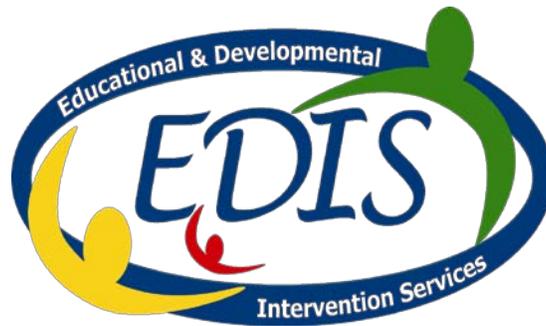


**Individualized
Family Service Plan
Process Document
IFSP-PD**

**Linking Early Intervention
Processes**





Individualized Family Service Plan (IFSP)

“The IFSP is a promise to the children and families that their strengths will be recognized and built on, that their beliefs and values will be respected, that their choices will be honored, and that their hopes and aspirations will be encouraged and enabled.”

(McGonigel, Kaufmann, & Johnson, 1991).

Individualized...

The plan is specially designed for each individual child and family.

Family...

The plan focuses on the outcomes the family hopes to reach for their child and family through collaboration with early intervention.

Service...

The plan details the early intervention support and services the family and child will receive and participate in, including when, where, and how often the services will be delivered.

Plan...

The plan is a dynamic document developed collaboratively with the family, early intervention providers and other persons the family would like involved.

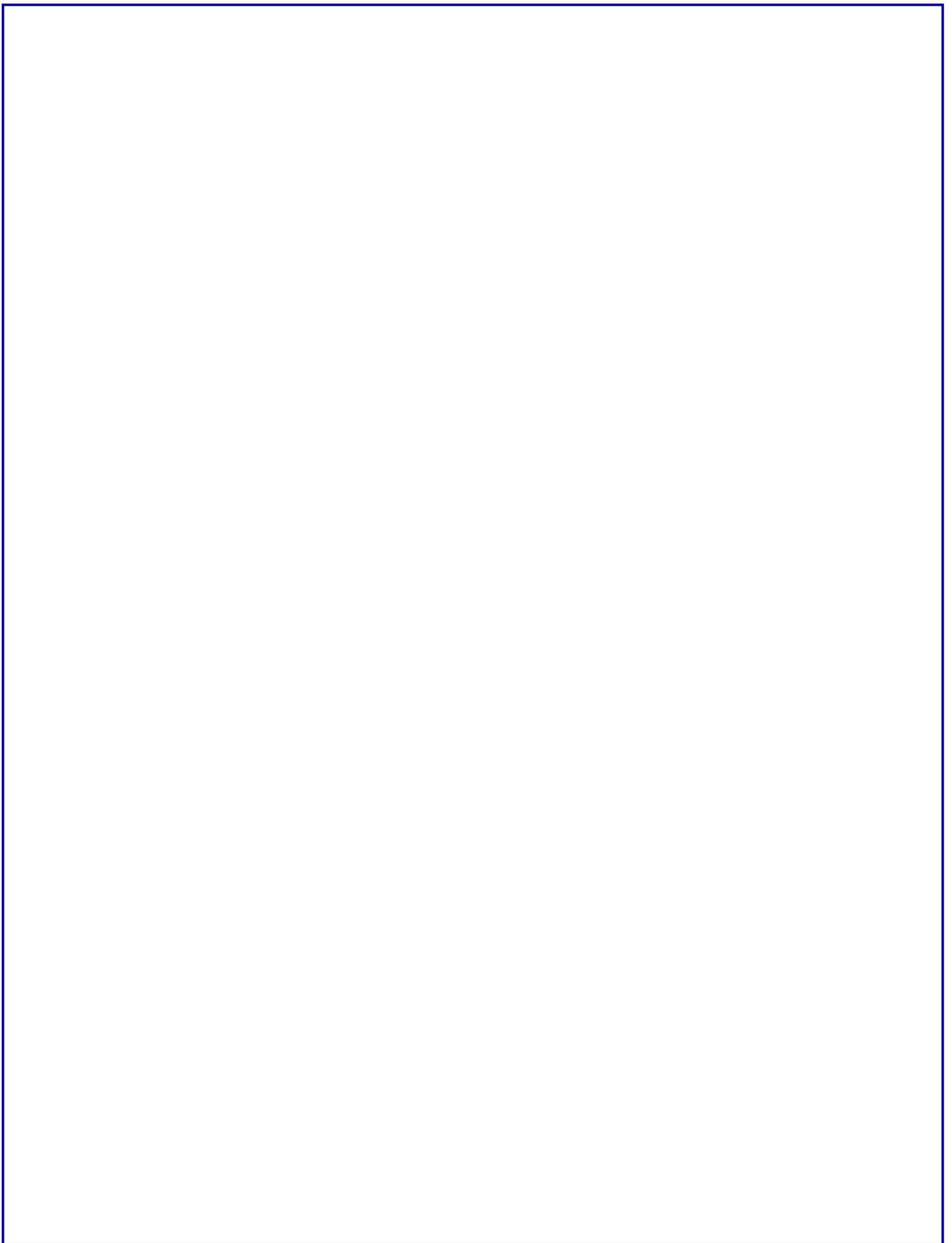
Department of the Army
Educational and Developmental Intervention Services (EDIS)
Comprehensive System of Personnel Development (CSPD)

