



EDIS Early Intervention IFSP *Quality* RUBRIC

An EDIS CSPD Publication

Introduction

Developing an Individualized Family Service Plans (IFSP) is a complex process. It requires input from a variety of participants and calls for inclusion of dynamic information. Furthermore, it must result in a document that is understandable to all and useful for guiding the individualized provision of family-centered early intervention support and services in natural environments.

Measuring the quality of completed IFSPs in the EDIS programs is a challenging task. Nevertheless, it is important to ensure that teams effectively develop each IFSP to meet its unique and dynamic purpose. While a comprehensive record review form is in place to check the inclusion of required IFSP information, it does not address the quality of the information or promote a standard interpretation of quality expectations. This IFSP Rubric fills this void.

Acknowledging the individualized nature of IFSP development, the IFSP Rubric uses purposeful and objective measures, to the greatest extent feasible. The IFSP Rubric facilitates uniform understanding of IFSP development and evaluates inclusion of quality components reflective of quality practices. Optimally, it will promote an evenly balanced awareness of IFSP excellence so that all providers and programs are prepared to understand and achieve quality. It is also a tool for program monitors to evaluate IFSPs from the same quality lens. Early intervention providers, managers, and program monitoring personnel are encouraged to use this IFSP Rubric as part of practitioner orientation, training, and program monitoring.

Completed IFSP Rubrics will identify areas of strength and areas for improvement in IFSP development and provide a means to aggregate data for measuring the quality of IFSPs.

IFSP Rubric Completion

Reviewer Considerations

The intent of this Rubric is to offer a common lens for examining the quality of IFSP development. The focus is on identifying and complimenting the best practice work of providers while identifying opportunities for improvement. This Rubric provides a tool for assessing quality on a periodic basis and does not need to be completed on every IFSP.

When using the IFSP Rubric, remember that providers often develop IFSPs with families who are busy, in homes that have distractions, and under circumstances that can involve interruptions in the process. While quality is important, the reviewer should recognize the dynamic context in which IFSPs are often developed.

To ensure the highest degree of IFSP Rubric objectivity, it is important that the reviewer rate each section of the IFSP based *only* on the criteria stated on the IFSP Rubric. Reviewers must avoid looking at IFSPs simply in light of their own expectations. For example, a reviewer should not decide upon a section rating before reviewing all of the specific criteria included on the IFSP Rubric.

Ratings must be determined based upon the presence or absence of IFSP Rubric criteria only. The analysis table at the end of the Rubric provides a means to examine quality ratings by process area. The Rubric has four areas that represent IFSP processes:

- 1) General information and screening
- 2) Assessment
- 3) Outcomes
- 4) Services

Scoring Procedures

The IFSP Rubric follows the same organization of the 2014 IFSP Process Document (PD), with each section identically titled. A five point Likert scale with scale descriptors at measures zero, two, and four represent the degrees of quality. To complete the IFSP Rubric, the reviewer checks all applicable boxes for each IFSP section before calculating a rating for that section. To rate each section, the reviewer will count the number of boxes checked for each of the descriptive measure items. If all items under response option two, for example, are checked and none of the items in response option zero or four is checked, the overall rate for that section is two.

When some items in response option two are checked and some in option four are checked, the overall section rate is three. The reviewer must look at the items checked under each of the anchored response categories (zero, two, and four) before determining the total rating for that section. Response options one and three are included to rate subtle differences such as when items in two anchored response categories are checked.

Area 4 (Services) contains three items highlighted with asterisks ** (11. other services and 12. support services) that have a linked rating between two and four. If all applicable items in response option two “getting there” are checked and none of the “as applicable” items (under rating option two and four) apply then the rating is four rather than two.

Because IFSPs have more than one outcome, the reviewer must complete the IFSP Rubric page (describing outcomes, criteria and procedures/timelines) for *each* outcome included on the IFSP. Note that there are two different outcome pages for the two different types of outcomes, child and family. Recognizing that IFSPs have more than just one child and one family outcome you will need to use additional Rubric outcome pages.

To determine the quality ratings of each process area on the IFSP, the total number of sections rated in each area must be determined. This number will vary for Area 3 (Outcomes), depending on the number of outcomes on the IFSP and whether or not the outcomes were reviewed. The number of sections will remain constant for the other areas.

