

☐ **Screening**
(sections 1-3)

Date: MMM/DD/YYYY

☐ **Evaluation**
(sections 1-5)

Date: MMM/DD/YYYY

☐ **Full IFSP**
(sections 1-12)

Date: MMM/DD/YYYY

Individualized Family Service Plan (IFSP) Process Document (PD)

Educational and Developmental Intervention Services (EDIS)
Early Intervention Services

EDIS Location: _____

For use of this form, see MEDCOM Reg 40-53 the proponent is MCXB-RHI

1. General Information

Child's name:	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	Date of Birth: MMM/DD/YYYY	Age	Born early? If yes, state gestational age.
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Parent's/Guardians Names:

<input type="checkbox"/> Initial Referral	Service Coordinator:
<input type="checkbox"/> Annual	
When did you arrive at this duty station:	Expected departure from this duty station:

What is the best way for EDIS to share information with you?

☐ in writing ☐ by demonstration ☐ through discussion ☐ Other

2. Family Questions/Concerns - Reason for Referral

Please describe the questions/concerns you have about your child's development. Describe what is happening now and what you wish or think your child should be doing:

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)

Beyond newborn hearing screening, has your child ☐ No ☐ Yes
had his/her hearing checked before?
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: MMM/DD/YYYY

☐ 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):
MMM/DD/YYYY

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: <input type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Subsequent <i>(eligibility/ ineligibility determination outside of regular IFSP process)</i>				
<input type="checkbox"/> Child is not eligible for early intervention services. Tracking: If not eligible, will the child be placed in Tracking <input type="checkbox"/> No <input type="checkbox"/> Yes _____ <i>(frequency)</i>				
<input type="checkbox"/> Child is eligible for early intervention services. <input type="checkbox"/> Biological Risk: <i>(specify)</i> _____ <input type="checkbox"/> Developmental Delay: <i>(Specify standard deviation or percentage of delay under areas of delay)</i>				
Adaptive	Social - Emotional	Communication	Physical Motor	Cognitive
<input type="checkbox"/> No <input type="checkbox"/> Yes (see IO form) An Informed Opinion Process was completed to estimate the developmental delay.				
<input type="checkbox"/> Annual IFSP, eligibility continues.				
Parent(s) Statements				
<input type="checkbox"/> Yes <input type="checkbox"/> No I have received or been offered a copy of Procedural Safeguards & Due Process Procedures . <input type="checkbox"/> Yes <input type="checkbox"/> No I received my Notice of Proposed Action . <input type="checkbox"/> Yes <input type="checkbox"/> No This information has been explained to me and I understand it. <input type="checkbox"/> Yes <input type="checkbox"/> No I participated as a team member in determining eligibility for my child. <input type="checkbox"/> Yes <input type="checkbox"/> No I am in agreement with the team decision.				
Team Members Meeting Date: MMM/DD/YYYY				
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- Positive Social Emotional skills, 2-Acquisition and Use of Knowledge and Skills, 3-Use of Appropriate Behaviors 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. The "Measuring Results" brochure further describes how we measure the benefits of EDIS EIS for children and families.

☐ Measuring Results brochure was reviewed with my family.

Positive Social-Emotional Skills

How is my Child:

Relating with caregivers: Demonstrate regulation and attachment, respond/initiate/sustain interactions, acknowledge comings and goings...?

Attending to other people in a variety of settings: Express awareness/caution, respond to/offer greetings, respond to own/other's names...?

Interacting with peers: Convey awareness, respond/initiate/sustain interactions, share/cope/resolve conflicts, play near and with peers...?

Participating in social games and interacting with others: Respond to/initiate/sustain games and back-and-forth communication, demonstrate joint attention, engage in mutual activity, follow rules of games...?

Following social norms and adapting to change in routines: Transition between activities, respond to new/familiar settings/interactions, behave in ways that allow participation, follow routines and rules...?