www.edis.army.mil

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Introduction

In 1991, Congress directed the Department of Defense (DoD) to provide early intervention services for eligible infants, toddlers and their families. Since that time, numerous Army, Air Force, Marines, Navy and Military affiliated civilian families living across the world have received early intervention services from DoD programs. Feedback from these families coupled with advances in research, policy, and practice have enabled the Army Educational and Developmental Intervention Services (EDIS) programs to enhance the provision of high quality family-centered early intervention supports and services in natural environments.

Foundational to the EDIS philosophy and associated practices are the following key principles developed by the National Workgroup on Principles and Practices in Natural Environments (November 2007). The National Workgroup included lead researchers in the field of early intervention, national technical assistance providers, OSEP TA Community of Practice members, State Part C representatives, and parents.

1. Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts.
2. All families, with the necessary supports and resources, can enhance their children's learning and development.
3. The primary role of a service provider in early intervention is to work with and support family members and caregivers in children's lives.
4. The early intervention process, from initial contacts through transition, must be dynamic and individualized to reflect the child's and family member's' preferences, learning styles, and cultural beliefs.
5. Individualized Family Service Plan (IFSP) outcomes must be functional and based on children's and families' needs and family-identified priorities.
6. The family's priorities, needs and interests are addressed most appropriately by a primary provider who represents and receives team and community support.
7. Interventions with young children and family members must be based on explicit principles, validated practices, best available research, and relevant laws and regulations.

In accordance with these principles, this handbook delineates procedures for developing the EDIS Individualized Family Service Plan - Process Document (IFSP-PD) and implementing best practice approaches at each step in the process from public awareness to transition planning.



Families' lives are filled with natural opportunities for children's learning. Daily interactions and experiences, including participation in child and family routines, community activities, and family outings, present a myriad of development enhancing opportunities. It is important to capitalize on these natural learning opportunities to promote development. At the heart of early intervention is a philosophy of family centeredness. This translates to understanding the child in the context of the family and respecting family concerns, priorities, resources, values, beliefs, and day-to-day life activities.

To effectively identify family concerns and provide family-centered support and services, it is important to link early intervention processes. Linking intake, evaluation, eligibility, and intervention planning assures that information essential to family-centered intervention in natural environments is gathered and used.

Every IFSP must be tailored for each individual family and must meet quality standards. This handbook provides best practice information and guidance on the IFSP process and forms, to facilitate continuity among the programs while recognizing that each family has their own mix of interests, needs, abilities, challenges, resources, and desired outcomes. This handbook is intended to:

1. Define procedures for using the EDIS IFSP-PD.
2. Address frequently asked questions about the process and implementation of the EDIS IFSP-PD.
3. Provide examples of how to work through steps in the early intervention process and complete the EDIS IFSP-PD.

This handbook addresses public awareness and first family contacts through IFSP development. Included is are detailed and "quick instructions" for completing the IFSP-PD, a quality rubric for reviewing IFSP-PDs, and a sample completed IFSP-PD. Each section of this handbook includes examples and information for completing the different parts of the IFSP-PD. The document is organized by process and follows the sequential steps within the process. The IFSP-PD is completed initially and annually thereafter. At the discretion of each team, which includes the family, the document may be handwritten or typed. It combined is the evaluation and IFSP, making it a completed document with all necessary and required components.