- Area 1: General information & screening --- this area has three (3) sections rated,
- Area 2: Assessment --- this area has seven (7) sections rated,
- Area 3: Outcomes --- the number of outcomes will guide the number of sections rated in this area,
- Area 4: Services --- this area has six (6) sections rated.

Using the total number of sections rated in each area, the reviewer calculates the percentage of items rated at each point on the five-point scale for each of the four areas.

Example: A new IFSP with five outcomes has 31 sections to be rated. The table below illustrates a sample rating distribution.

AREA 1: General Information & Screening (section 1 - 3)

	0 Unacceptable	1	2 Getting There	3	4 Best Practice
	0 / 3	0 / 3	1 / 3	0 / 3	2 / 3
%	0 %	0 %	33 %	0 %	66 %

AREA 2: Assessment (sections 4 - 8)

	0 Unacceptable	1	2 Getting There	3	4 Best Practice
	1 / 7	1 / 7	2 / 7	1 / 7	2 / 7
%	14 %	14 %	29 %	14 %	29 %

AREA 3: Outcomes - total ratings for all outcomes (section 9)

	0 Unacceptable	1	2 Getting There	3	4 Best Practice
	1 / 15	0 / 15	10 / 15	1 / 15	3 / 15
%	7 %	0 %	66 %	7 %	20 %

AREA 4: Services (sections 10 - 4)

	0 Unacceptable	1	2 Getting There	3	4 Best Practice
	0 / 6	0 / 6	2 / 6	1 / 6	3 / 6
%	0 %	0 %	33 %	17 %	50 %

Please share your comments and suggestions via email to EDISCSPD@amedd.army.mil



EDIS Early Intervention IFSP Quality RUBRIC

IFSP Identifier:	Reviewer:	Date:
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AREA 1: General Information & Screening

1. General Information

- Demographic information is complete & accurate.

0 Unacceptable	1	2 Getting There	3	4 Best Practice
<input type="checkbox"/> One or more information sections/questions <i>not</i> completed or illegible.		<input type="checkbox"/> All applicable sections are filled in. <input type="checkbox"/> All applicable information is accurate & legible.		<input type="checkbox"/> All items from response option 2 are checked. <input type="checkbox"/> Documentation of responses to open-ended questions provides descriptive information.
Comments:				

2. Family Questions/Concerns – Reason for Referral

- Family questions/concerns & reason for referral are clearly stated.

0 Unacceptable	1	2 Getting There	3	4 Best Practice
<input type="checkbox"/> Concern/reason for referral is vague or unclear. <input type="checkbox"/> Responses include only what the child is not or cannot do.		<input type="checkbox"/> The concern/reason for referral is stated in descriptive terms. <input type="checkbox"/> Includes a functional example/s of what is happening now.		<input type="checkbox"/> All items from response option 2 are checked. <input type="checkbox"/> Documentation includes what the family wishes/thinks the child should do.
Comments:				

3. Screening

- Screening information is complete & accurate. *Functional vision & hearing screening completed for initial & annual IFSPs. Developmental screening for initial IFSPs only.*

0 Unacceptable	1	2 Getting There	3	4 Best Practice
<input type="checkbox"/> One or more applicable sections/questions <i>not</i> completed or illegible. <input type="checkbox"/> No description of the developmental screening activity is included for the initial IFSP. <input type="checkbox"/> Technical jargon is used and <i>not</i> defined. <input type="checkbox"/> Annual IFSP: vision & hearing screening not completed.		<input type="checkbox"/> All applicable information sections are completed & legible. Initial IFSP Screening <input type="checkbox"/> Screening date is included. <input type="checkbox"/> Screening activity is documented even if no formal tool was used. If screened using a screening instrument: <input type="checkbox"/> Screening instrument/method is identified. <input type="checkbox"/> Jargon is <i>not</i> used or is clearly defined.		<input type="checkbox"/> All applicable items from response option 2 are checked. <input type="checkbox"/> Explanations accompany questions answered 'yes' <u>or</u> responses are 'no.' Screening (even if a formal tool was not used): <input type="checkbox"/> Screening includes functional examples (reported or observed) of the child's strengths/needs. <input type="checkbox"/> Documentation supports the team's decision to go on, stop, or re-screen.
Comments:				

AREA 2: Assessment

4. Health Information

- Health information is complete, accurate, & relevant to the referral.

