

Child's Name:

3. Screening

Are there any questions/concerns about your child's: *Pain, Nutrition, Dental, Sleep, or Behavior* (If **yes**, please explain).

Pain your child may have? No Yes
How do you know if your child is in pain?

Your child's **eating, nutrition, growth**? No Yes

Oral/dental health? No Yes

Sleeping? No Yes

Behavior? No Yes

Functional Vision & Hearing Screening: Does your child: (Y=yes; N=no; S=sometimes; N/A=not applicable)

Make eye contact with adults
 Follow a moving object with their eyes
 Make eye contact with a task or object
 Hold objects at a normal distance (after 6 months)
 Walk without frequently bumping into things
 Walk smoothly across shadows that look different
 Have eyes that are clear and not red or watery
 Have eyes that seem typical (not unusual crossing in/out)

Raise eyebrows to sounds (bell, other noise) (until 4 months)
 Startle to loud noises (until 6 months)
 Show awareness of noises, door knock, television, toys...
 Imitate sounds (after 1 year)
 Use a voice that is not too loud or too soft
 Come to you when called from a distance (after 18 months)
 Have speech at least 50% understandable (after 2 yrs.)
 Have a history of ear infections. If yes, how many?

Is there a family history of vision impairment from a young age?
 No Yes (explain)

Is there a family history of hearing loss from a young age?
 No Yes (explain)

Has your child had his/her vision checked before?
 No Yes (explain)

Has your child had his/her hearing checked before? No Yes
Infant hearing screening passed? yes no (explain)

Do you have questions/concerns about your child's vision?
 No Yes (explain)

Do you have questions/concerns about your child's hearing?
 No Yes (explain)

Developmental Screening

Date: _____

Annual IFSP – Developmental Screening not required.

Team Decision Further evaluation No further evaluation at this time
 Re-screen (indicate re-screening date/timeframe) _____

Signature

Child's Name:

4. Health Information

Where do you take your child for health care?

Who is your child's primary care doctor/medical provider?

Child's Current Health: Date and results of most recent well baby exam.

Other health information relevant to the referral. For Example: diagnosis; birth complications; weight gain; developmental milestones (e.g., sitting, crawling, walking, talking); illnesses; allergies/medications, frequent trips to the ER or clinic; other information.

Is there any family health history, learning disability, or mental health information that would be useful for us to know?

The team recommends the following referrals be discussed with a primary doctor/medical provider (describe who will do what):

5. Developmental Evaluation and Eligibility Status

Instrument(s):

Date(s):

Domains	Results
Adaptive/Self-help	
Social/Emotional	
Communication	
Physical Motor	
Cognitive	
Other	

Child's Name:

Summary *Include evaluation findings for all domains and descriptions of any special arrangements/adaptations needed.*

Methods & Procedures: family report natural observation standardized evaluation criterion referenced assessment

General observations

Adaptive/Self-help

Social/Emotional

Communication

Physical Motor

Cognitive

Other

Child's Name:

Eligibility Status: Initial Annual Subsequent (eligibility/ ineligibility determination outside of regular IFSP process)

Child is not eligible for early intervention services.

Tracking: If not eligible, will the child be placed in Tracking No Yes _____ (frequency)

Child is eligible for early intervention services.

Biological Risk: (specify) _____

Developmental Delay: (Specify standard deviation or percentage of delay under areas of delay)

Adaptive	Social - Emotional	Communication	Physical Motor	Cognitive

An Informed Opinion Process was completed to estimate the developmental delay No Yes (see IO form)

Annual IFSP, eligibility continues.

Parent(s) Statements

Yes No I have received a copy of **Procedural Safeguards & Due Process Procedures**.

Yes No I received my **Notice of Proposed Action**.

Yes No This information has been explained to me and I understand it.

Yes No I participated as a team member in determining eligibility for my child.

Yes No I am in agreement with the team decision.

Team Members

Meeting Date:

Printed name	Discipline/Family Role	Signature

PRIVACY ACT STATEMENT: In accordance with the Privacy Act of 1994 (Public Law 93-579) 32 CFR Part 310, this notice informs you of the purpose of this form and how the information will be used. Please read it carefully.

AUTHORITY: The Individuals with Disabilities Education Act as amended by Public Law 102-119; DODI 1342.12; Record System Code A0040-66bDASG.

PRINCIPAL PURPOSES: This form collects information which is essential to determine eligibility for Educational and Developmental Intervention Services (EDIS). No personal or protected health information contained in EDIS records will be disclosed to any third party without specific written permission of the individual(s), unless required by statute or law.

ROUTINE USES: The information will be used to develop a service plan and deliver appropriate services to eligible families.

DISCLOSURE: Voluntary. Failure to provide certain information necessary to determine eligibility may result in denial of services.

Child's Name:

6. Family and Child Strengths and Resources

Early Intervention focuses on helping you help your child develop during his/her everyday activities with your family. To understand how we may be able to help, we would like to learn more about your family's strengths and resources. The information you choose to share is voluntary.

Please tell me a little about your family. Who lives at home with you and your child? Who else is involved (extended family, friends, service/support agencies/providers, community groups, work colleagues, etc.)?