The following key codes are used in this handbook to help guide the reader.



The writing hand icon indicates that the associated box refers to an actual form and completion of that form.



The hourglass symbol refers to annual IFSPs and re-evaluations.



The mouse symbol refers to data entry in the Special Needs Program Management Information System (SNPMIS).



The clipboard symbol refers to the EDIS IFSP Quality Rubric.

For further regulatory guidance on EDIS Early Intervention practices please refer to the following publications available at www.edis.army.mil

- Department of Defense Instruction (DODI) 1342.12, Provision of Early Intervention and Special Education Services to Eligible DOD Dependents.
- MEDCOM Regulation 40-53: EDIS Early Intervention Services
- EDIS Policy and Practice Questions and Answers
- Family-Centered Early Intervention in Natural Environments: A Closer Look for EDIS
- Multidisciplinary, Interdisciplinary, Transdisciplinary A Family-Centered Continuum: A Closer Look for EDIS

Public Awareness

Before jumping into referral and assessment, let's first consider the importance of public awareness. It is well known that early intervention services do not occur in isolation. Interaction and collaboration occurs with a host of community agencies, many of which serve as primary and secondary referral sources. Because community agencies can inform families about early intervention, it is imperative that they understand the family-centered nature of early intervention and that intervention support and services are maximally provided in natural environments.



Depending on the referral agency and their understanding of early intervention, families may expect a specific treatment that is disability-focused rather than family-centered. Referral sources might advise families to expect child-centered, therapist-directed services. From a medical perspective, early intervention providers may be viewed as child therapists rather than family coaches partnering with parents and caregivers to enhance their confidence and competence to teach and foster the child's development.

Since families interact with many community agencies and receive information about early intervention from a variety of sources, information shared with potential referral sources should strongly reinforce the family-centered practice of intervention in natural environments.

To help referral sources and families understand early intervention, it is important to have public awareness and Child Find campaign materials that accurately portray program philosophy. Emphasis on family-centered support and intervention in natural environments should be a focus of advertising materials.

Considerations for Public Awareness Materials

On the scale below (ranging from professional directed and child-centered to family-centered) how do your public awareness materials rate? How is information shared with community agency staff and parents? Ultimately, all public awareness materials, written and verbal, should be at the family-centered end of this continuum.

Child-centered ←

→ Family-centered

<input type="checkbox"/> 1. Materials describe discipline-specific, child-centered services provided by a team of professionals to enhance the child's development.	<input type="checkbox"/> 2. Materials emphasize child-centered services provided by a team of specialized professionals working closely with the family.	<input type="checkbox"/> 3. Materials describe a team of professionals working with and providing support to the child and family.	<input type="checkbox"/> 4. Materials emphasize working as a team, supporting families in enhancing their child's development, using a primary service provider approach.
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McWilliam (2000) Families in Natural Environments Scale of Service Evaluation (FINESSE).

To promote family-centered intervention in natural environments, developers of public awareness materials must steer away from the description in box 1 (above) and strive to fit the description in box 4 (above), emphasizing the family-centered nature of early intervention, instead of discipline specific services provided directly to children. All public awareness materials should include input and review by parents and other stakeholders to assure that the message is clear and effective.

 Use the SNPMIS "Clinic Functions," "Child Find Activities" screens to document and capture time spent in child find related activities.

First Contacts



First contacts with the family mark the beginning of the early intervention journey. This journey shifts and adjusts in response to the needs of each family and its unique repertoire of strengths and resources. Because early contacts with families influence future interactions, nurturing family involvement and conveying the spirit of natural environments in the process is especially important. From the beginning, the focus should be on listening to the family's story, discovering their concerns, and building an interactive relationship that is respectful of family culture and circumstances. Respect, reciprocity, and responsiveness are critical components to collaborative partnership building with families (Barrera & Corso, 2002). Respect means acknowledging the family's perspective. Reciprocity means that each member has an equal voice and no one voice prevails. Responsiveness involves empathy and getting to the point of understanding so that one can say, "I know where you are coming from."

Displaying respect and valuing the perspectives of others is paramount to establishing a trusting relationship. The nature of the initial relationship between families and early intervention providers ultimately contributes to the success of service provision.