0 Unacceptable	1	2 Getting There	3	4 Best Practice
<input type="checkbox"/> One or more sections/questions <i>not</i> completed or illegible. <input type="checkbox"/> Date & results of last well-baby check/physical are <i>not</i> included. <input type="checkbox"/> Technical jargon is used & not defined.		<input type="checkbox"/> All sections are completed & legible. <input type="checkbox"/> Results of last well baby /physical are stated and include timeframe or date. If older than 6 mo. referral is noted. <input type="checkbox"/> Jargon <i>not</i> used or is clearly defined.		<input type="checkbox"/> All items from response option 2 are checked. <input type="checkbox"/> Other health information included is relevant to the referral & is briefly stated. <input type="checkbox"/> Any positive (yes) responses to pain, dental, nutrition, sleep, or behavioral concerns are explained, or all responses are 'no' concern. <input type="checkbox"/> Developmental milestones are referenced.
Comments:				

5. Developmental Evaluation and Eligibility Status

- **Evaluation Results** are completely documented including instrument/s names, date/s, & scores.

0 Unacceptable	1	2 Getting There	3	4 Best Practice
<input type="checkbox"/> One or more of the five domains are not evaluated. <input type="checkbox"/> Evaluation results are not stated in SD or percentage of delay for criterion-referenced tools.		<input type="checkbox"/> All areas of development were assessed/addressed. <input type="checkbox"/> Evaluation results are stated in SD or percentage of delay for criterion-referenced tools. <input type="checkbox"/> Evaluation dates are included.		<input type="checkbox"/> All items from response option 2 are checked. <input type="checkbox"/> When more than one test is administered in a domain the results are included and a description of the results (e.g., why one is a better representation of the child's abilities) is included in the following summary section.
Comments:				

▪ **Summary & Methods:** Documents methods and includes information gathered that assisted with the eligibility decision.

0 Unacceptable	1	2 Getting There	3	4 Best Practice
<input type="checkbox"/> Summary is documented only as overall domains of delay/strength. <input type="checkbox"/> Includes recommendations for specific services. <input type="checkbox"/> Technical jargon is used & not defined.		<input type="checkbox"/> Summary addresses all five domains of development. <input type="checkbox"/> Jargon is <i>not</i> used or is clearly defined. <input type="checkbox"/> Summary references evaluation conditions & if adjustments were made. <input type="checkbox"/> No specific services are recommended		<input type="checkbox"/> All items from response option 2 are checked. <input type="checkbox"/> Descriptive examples of the child's strengths/needs are included for each developmental domain. <input type="checkbox"/> The summary clearly substantiates the eligibility decision.
Comments:				

▪ **Eligibility Status:** Documents the eligibility decision.

0 Unacceptable	1	2 Getting There	3	4 Best Practice
<input type="checkbox"/> One or more applicable sections not completed or illegible. <input type="checkbox"/> MD team involvement not evident. <input type="checkbox"/> Eligibility is not consistent with evaluation results & DOD criteria.		<input type="checkbox"/> All applicable sections are complete & legible. <input type="checkbox"/> MD team involvement is evident. <input type="checkbox"/> All parent statements are completed. <input type="checkbox"/> Eligibility status is consistent with results & DOD eligibility criteria.		<input type="checkbox"/> All items from response option 2 are checked. <input type="checkbox"/> Initial or annual is clearly checked on the eligibility status line. <input type="checkbox"/> Test scores/bio risk condition precisely matches what was reported in the previous evaluation section.
Comments:				

6. Family & Child Strengths & Resources

▪ With concurrence of the family, family & child strengths & resources include descriptive and complete information.