Other Support Services

Identify services the child/family is receiving through other (non EDIS) sources.

Anything about your family, culture, or spiritual beliefs which would be good for us to know in working with your family?

Please tell me about work, or any current/pending deployments, or events which may affect your family.

Child's Name:

7. Functional Abilities, Strengths, and Needs (Present Levels of Development)

Children's functional abilities overlap domains of development so we combine them into the following three functional outcome areas: **1-Social-emotional skills including social relationships, 2-Acquiring and using knowledge and skills, 3-Taking appropriate action to meet needs.**

In addition to considering your child's functioning in these three areas, we will identify with you how your child is doing relative to other children his/her age. This information helps us help you support your child's development. It also helps us understand how children benefit from participation in our program.

Social-Emotional Skills Including Social Relationships

How does my child...

Attend to people?

Relate with family members?

Relate with other adults?

Relate with siblings and other children?

Display/Communicate emotions?

Respond to touch?

React to changes in environment?

Adapt to changes in routine or setting?

Engage others in play?

Use greetings?

Follow rules related to groups or interacting with others?

How does my child's development relate to same-age peers in this area?

Uses skills expected of a *much younger* child.

Uses *some* skills that come in just before age-expected functioning.

Uses *many* skills that come in just before age-expected functioning.

Uses some age-expected functioning, with more skills that come in just before age-expected.

Uses many age-expected skills, and some that come in just before age-expected functioning.

Uses age-expected functioning. Some concerns on quality or keeping pace with age-expectations.

Age-expected functioning and no concerns at this time.

For annual IFSPs – Has the child shown *any* new skills or behaviors related to this outcome area? **Yes** **No**

Child's Name:

Functional Abilities, Strengths, and Needs (*Present Levels of Development*)

Acquiring and Using Knowledge and Skills

How does my child...

Understand and respond to directions and/or requests from others?

Think, remember, reason and problem solve?

Interact with books, pictures, toys?

Engage in purposeful play?

Understand basic concept such as size, color, shape, location?

Imitate what he/she sees others do?

Imitate what he/she hears others say?

Respond to directions?

Communicate (from cooing to using sentences)?

Solve problems/figure things out?

Remember familiar play routines?

How does my child's development relate to same-age peers in this area?

<input type="checkbox"/> Uses skills expected of a <i>much younger</i> child.	<input type="checkbox"/> Uses <i>some</i> skills that come in just before age-expected functioning.	<input type="checkbox"/> Uses <i>many</i> skills that come in just before age-expected functioning.	<input type="checkbox"/> Uses some age-expected functioning, with more skills that come in just before age-expected.	<input type="checkbox"/> Uses many age-expected skills, and some that come in just before age-expected functioning.	<input type="checkbox"/> Uses age-expected functioning. Some concerns on quality or keeping pace with age-expectations.	<input type="checkbox"/> Age-expected functioning and no concerns at this time.
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For annual IFSPs – Has the child shown *any* new skills or behaviors related to this outcome area? **Yes** **No**

Child's Name:

Functional Abilities, Strengths, and Needs (*Present Levels of Development*)

Taking Appropriate Action to Meet Needs

How does my child...

Move around to get what he/she wants (toys, family, etc.)?

Use hands and fingers to manipulate toys/things?

Communicate wants and needs (e.g., hunger, desired toys, illness, injury, etc.)?

Take care of basic needs such as feeding, dressing, and toileting?

Convey sleep needs?

Contribute to own health/safety?

Follow rules related to safety (e.g., hold hands, stop, understand hot, etc.)?

How does my child's development relate to same-age peers in this area?

Uses skills expected of a *much younger* child.

Uses *some* skills that come in just before age-expected functioning.

Uses *many* skills that come in just before age-expected functioning.

Uses some age-expected functioning, with more skills that come in just before age-expected.

Uses many age-expected skills, and some that come in just before age-expected functioning.

Uses age-expected functioning. Some concerns on quality or keeping pace with age-expectations.

Age-expected functioning and no concerns at this time.

For annual IFSPs – Has the child shown *any* new skills or behaviors related to this outcome area? **Yes** **No**

Child's Name:

8. Family Concerns and Priorities

Thinking of all the information we've gathered through the Routines-Based Interview (RBI) and other activities, let's record the priorities you have for your child and family that you would like to address. Together, we'll use this information to develop functional outcomes. Outcomes describe what you would like to see happen for your child and family as a result of your involvement with early intervention.

<i>What we would like to see happen:</i>	Priority	<i>What's happening now?</i>	Outcome

Child's Name: _____

9. Outcomes

Initial/Annual Addition Date: _____

Outcome # _____ (What would we like to see happen? / When, where, or with whom?)

Criteria: We'll know the outcome is achieved when: (What will be observed? / When / how often?)

Procedures: Progress will be measured by: (Who will do what?)

Timeline: Progress review in: (When?)

Assistive Technology (AT)

- Not needed AT may be tried
 Needed to achieve this outcome

Initial/Annual Addition Date: _____

Outcome # _____ (What would we like to see happen? / When, where, or with whom?)