Consequently, no one perspective should always prevail; providers must acknowledge their own biases while respecting and comprehending families' situations.

Efforts should be extended to match families' learning styles. It may be necessary to provide information in different ways. While written materials can be helpful for families to refer to later, the amount of written materials shared with families should not be too overwhelming. It is imperative that providers follow the family's lead and support their understanding and involvement throughout the process.

The IFSP-PD is designed to guide the process rather than function as a form that is completed mechanically. As such, it is a starting point for a meaningful, interactive process. Because parents are the constant in a child's life and know their child best, providers have a great deal to learn from parents, and in turn, parents learn from providers. To promote mutual understanding, providers must understand parent/caregiver interests, acknowledge their experiences and engage in a collaborative exchange.

Sharing the following information with families early in the process can help pave the way for support-based intervention in natural environments.

- Early intervention providers help families address concerns about their child's development. If the child has a delay, the family may be eligible for early intervention. Together, families and providers determine the amount and type of support and services needed. These decisions are based upon family concerns, priorities, and resources.
- Early intervention providers specialize in early childhood development. We value the expertise that families have about their children. Family members are respected as key decision makers throughout the process.
- Early Intervention support and services are tailored to promote children's learning during day-to-day routines and activities and provided in locations where children and families spend time.
- To learn new skills and abilities, young children need lots of *meaningful* practice. This means practice opportunities that are part of existing activities and interactions with familiar people.
- While early intervention draws on the expertise of various disciplines, services are most frequently provided through a primary service provider. The primary service provider works in partnership with the family to address their concerns and identify and enhance children's natural learning opportunities.
- Early intervention providers work collaboratively with families to address identified child and family needs. Support and services can include informational

support such as providing information about child development, material support such as making connections with community resources, and emotional support such as validating and empowering family efforts.

Additional considerations for first contacts that convey the importance of family-centered intervention include:

- Provide the family with general information about early intervention before the first meeting. This may be accomplished via telephone, by providing program brochures to the family, or by sharing the website. www.edis.army.mil
- Make arrangements to meet at a time that is convenient for the family. Be sure to discuss the duration of the meeting. Allow sufficient time in your schedule so that you don't have to rush off.
- Discuss who will be part of the first contact meeting with the family.
- Compile information received from the referral so that the family does not have to repeat information already shared.
- Make the purpose of the visit clear. Let the family know that they can choose what they would like to share and who they would like to be there.
- When talking with the family, practice being more interested than interesting. Let the parents describe *their* concerns not yours.
- Take every opportunity to compliment the parents on their successes with their child.
- Use every contact with the child to observe his/her skills in the natural environment. Reinforce the importance of the natural environment by commenting on your observations in natural settings whenever possible. Practice being a commentator.
- Practice being an interested and active listener. Make your interactions conversational and use open-ended questions to facilitate dialog.

Information Gathering

The following sections provide guidance on using the IFSP-PD to facilitate the family-centered early intervention process.

It is essential that early intervention providers understand why they are asking each question and how they may use the information provided by the family. If the information is not needed for later use, it is not necessary to ask the question. Consider the following questions when interviewing families and gathering information.



- How might we use this information?
- Is it pertinent to understanding the child and family strengths and needs?
- Is it pertinent to future intervention?
- Is it any of my business?
- Will this information help us meet the family's needs?

General demographic information is needed early on in the process. Initial entry and entitlement information can be gathered in a variety of ways. Because information included on the “Entry/Entitlement” form is needed only for initial referral, it is a separate form. The following box provides information about completing the “Entry/Entitlement” form and the need for collecting the information included on the form.



“Entry/Entitlement” Form 758

Entry/Entitlement

Child/Family Demographics:

The first part of the form is used for documenting general demographic and family contact information.

Ethnicity/Race:

Data are collected about the child's ethnicity and race for federal monitoring and performance improvement purposes. These data have also been used to study changes in the social, demographic, health, and economic characteristics of various groups in our population. In special education, there has been a disproportionate representation of ethnic and racial minorities. Consequently, great attention has been given to examining ethnicity/race to identify situations in which over or under representation of a population may be evident.

Recognizing that in some circumstances, asking about race and ethnicity may seem awkward, especially early in the process, the following are considerations for addressing this question.