0 Unacceptable	1	2 Getting There	3	4 Best Practice
<input type="checkbox"/> One or more sections/questions <i>not</i> completed or illegible. <input type="checkbox"/> Child strength information only includes single word reference to a particular toy/activity or less. <input type="checkbox"/> Family information only includes who lives at home or less.		<input type="checkbox"/> All sections are completed & legible. <input type="checkbox"/> Documentation of child interests is descriptive (i.e., beyond single word reference to a toy or activity). <input type="checkbox"/> Information on family resources are documented, & include reference to resources beyond parents & child.		<input type="checkbox"/> All sections are completed & legible. <input type="checkbox"/> Family resources include a detailed eco-map or description of family including people, resources, & supports beyond parents & child, and including as applicable connections the family does not have (e.g., no local friends).
Comments:				

7. Functional Abilities, Strengths, and Needs

▪ **Present levels of development** include developmental & functional information related to the child's strengths & needs. Information is presented in a family-friendly manner and includes authentic assessment (i.e., observation and RBI). Is organized by three functional areas, includes information to support the child outcome summary (COS) ratings, and includes the culminating statement defining the COS ratings.

0 Unacceptable	1	2 Getting There	3	4 Best Practice
<input type="checkbox"/> One or more of the functional areas are <i>not</i> completed or illegible. <input type="checkbox"/> Technical jargon is used and <i>not</i> defined. <input type="checkbox"/> Development is described as isolated evaluation tasks.		<input type="checkbox"/> All are areas completed & legible. <input type="checkbox"/> Jargon <i>not</i> used or is clearly defined. <input type="checkbox"/> Observations & reports of the child's functional abilities are described as they relate to family routines/activities. <input type="checkbox"/> Information clearly comes from authentic assessment including RBI. <input type="checkbox"/> 3 culminating statements are included.		<input type="checkbox"/> All items from response option 2 are checked. <input type="checkbox"/> Information included in each of the three areas clearly relates to the associated area. <input type="checkbox"/> Documentation in the functional areas clearly supports the associated COS ratings. <ul style="list-style-type: none"> <input type="checkbox"/> Positive social relationships <input type="checkbox"/> Acquiring and using knowledge/skills <input type="checkbox"/> Taking action to meet needs
Comments:				

8. Family Concerns & Priorities

▪ Concerns include what's happening, priorities are numbered, families desires are derived from RBI & IFSP process, IFSP outcomes cross-referenced.

0 Unacceptable	1	2 Getting There	3	4 Best Practice
<input type="checkbox"/> Family concerns/desires derived from the RBI are not included. <input type="checkbox"/> Concerns are identified as services or nonfunctional tasks. <input type="checkbox"/> Family desires are documented as domains, stated too broadly &/or are not understandable.		<input type="checkbox"/> Family concerns/desires derived from the RBI are listed. <input type="checkbox"/> Concerns/desires are prioritized. <input type="checkbox"/> Concerns & desires are written in family-friendly language. <input type="checkbox"/> Concerns & desires are clearly understandable. <input type="checkbox"/> Context is included in concern/desire.		<input type="checkbox"/> All items from response option 2 are checked. <input type="checkbox"/> IFSP outcome numbers are cross-referenced. <input type="checkbox"/> All concerns include a description of what is happening now in specific/observable terms. <input type="checkbox"/> All desires are described functionally. <input type="checkbox"/> Descriptions include information about present skills/behaviors beyond stating the absence of the desired skill/behavior.
Comments:				

AREA 3: Child Outcomes

9. Outcomes

(Use additional pages for each child outcome included in the IFSP)

OUTCOME NUMBER: _____

Child OUTCOME: Outcome is understandable, observable, functional, & linked to family desire. Outcomes are developmentally appropriate.

0 Unacceptable	1	2 Getting There	3	4 Best Practice
<input type="checkbox"/> Outcome is vague, too broadly stated, or includes undefined jargon. <input type="checkbox"/> Not developmentally appropriate /realistically achievable. <input type="checkbox"/> Has little or no relationship to present levels of development or family concerns & priorities. <input type="checkbox"/> Outcome is to tolerate or only extinguish a behavior.		<input type="checkbox"/> Outcome is written in family-friendly language. <input type="checkbox"/> It is clearly linked to family desire stated on section 8 of IFSP. <input type="checkbox"/> Outcome answers 2 of the 3 following: <ul style="list-style-type: none"> • What would the family like to see happen? • Where, when, &/or with whom should it occur (i.e., routines-based)? • What will be better (so that, in order to, to...)? 		<input type="checkbox"/> All items from response option 2 are checked. <input type="checkbox"/> Outcome is specific & functional; it is necessary for successful functioning in routines. <input type="checkbox"/> It clearly contains only one outcome. <input type="checkbox"/> Outcome answers all of the following questions: <ul style="list-style-type: none"> • What would the family like to see happen? • Where, when, &/or with whom should it occur (i.e., routines-based)? • What will be better (so that, in order to, to...)?
Comments:				