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Assistive Technology (AT)

- Not needed AT may be tried
 Needed to achieve this outcome

Child's Name: _____

10. Transition

Initial/Annual Addition Date: _____

Type of Transition (*identify at least one of the four transition types below*)

(1) Moving from the local community

Anticipated Date: _____

- Provide family with early intervention information for new location.
- Ensure family has a copy of their IFSP.
- Secure family permission to share information with receiving program.
- Help family contact programs at their new location.
- Other (explain)

(2) Other

Anticipated Date: _____

Steps to be taken to support the transition

(3) Transition at 3 years of age

Anticipated Date: _____

Steps to be taken to support the transition for a child turning 3 years of age

- Discuss transition options with the family
 - Share information about local preschool opportunities
- For children who may be eligible for Special Education Part B Preschool Services EDIS will:**
- With parent permission, send referral information to the local school
 - Assist family with local school registration as needed
 - Attend local school transition conference
 - Coordinate and assist with assessment needed for the transition
 - Participate in eligibility and IEP meeting as needed
 - Other (explain)

(4) Transition discussed. No transitions anticipated now or before end date of this IFSP.

Child's Name:

11. Early Intervention Services

Service	Provided by	Outcomes	<input type="checkbox"/> Initial/Annual <input type="checkbox"/> Addition
<input type="checkbox"/> Individual <input type="checkbox"/> Consultation <input type="checkbox"/> Group <input type="checkbox"/> Monitor	Frequency (how often) _____ For a minimum of _____ sessions	Intensity (time/session)	Location
Start Date:	End Date:	<input type="checkbox"/> Discontinued Date:	
Additional information: include justification for services not provided in the natural environment, description of any co-visits, etc.			

Service	Provided by	Outcomes	<input type="checkbox"/> Initial/Annual <input type="checkbox"/> Addition
<input type="checkbox"/> Individual <input type="checkbox"/> Consultation <input type="checkbox"/> Group <input type="checkbox"/> Monitor	Frequency (how often) _____ For a minimum of _____ sessions	Intensity (time/session)	Location
Start Date:	End Date:	<input type="checkbox"/> Discontinued Date:	
Additional information: include justification for services not provided in the natural environment, description of any co-visits, etc.			

Service	Provided by	Outcomes	<input type="checkbox"/> Initial/Annual <input type="checkbox"/> Addition
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Additional information: include justification for services not provided in the natural environment, description of any co-visits, etc.			

Service	Provided by	Outcomes	<input type="checkbox"/> Initial/Annual <input type="checkbox"/> Addition
<input type="checkbox"/> Individual <input type="checkbox"/> Consultation <input type="checkbox"/> Group <input type="checkbox"/> Monitor	Frequency (how often) _____ For a minimum of _____ sessions	Intensity (time/session)	Location
Start Date:	End Date:	<input type="checkbox"/> Discontinued Date:	
Additional information: include justification for services are not provided in the natural environment, description of any co-visits, etc.			

Transportation Services

Transportation is needed for the family to participate in early intervention. No Yes (if yes, specify)

Child's Name:

12. IFSP Agreement

Date IFSP Developed:

Projected Review Date:

Service Coordinator:

Next Service Plan Date:

Parent(s) Statements

- Yes No I have been offered a copy of **Procedural Safeguards & Due Process Procedures**.
- Yes No I have received **Notice of Proposed Action**.
- Yes No This information has been explained to me and I understand it.
- Yes No I have participated as a team member in the development of this IFSP for my child and family.
- Yes No As a full member of the team, I am in agreement with this IFSP.

Discussion

IFSP Team

Implementation Date: _____

Printed Name	Discipline/Family Role	Signature

IFSP Review/Change Dates (see IFSP Review/Change form(s))

Additional IFSP Outcome Pages will Follow

RBI Worksheet Follows

While the RBI is a required part of the IFSP, the following worksheet is not. Teams may elect to use an alternate form.

Be certain the child's name, interviewer/s, interviewee/s, and the date of the RBI is included.

Routines Based Interview (RBI) Worksheet

Child's Name:	Date of RBI:
Interviewer(s):	Interviewee(s):

Early intervention focuses on supporting your child's development during his/her everyday activities with your family. To understand how Early Intervention may be able to help, we would like to learn more about your family & the activities you & your child enjoy & any activities or routines which may be difficult. The information you choose to share is voluntary.

Routine/Activity	Description: Consider what others are doing during the routine/activity. Consider the child's interests and engagement ; his/her social relationships and communication ; as well as his/her independence and abilities .	Parent satisfaction (1=awful 5=great) scale

**FILE THIS PAGE In THE Protocol section of the CHILD'S RECORD
Do not keep it as part of the final IFSP - Make extra copies as needed**

Child's Name: _____

9. Outcomes

Initial/Annual Addition Date: _____

Outcome # _____ (What would we like to see happen? / When, where, or with whom?)

Criteria: We'll know the outcome is achieved when: (What will be observed? / When / how often?)

Procedures: Progress will be measured by: (Who will do what?)

Timeline: Progress review in: (When?)

Assistive Technology (AT)

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 Needed to achieve this outcome

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 Needed to achieve this outcome