- Ask the family to fill in the ethnicity and race sections. Doing so can also help reinforce that the process will be completed in collaboration with the family.
- Let the family know why this information is needed and how it is used. (See discussion above).

The following are definitions of the ethnicity and race categories.

Ethnicity:

- Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Not Hispanic or Latino: A person not of Hispanic or Latino origin.

Race:

- American Indian or Alaska Native: person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- Asian: a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American: person having origins in any of the Black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Self-identification (i.e., parent report) should be facilitated to the greatest extent possible. Parents who do not wish to self-identify their child’s ethnicity and race can mark the box “decline to state” on the entry/entitlement form. However, because the data are required in the data system, they must be entered in SNPMIS. As a last resort to entering the data, providers are to identify the child’s race and ethnicity themselves (observer identification). While there is question that this practice may not always yield accurate identification it is favorable to having no data at all.

 When families elect not to identify their child’s ethnicity and race, providers must use observer identification to enter the child’s race and ethnicity.

Primary Language:

Knowing what language the family speaks is critical to ensure effective communication. It will also help identify the need for a translator. Further, knowing if a child is exposed to, speaks, or is learning a second language is important for intervention. On the “Entry/Entitlement” form, enter the primary language spoken at home and indicate if an interpreter is needed.

DODEA Enrollment Category:

This question helps determine if the child is authorized to receive “space-required” services on a “tuition-free” basis. Children must meet the command sponsorship and dependency requirements of DoD schools to be authorized for “space-required” “tuition-free” EDIS early intervention services. When there are questions about the authorization, verification of documentation must occur. This involves review of the sponsor’s orders and verification of family travel authorization.

Referral Source:

The referral source is the actual individual/agency that contacted EDIS and made the referral. This might be a referral from the medical treatment facility (MTF) or a direct call from a family.

How did you learn about early intervention:

This question provides important information. A family may make a self-referral and they are the referral source. Knowing how they found out about early intervention provides valuable public awareness information.

Referral Date:

This is the date that EDIS received the referral. Calculate the 45-day (calendar days) timeline from the date of the referral. Enter that date in the 45-day timeline box.

 SNPMIS has a built in calendar that calculates 45 days from the referral date.

General reason for EDIS contact:

Information about the reason for the referral to early intervention comes from the first contact, which can often be by phone or from an MTF provider. Space for more in-depth information about specific questions and concerns is provided on the first page of the IFSP-PD.

Service Coordinator:

Enter the name of the family’s initial service coordinator, the EDIS provider who will help the family through the initial IFSP process (first contacts through IFSP development).

Date of initial contact with family:

Enter the date EDIS contacted the family. This may be the same date a parent makes a self-referral if they spoke with an early intervention provider. All attempts to contact the family must be documented on the “Entry/Entitlement” form or in the EDIS record (i.e., using SNPMS documentation under “Service Coordination Sessions”).

Prepared By:

The EDIS provider who completes the “Entry/Entitlement” form with the family signs and dates the bottom of the form. Administrative staff may initiate the form, but the provider who is assigned the referral and reviews the form must sign it.

The IFSP-PD includes a general information section that comprises information beyond the demographic data collected through the “Entry/Entitlement” form. This information is necessary for programming purposes.

Because the IFSP-PD has multiple purposes (screening, evaluation, and full IFSP) it is imperative the appropriate box is checked at the top of the IFSP-PD to identify the endpoint of the process. Only one box can be checked for each document. However, it is possible to enter the date for each of the completed steps (e.g., screening, evaluation, and full IFSP).



“IFSP-PD” Form 721

<input type="checkbox"/>	Screening Only (sections 1-3) _____ <small>Date</small>
<input type="checkbox"/>	Evaluation Only (sections 1-5) _____ <small>Date</small>
<input type="checkbox"/>	Full IFSP (sections 1-14) _____ <small>Date</small>

The following provides information about completing the “General Information” section of the IFSP-PD.



“IFSP-PD” Form 721

1. General Information

Child/Family Demographics:

Enter the child’s name, date of birth, age, and gestational age (if premature). Gestational age is the number of weeks at which the child was born. If the child was full term (over 36 weeks) it is sufficient to enter “not applicable” or “full term.” Enter the parent/guardian’s name/s.