Child CRITERIA: Criteria represent functional measures of progress toward the outcome.

0 Unacceptable	1	2 Getting There	3	4 Best Practice
<input type="checkbox"/> Criteria are vague or not understandable. <input type="checkbox"/> Appears to be a direct repeat of the outcome. <input type="checkbox"/> Is not functional. <input type="checkbox"/> It is not measurable.		<input type="checkbox"/> Criteria are functional. <input type="checkbox"/> Criteria are the measure of achievement of the outcome. <input type="checkbox"/> Criteria answers 2 of the following: <ul style="list-style-type: none"> • Can <i>it</i> (i.e., behavior, skill, event) be observed (seen or heard)? • Where or with whom will it occur? • When or how often will <i>it</i> occur (conditions, frequency, duration, distance, measure)? 		<input type="checkbox"/> All items from response option 2 are checked. <input type="checkbox"/> Criteria are obviously linked to the outcome, but are not a direct repeat of the outcome. <input type="checkbox"/> Criteria answers all of the following questions: <ul style="list-style-type: none"> • Can <i>it</i> (i.e., behavior, skill, event) be observed (seen or heard)? • Where or with whom will it occur? • When or how often will <i>it</i> occur (conditions - by frequency, duration, distance, measure)?
Comments:				

PROCEDURES & TIMELINES: Procedures are appropriate for measuring criteria & timelines are within at least six months of the IFSP.

0 Unacceptable	1	2 Getting There	3	4 Best Practice
<input type="checkbox"/> Procedures don't match criterion. <input type="checkbox"/> Do not indicate who will carry out the procedure/s. <input type="checkbox"/> Review timeline is greater than 6 months from IFSP development.		<input type="checkbox"/> Both sections are completed. <input type="checkbox"/> Procedures identified are appropriate for measuring the criterion. <input type="checkbox"/> Review timeline is within 6 months of IFSP development.		<input type="checkbox"/> All items from response option 2 are checked. <input type="checkbox"/> Identify who will carry out each procedure. <input type="checkbox"/> Procedures involve parents/caregivers.
Comments:				

Rate this section only if a review was due. **OUTCOME REVIEW:** Procedures are appropriate and timely for reviewing outcomes.

0 Unacceptable	1	2 Getting There	3	4 Best Practice
<input type="checkbox"/> Review is not completed in time. <input type="checkbox"/> One or more area <i>not</i> completed or illegible.		<input type="checkbox"/> One of the 3 review options is indicated. <input type="checkbox"/> One of the 2 plan options is indicated. <input type="checkbox"/> The date is included.		<input type="checkbox"/> All items from response option 2 are checked. <input type="checkbox"/> Review is completed within the timeline documented in the timeline section above.
Comments:				

AREA 3: Family Outcomes

9. Outcomes

(Use additional pages for each family outcome included in the IFSP)

OUTCOME NUMBER: _____

Family OUTCOME: Outcome is understandable, observable, functional & linked to family concern.

0 Unacceptable	1	2 Getting There	3	4 Best Practice
<input type="checkbox"/> Outcome is vague or too broadly stated. <input type="checkbox"/> Outcome includes undefined jargon. <input type="checkbox"/> It is not linked to family concern.		<input type="checkbox"/> Outcome is written in family-friendly language. <input type="checkbox"/> It is clearly linked to family desire stated on section 8 of IFSP. <input type="checkbox"/> Outcome answers the following: <ul style="list-style-type: none"> • What would the family like to see happen? 		<input type="checkbox"/> All items from response option 2 are checked. <input type="checkbox"/> Outcome is specific. <input type="checkbox"/> The outcome is not compound
Comments:				

Family CRITERIA: Criteria represent functional measures of progress toward the outcome.

