others to understand full scope of the child's unique strengths and needs
- Identification of child's level of functioning within your family's daily routines and activities
- Hearing Checklist
- Vision Checklist
- Other (optional):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

## Child's History Summary

This is a summary of the relevant information acquired through parent interview and medical, educational, or other records, including birth history, gestational age, medical conditions or diagnoses, illnesses, hospitalizations, medications, vision and hearing status/screenings, feeding/nutrition needs, and other developmental information.

Child's name:

Date of birth:

ETID number:

## Daily Activities and Routines Summary

### The Easiest or Most Enjoyable Times of Day with Your Child

Activity/Routine	Who is involved?	What makes the activity/routine go well?

### The Most Challenging or Frustrating Times of Day with Your Child

Activity/Routine	Who is involved?	What makes the activity/routine challenging?

## Summary of Your Child's Development

Children develop skills in three functional areas, known as the Three Child Outcomes: (1) developing positive social-emotional skills; (2) acquiring and using knowledge and skills; and (3) taking appropriate action to meet their needs. Your team has compiled information through observation, family interview, review of your child's records, and the information you shared about your child's participation in family activities and routines. These summaries of your child's present levels of development represent your child's individual strengths and needs in relation to same age peers. This link provides more information on the functional skill breakdown for each of the [Three Child Outcomes](#).

Child's name:

Date of birth:

ETID number:

## Developing Positive Social-Emotional Skills

This is a summary of how your child interacts and plays with the family, other adults, and other children. This includes how they (1) show affection to family members, (2) understand and use their name and the names of others, (3) communicate greetings and goodbyes, (4) play with familiar and unfamiliar adults and peers, (5) express ownership of toys and share with others, (6) show their feelings and calm when upset, and (7) participate in social rules and games, such as playing peek-a-boo, singing songs, dancing, pretend play, and taking turns.

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**For annual IFSP and at exit** - Has your child shown any new skills or behaviors related to developing positive social-emotional skills since the most recent Child Outcome Summary rating?  Yes  No

**Child Outcome Summary (COS) Rating Statement** - Relative to same age peers, your child:

- |   |  |
|---|--|
| <input type="checkbox"/> Uses the skills expected of a much younger child in this area.   | <input type="checkbox"/> Occasionally uses age-expected skills. They have more skills of a younger child in this area. |
| <input type="checkbox"/> Uses some early skills that are necessary for developing age-expected skills. They are not yet using age-expected skills in this area. | <input type="checkbox"/> Uses many age-expected skills. They have some skills of a younger child in this area.         |
| <input type="checkbox"/> Uses many early skills that are necessary for developing age-expected skills. They are not yet using age-expected skills in this area. | <input type="checkbox"/> Uses the skills that we would expect in this area. However, there is potential for concern.   |
|   | <input type="checkbox"/> Uses all the skills that we would expect in this area.  |
-

Child's name:

Date of birth:

ETID number:

## Acquiring and Using Knowledge and Skills

This is a summary of how your child plays, learns new things, and communicates what they know to others. This includes how they (1) observe and learn from others, (2) problem-solve, (3) analyze new information, (4) engage in purposeful play, (5) "read" books, (6) understand directions, and (7) use gestures, words, or signs to tell others about the world and answer questions.

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**For annual IFSP and at exit** - Has your child shown any new skills or behaviors related to acquiring and using knowledge and skills since the most recent Child Outcome Summary rating?

Yes  No

**Child Outcome Summary (COS) Rating Statement** - Relative to same age peers, your child:

- |   |  |
|---|--|
| <input type="checkbox"/> Uses the skills expected of a much younger child in this area.   | <input type="checkbox"/> Occasionally uses age-expected skills. They have more skills of a younger child in this area. |
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| <input type="checkbox"/> Uses many early skills that are necessary for developing age-expected skills. They are not yet using age-expected skills in this area. | <input type="checkbox"/> Uses the skills that we would expect in this area. However, there is potential for concern.   |
|   | <input type="checkbox"/> Uses all the skills that we would expect in this area.  |
-

Child's name:

Date of birth:

ETID number:

## Using Appropriate Action to Meet Needs

This is a summary of how your child moves purposefully, helps to take care of themselves, and communicates what they want and need. This includes how they (1) move from place to place, (2) eat and drink, (3) participate in dressing and undressing, (4) sleep during their nap and overnight, (5) participate in bathing, diapering, and toileting, (6) follow directions about safety, and (7) communicate their wants and needs to others.