Expressing own emotions and responding to the emotions of others: Show pride/excitement/frustration, manage own emotions, display affection, and comfort others...?

How does my child's functioning 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*)

Acquisition and Use of Knowledge and Skills

How is my Child:

Showing interest in learning: Persist, show eagerness and awareness, imitate/repeat actions, explore environment...?

Using problem-solving: Figure things out, use trial and error, remember steps/actions and execute them with intention, experiment with new/known actions...?

Engaging in purposeful play: Show early awareness and exploration, use objects according to function, play by building, pretending, organizing and expanding play scenarios and roles...?

Understanding pre-academics and literacy: Notice differences or associations among things, demonstrate matching/sorting/labeling by size/color/shape/numbers/function, interact with books and pictures, practice early writing and reading...?

Acquiring language to communicate: Learn and use sounds, words, and sentences with increasing complexity including sign language and augmentative and alternative communication (AAC)...?

Understanding questions asked and directions given: Respond to gestures/verbal requests, understand meaning of increasingly complex words/questions/directions, know and state details about self (e.g., name/age)...?

How does my child's functioning 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.

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☐ 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*)

Use of Appropriate Behaviors to Meet Needs

How is my child:

Moving around and manipulating things to meet needs: Move with increasing control and purpose (e.g., reach, roll, crawl, walk, run, climb), to navigate the environment - with accommodations as needed, manipulate objects/tools (e.g., crayons, scissors, switches, fragile items), with increasing control...?

Eating and drinking with increasing independence: Suck/swallow, chew, bite, finger feed, use utensils, hold bottle, drink from cup, show growing independence with amount/type of food eaten, access food and feed self...?

Dressing and undressing with increasing independence: Assist with dressing, take off/put on shoes and clothes, undo/do fasteners...?

Diaper/toileting and washing with increasing independence: Lift legs for diaper change, sit on potty, wash hands, brush teeth, help with bathing...?

Communicating needs: Indicate hunger/need for sleep/diaper change, express discomfort/hurt, request or reject food, express choice/preferences...?

Showing safety awareness: Avoid dangers (e.g., putting things in mouth, touching hot stove), follow safety rules across settings and situations...? Note: This awareness is less evident in very young children.

How does my child's functioning 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: MMM/DD/YYYY

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: MMM/DD/YYYY

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?)

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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

Child's Name:

10. Transition

☐ Initial/Annual

☐ Addition Date: MMM/DD/YYYY

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

☐ **(1) Moving from the local community**

Anticipated Date: MMM/DD/YYYY

- ☐ 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: MMM/DD/YYYY

Steps to be taken to support the transition

☐ **(3) Transition at 3 years of age**

Anticipated Date: MMM/DD/YYYY

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: MMM/DD/YYYY		End Date: MMM/DD/YYYY		<input type="checkbox"/> Discontinued Date: MMM/DD/YYYY	

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: MMM/DD/YYYY		End Date: MMM/DD/YYYY		<input type="checkbox"/> Discontinued Date: MMM/DD/YYYY	

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: MMM/DD/YYYY		End Date: MMM/DD/YYYY		<input type="checkbox"/> Discontinued Date: MMM/DD/YYYY	

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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Start Date: MMM/DD/YYYY		End Date: MMM/DD/YYYY		<input type="checkbox"/> Discontinued Date: MMM/DD/YYYY	

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: MMM/DD/YYYY

Projected Review Date: MMM/DD/YYYY

Service Coordinator:

Next Service Plan Date: MMM/DD/YYYY

Parent(s) Statements

☐ Yes ☐ No I have received or been offered a copy of my **Procedural Safeguards & Due Process Procedures**.

☐ Yes ☐ No I have received my **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:

MMM/DD/YYYY

Printed Name

Discipline/Family Role

Signature

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

Additional IFSP Outcome Pages will Follow

Child's Name:

9. Outcomes

☐ Initial/Annual

☐ Addition Date: MMM/DD/YYYY

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

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