0 Unacceptable	1	2 Getting There	3	4 Best Practice
<input type="checkbox"/> Criteria are vague or not understandable. <input type="checkbox"/> Appears to be a direct repeat of the outcome. <input type="checkbox"/> Is not realistic.		<input type="checkbox"/> Criteria are a measure of achievement of the outcome. <input type="checkbox"/> Criteria answer 1 of the following: <ul style="list-style-type: none"> • Is the timeframe, date or family satisfaction measurement included? • Can <i>it</i> (i.e., event, receipt of information) be observed/reported? 		<input type="checkbox"/> All items from response option 2 are checked. <input type="checkbox"/> Criteria are obviously linked to the outcome, but is not a direct repeat of the outcome. <input type="checkbox"/> Criteria answer all of the following: <ul style="list-style-type: none"> • Is the timeframe, date or family satisfaction measurement included? • Can <i>it</i> (i.e., event, receipt of information) be observed/reported?
Comments:				

PROCEDURES & TIMELINES: Procedures are appropriate for measuring criteria & timelines are within at least six months of the IFSP.

0 Unacceptable	1	2 Getting There	3	4 Best Practice
<input type="checkbox"/> Procedures don't match criterion. <input type="checkbox"/> Do not indicate who will carry out the procedure/s. <input type="checkbox"/> Review timeline is greater than 6 months from IFSP development.		<input type="checkbox"/> Both sections are completed. <input type="checkbox"/> Procedures identified are appropriate for measuring the criterion. <input type="checkbox"/> Review timeline is within 6 months of IFSP development.		<input type="checkbox"/> All items from response option 2 are checked. <input type="checkbox"/> Identify who will carry out each procedure. <input type="checkbox"/> Procedures involve parents/caregivers.
Comments:				

Rate this section only if a review was due. **OUTCOME REVIEW:** Procedures are appropriate and timely for reviewing outcomes.

0 Unacceptable	1	2 Getting There	3	4 Best Practice
<input type="checkbox"/> Review is not completed in time. <input type="checkbox"/> One or more area <i>not</i> completed or illegible.		<input type="checkbox"/> One of the 3 review options is indicated. <input type="checkbox"/> One of the 2 plan options is indicated. <input type="checkbox"/> The date is entered.		<input type="checkbox"/> All items from response option 2 are checked. <input type="checkbox"/> Review is completed within the timeline documented in the timeline section above.
Comments:				

AREA 4: Services

10. Transition

- Transition is addressed in every IFSP. A detailed transition plan is included for all children turning three within 6 months.

0 Unacceptable	1	2 Getting There	3	4 Best Practice
<input type="checkbox"/> One of the 4 transition options is not checked. <input type="checkbox"/> Transition option (3) is not completed for a child 2 years 6 months or older.		<input type="checkbox"/> One of the 4 transition options is completed. <input type="checkbox"/> Anticipated date is included with the exception of option (4). As applicable: <input type="checkbox"/> Transition option (3) is included for a child 30 months or older. <i>It may be included for a 2 year old as well.</i>		<input type="checkbox"/> All applicable items from response option 2 are checked. As applicable: <input type="checkbox"/> If option (1), (2), or (3) is selected steps taken to support the transition are described including who will do what.
Comments:				

11. Other Services

- Transportation & assistive technology needs are addressed.

0 Unacceptable	1	2 Getting There	3	4 Best Practice
<input type="checkbox"/> Transportation is not addressed even if it is to check the "No" box. <input type="checkbox"/> AT is not addressed even if it is to check the "No" box.		<input type="checkbox"/> Transportation is addressed. If not needed "No" is checked. <input type="checkbox"/> AT equipment needs are addressed. If not needed "No" is checked. As applicable: <input type="checkbox"/> Documentation includes what transportation and/or AT needed.		<input type="checkbox"/> All applicable items from response option 2 are checked.** As applicable: <input type="checkbox"/> If transportation is needed a description of what is needed is included. <input type="checkbox"/> If AT is needed to achieve an outcome, it is explained and the applicable outcome is noted. <input type="checkbox"/> If AT will be tried, the associated outcome is noted.
Comments:				

12. Support Services

- Support service needs are addressed.