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**For annual IFSP and at exit** - Has your child shown any new skills or behaviors related to using appropriate action to meet needs since the most recent Child Outcome Summary rating?  Yes  No

**Child Outcome Summary (COS) Rating Statement** - Relative to same age peers, your child:

- |   |  |
|---|--|
| <input type="checkbox"/> Uses the skills expected of a much younger child in this area.   | <input type="checkbox"/> Occasionally uses age-expected skills. They have more skills of a younger child in this area. |
| <input type="checkbox"/> Uses some early skills that are necessary for developing age-expected skills. They are not yet using age-expected skills in this area. | <input type="checkbox"/> Uses many age-expected skills. They have some skills of a younger child in this area.         |
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|   | <input type="checkbox"/> Uses all the skills that we would expect in this area.  |
-

Child's name:

Date of birth:

ETID number:

## Family-Directed Assessment (FDA) Summary

**FDA Conducted by:** \_\_\_\_\_

### **Family Concerns**

This is a summary of the concerns, difficulties, or challenges that your child and/or family experience during daily routines and activities that would be helpful for the EI team to address.

### **Family Resources**

This is a summary of the resources that your child/family has for support, including people, activities, programs, or organizations, as well as resources that you do not currently have but want or could benefit from.

### **Family Priorities**

This is a summary of the specific skills, activities, and/or resources that you would like your child and/or family to acquire as a result of early intervention services.

Child's name:

Date of birth:

ETID number:

## Section 4: Your 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 the information you shared about your family's daily life during the child and family assessment(s). Each IFSP outcome must be written in words easily understandable by everyone and with enough detail so the entire team will know when it is accomplished. Outcomes should be based on what you would like to see happen within your family's activities as a result of EI supports and services.

Outcome number:	This <b>child</b> 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	This <b>family</b> outcome addresses: <input type="checkbox"/> Family well-being, family participation, or information
Date outcome added:		

**Outcome:**

**What's happening now with respect to this outcome?**

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

**Supports that we currently have available to help 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:**  Outcome met     Continue outcome     Revise outcome     Outcome no longer a priority

**Date of review:** \_\_\_\_\_

**New concerns or events that affect this outcome:**

**Progress made toward meeting this outcome:**

**Updated strategies:**



Child's name:

Date of birth:

ETID number:

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Outcome number:	This <b>child</b> 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	This <b>family</b> outcome addresses:	<input type="checkbox"/> Family well-being, family participation, or information
Date outcome added:						

**Outcome:**

**What's happening now with respect to this outcome?**

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

**Supports that we currently have available to help 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:**

**Date of review:** \_\_\_\_\_

Outcome met     Continue outcome     Revise outcome     Outcome no longer a priority

**New concerns or events that affect this outcome:**

**Progress made toward meeting this outcome:**

**Updated strategies:**

Child's name:

Date of birth:

ETID number:

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Outcome number:	This <b>child</b> 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	This <b>family</b> outcome addresses: <input type="checkbox"/> Family well-being, family participation, or information
Date outcome added:		

**Outcome:**

**What's happening now with respect to this outcome?**

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

**Supports that we currently have available to help 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:**

**Date of review:** \_\_\_\_\_

- Outcome met   
  Continue outcome   
  Revise outcome   
  Outcome no longer a priority

**New concerns or events that affect this outcome:**

**Progress made toward meeting this outcome:**

**Updated strategies:**

Child's name:

Date of birth:

ETID number:

## Section 5: Your Child and Family Transition Plan

The supports and services provided through Early Intervention end when the child turns three. This section serves as your transition plan and identifies the child and family transition needs and the steps and activities needed to make this transition from EI as smooth as possible. Your team will work with you to develop a plan and assist you to identify potential community supports or services that may be beneficial to your child and family.