0 Unacceptable	1	2 Getting There	3	4 Best Practice
<input type="checkbox"/> Support service needs are not addressed even if it is to document none at this time.		<input type="checkbox"/> Support services are addressed. If <i>no</i> support services are currently used or needed it is documented accordingly. As applicable: <input type="checkbox"/> Non EDIS support services the family currently uses are documented. <input type="checkbox"/> Support services that the ongoing service coordinator will help the family access are documented.		<input type="checkbox"/> All applicable items from response option 2 are checked.** As applicable: <input type="checkbox"/> Non EDIS services the family currently uses are documented and include reference to frequency/duration. <input type="checkbox"/> Specifics regarding how the service/s will be accessed is delineated (i.e., who will do what).
Comments:				

13. Services

- Primary provider approach.** A primary provider approach is evident & frequency, intensity & duration of each service are documented accurately.

0 Unacceptable	1	2 Getting There	3	4 Best Practice
<input type="checkbox"/> One or more sections/questions <i>not</i> completed or illegible. <input type="checkbox"/> It is not evident who the primary service provider is. <input type="checkbox"/> Mirrored services (i.e., 2 or more individual services with same frequency, intensity, & duration) are evident.		<input type="checkbox"/> All sections [service, provided by, outcomes, model, frequency, intensity, location, duration (start/end dates), & projected number of services] are completed accurately. <input type="checkbox"/> All sections noted above appear accurate for the plan.		<input type="checkbox"/> All items from response option 2 are checked. <input type="checkbox"/> A primary service provider is evident & support services are provided by other practitioners as needed. As applicable: <input type="checkbox"/> Additional information is included to describe how services are provided (e.g., co-visits).
Comments:				

13. Services continued

Natural Environments. Services are provided in natural environments. Justification is provided for any service not provided in a natural environment.

0 Unacceptable	1	2 Getting There	3	4 Best Practice
<input type="checkbox"/> Services are provided in a non-natural environment without justification. <input type="checkbox"/> Justification is based solely on provider or parent preference.		<input type="checkbox"/> All services (beyond consultation) are provided in natural environments or justification is documented. As applicable <input type="checkbox"/> Justification is based on the child and child outcomes versus provider or parent preferences alone.		<input type="checkbox"/> All applicable items from response option 2 are checked. ** As applicable justification includes: <input type="checkbox"/> Why a service can't be provided in a natural environment is based on the child's needs. <input type="checkbox"/> How the intervention will be generalized into the child's & family's routines & activities <input type="checkbox"/> Plan for moving intervention to a natural setting.
Comments:				

14. IFSP Agreement

■ All applicable signatures are included and all dates are included and accurate.

0 Unacceptable	1	2 Getting There	3	4 Best Practice
<input type="checkbox"/> One or more section/question not completed or illegible. <input type="checkbox"/> MD team participation is not evident.		<input type="checkbox"/> All required documentation sections are completed & accurate. <input type="checkbox"/> MD team involvement is evident. <input type="checkbox"/> All parent statements are checked.		<input type="checkbox"/> All items from response option 2 are checked. <input type="checkbox"/> The projected review date is within 6 month of the date the IFSP was developed. <input type="checkbox"/> Other contributors (if any) are identified.
Comments:				

Overall Analysis

AREA 1: General Information & Screening (sections 1-3)

	0 Unacceptable	1	2 Getting There	3	4 Best Practice
	___/3	___/3	___/3	___/3	___/3
%					

AREA 2: Assessment (sections 4-8)

	0 Unacceptable	1	2 Getting There	3	4 Best Practice
	___/7	___/7	___/7	___/7	___/7
%					

AREA 3: Outcomes - total ratings for all outcomes (section 9)

	0 Unacceptable	1	2 Getting There	3	4 Best Practice
	___/___	___/___	___/___	___/___	___/___
%					

AREA 4: Services (sections 10 - 14)

	0 Unacceptable	1	2 Getting There	3	4 Best Practice
	___/6	___/6	___/6	___/6	___/6
%					