Your plan will be developed between **9 months** ( \_\_\_\_\_ ) and **90 days** ( \_\_\_\_\_ ) before your child's third birthday.  
Date Date

If your child was referred to EI within 90 days of their third birthday, your transition plan will be developed at your initial IFSP meeting.

This planning process will include:

- Discussion with you about your child and family's future needs, potential future services and placements, and details you may need about those service options.
- Procedures to prepare your child for changes in service delivery, including steps to help your child adjust to and function in a new setting. This may include anything from learning to get on a school bus, to separating from family members, to acquiring and using a communication or other assistive technology device in a new setting.
- Identifying the transition steps, activities, and any that the IFSP team determines are necessary to support the transition.
- With your consent (on the EI-07 Consent for Transition Planning Conference), a Transition Planning Conference (TPC) with any community service providers you have identified as potential resources.

While your child's name, date of birth, and your contact info has already been shared with your school district, the TPC is a time for you to share and learn additional information. If your child may be eligible for preschool special education services at age three, this planning process will also include conversations with you about the role of the school district and the process for obtaining your consent for sharing copies with your school district of the most recent evaluations, assessments and IFSP, and inviting the school district representative to a Transition Planning Conference.

**Date transition outcome with steps and services developed:**

**Potential future resources, placements, and/or services:**

**Child transition outcome: What will your child need to make a smooth transition?**

Outcome number:

**What steps and activities, including who and when, will help us meet this outcome?**

This transition outcome addresses:

Developing positive social relationships

Acquiring and using new skills and knowledge

Taking action to meet own needs

**Family transition outcome: What will you need to support your child in this transition?**

Outcome number:

**What steps and activities, including who and when, will help us meet this outcome?**

Child's name:

Date of birth:

ETID number:

**Review of transition outcome(s):** 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 for child transition outcome:**

**Date of review:** \_\_\_\_\_

- Outcome met     Continue outcome     Revise outcome     Outcome no longer a priority

**Result of review for family transition outcome:**

- Outcome met     Continue outcome     Revise outcome     Outcome no longer a priority

**New concerns or events that affect these outcomes:**

**Progress made toward meeting these outcomes:**

**Updated strategies, steps, and activities:**

Child's name:

Date of birth:

ETID number:

## Section 6: Early Intervention Services

Early Intervention services may be provided by a primary service provider (PSP) or a secondary service provider (SSP). The PSP directly assists/serves the family at all visits to support the outcomes and promote child learning and development. SSPs periodically support the PSP and family with the IFSP outcomes through joint visits. Joint visits occur as often as necessary based on the needs of the PSP and family. In addition to your provider(s), you always have access to a full team of EI providers available to support your family.

**Using all the information available, the IFSP team has identified the following EI services to support our outcomes:**

EI Service Type	Method	Location	Frequency	Session Length	Provider Agency	Funding Source	Date of IFSP:		Outcome Number(s)
							Projected Start Date*	Projected End Date	
<input type="checkbox"/> PSP <input type="checkbox"/> SSP							<input type="checkbox"/> New Service		
<input type="checkbox"/> PSP <input type="checkbox"/> SSP							<input type="checkbox"/> New Service		
<input type="checkbox"/> PSP <input type="checkbox"/> SSP							<input type="checkbox"/> New Service		
<input type="checkbox"/> PSP <input type="checkbox"/> SSP							<input type="checkbox"/> New Service		
<input type="checkbox"/> PSP <input type="checkbox"/> SSP							<input type="checkbox"/> New Service		

Method: In-person (P); Technology (T)

Location: Home (H); Community (C); Other (O)

\*If any new or changed service is projected to occur within 10 days of this IFSP meeting, see the "Waiver of Timeline" within Section 8 of the IFSP

Explanation of why any EI service(s) cannot be provided in a natural environment:

Steps that the EI Service Coordinator and family will take, including projected date, for moving the service(s) into a natural environment:

EI services that are needed, but not yet coordinated:

Steps that your EI Service Coordinator will take to coordinate the needed EI service(s):

Timely receipt of services (TRS) due by: \_\_\_\_\_

Child's name:

Date of birth:

ETID number:

## Section 7: Team Participation

In addition to your valuable contributions to the development of this IFSP, the following individuals participated in the eligibility determination, assessment, and/or IFSP development:

**EI Service Coordinator name:**

*Phone:*

*Email:*

**Name:**

*Phone:*

*Email:*

*Role:*     Evaluator/Assessor                       Provider

*Discipline:*

- |   |  |
|---|--|
| <input type="checkbox"/> Developmental Specialist | <input type="checkbox"/> Speech-Language Pathologist |
| <input type="checkbox"/> Pre-K/K Educator         | <input type="checkbox"/> Occupational Therapist      |
| <input type="checkbox"/> Social Worker            | <input type="checkbox"/> Physical Therapist          |
| <input type="checkbox"/> Vision Specialist        | <input type="checkbox"/> Nurse                       |
| <input type="checkbox"/> Hearing Specialist       | <input type="checkbox"/> Other :                     |

**Name:**

*Phone:*

*Email:*

*Role:*     Evaluator/Assessor                       Provider

*Discipline:*

- |   |  |
|---|--|
| <input type="checkbox"/> Developmental Specialist | <input type="checkbox"/> Speech-Language Pathologist |
| <input type="checkbox"/> Pre-K/K Educator         | <input type="checkbox"/> Occupational Therapist      |
| <input type="checkbox"/> Social Worker            | <input type="checkbox"/> Physical Therapist          |
| <input type="checkbox"/> Vision Specialist        | <input type="checkbox"/> Nurse                       |
| <input type="checkbox"/> Hearing Specialist       | <input type="checkbox"/> Other :                     |

**Name:**

*Phone:*

*Email:*

*Role:*     Evaluator/Assessor                       Provider

*Discipline:*

- |   |  |
|---|--|
| <input type="checkbox"/> Developmental Specialist | <input type="checkbox"/> Speech-Language Pathologist |
| <input type="checkbox"/> Pre-K/K Educator         | <input type="checkbox"/> Occupational Therapist      |
| <input type="checkbox"/> Social Worker            | <input type="checkbox"/> Physical Therapist          |
| <input type="checkbox"/> Vision Specialist        | <input type="checkbox"/> Nurse                       |
| <input type="checkbox"/> Hearing Specialist       | <input type="checkbox"/> Other :                     |

**Name:**

*Phone:*

*Email:*

*Role:*     Evaluator/Assessor                       Provider

*Discipline:*

- |   |  |
|---|--|
| <input type="checkbox"/> Developmental Specialist | <input type="checkbox"/> Speech-Language Pathologist |
| <input type="checkbox"/> Pre-K/K Educator         | <input type="checkbox"/> Occupational Therapist      |
| <input type="checkbox"/> Social Worker            | <input type="checkbox"/> Physical Therapist          |
| <input type="checkbox"/> Vision Specialist        | <input type="checkbox"/> Nurse                       |
| <input type="checkbox"/> Hearing Specialist       | <input type="checkbox"/> Other :                     |

**Other participant names**

**Role/Relationship to family**

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Child's name:

Date of birth:

ETID number:

## Section 8: Prior Written Notice and Consent for EI Services

### Parent Consent

I agree to the provision of these Early Intervention services described in this IFSP. I participated in the development of this IFSP and 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 understand that when any Ohio Early Intervention (EI) service provider recommends or proposes to begin (initiate) or change the EI services that will be provided to my family and child, I must receive prior written notice at least ten calendar days before beginning or changing that EI service. I understand that this IFSP constitutes prior written notice about the proposed Early Intervention services and the details of the proposed initiation or change of services are described within Section 6 of the IFSP. Additional prior written notice is not needed for a service that was proposed to end using form EI-11 prior to this IFSP meeting.

#### Waiver of Timeline (optional)

I understand and agree to waive my right to receive written notice 10 calendar days prior to changing or beginning an EI service.

\_\_\_\_\_  
Initials of parent(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent name

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent name

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

### EI Service Coordinator and Provider Consent

We acknowledge that the outcomes reflect the family's priorities and concerns, and the EI services support those outcomes. We agree to implement this IFSP in a manner that supports the family's ability to help their child participate in and learn from their everyday activities whenever possible.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Discipline

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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