All other contact information is included on the Entry/Entitlement form and is not repeated on the IFSP-PD.

Initial Referral - Referral Date/Source or Annual Re-evaluation:

Check the appropriate box to indicate if this IFSP-PD is for an initial referral or for an annual re-evaluation. Leave the other box blank. If the IFSP-PD is for an initial referral indicate the date of the referral and the referral source. The referral source is the actual individual/agency that contacted EDIS and made the referral. This might be a referral from the medical treatment facility (MTF) or a direct call from a family.

If the IFSP-PD is for an annual re-evaluation check the box indicating this. No other information is needed in this box.

Arrival/Departure from Duty Station:

Information about the family's arrival and Date for Eligible Return from Overseas Services (DEROS) or expected departure from current duty station provides valuable information about how long the family has resided in the community and how long they anticipate staying. Because military families move frequently, it is important to be aware of pending moves so that early intervention can help families with integration and transition as needed.

Service Coordinator:

Check the box to indicate if the service coordinator listed is the initial or ongoing service coordinator. Enter the name of the service coordinator. An initial service coordinator is listed for new referrals and an ongoing service coordinator is listed for annual re-evaluations.

Please describe your expectations for your involvement in early intervention.

Before this question on the IFSP-PD, there is the statement "Early Intervention recognizes that parents know their child best. We value your input and will include you in every step." This is intended to reinforce the importance of collaboration. Early on in the process it is important that the family and providers understand each other's expectations for early intervention. The family's response to this question provides insight about their expectations and can open up a discussion to ensure mutual understanding. Documentation in this section may include direct quotes from the family and/or a synopsis of the discussion this question generated.

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

This question goes beyond sharing initial information about scheduling. It is intended to identify the best ways to share information with the family throughout the process. Another way to ask this question is "As we proceed there will be information to share; what is the best way to share it?"

Responses to this question provide insight into possible barriers to communication, the need for alternative means of sharing information, and effective ways for sharing information (e.g., written, demonstration, discussion, etc.). Asking this question reinforces the family’s right to understand all information discussed and respects the family as a full team member. The discussion can include addressing whether or not the IFSP-PD will be typed, handwritten, or a combination of both. Documentation in this section may include direct quotes from families and/or a synopsis of the discussion this question generated.

 The “EDIS Early Intervention IFSP Quality Rubric” was developed to offer a common lens for examining the quality of IFSP development. The focus is on recognizing and complimenting the best practice work of providers while identifying opportunities for improvement. The Rubric provides a tool for assessing quality. It is included in full at Appendix # 1. The following excerpt from the Rubric highlights the documentation expectations for the general information section of the IFSP-PD.

1. General Information				
<ul style="list-style-type: none"> Demographic information is complete & accurate. 				
0 Unacceptable	1	2 Getting There	3	4 Best Practice
<input type="checkbox"/> One or more information section/question not 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:				

Understanding the Reason for Referral

During first contacts with the family, it is important for early intervention providers to understand what concerns, *if any*, the family has. This involves inquiry about what brings the family to early intervention and how or if they would like to proceed with the referral. **Prior to any screening, assessment, or evaluation parents must be given the “Notice of Proposed Action” form 759, and Family Rights/Due Process information (MEDCOM PAM 40-14). They must also sign the “Permission to Screen/Evaluate” form 718.** These are separate forms that are not embedded in the IFSP-PD.



It is important to determine the focus of the activity and the questions that the parents hope will be answered prior to screening, evaluation or assessments. While the family’s concerns may have been shared in the first phone call, it is useful to review their concerns in greater detail at the first visit. Asking the following questions can enhance both the providers’ understanding and the parents’ own understanding of their concerns.

It is not intended that each sample question be asked. Rather these are suggestions to initiate dialog about what brought the family to early intervention and what they would like to gain through their involvement with early intervention.

- What kind of information would be most useful to you regarding your child?
- What questions/concerns (if any) do you have about your child/family?
- What do you wish your child could do that he/she is not doing at this time?
- What do you think your child should be doing?
- Is there anything you'd like your child to do, do better, or to do with more independence?
- Are there things you do with your child that you think could go better than they do?
- What would you like to happen through your involvement with early intervention?

These questions facilitate a richer description of the parents' concerns/questions beyond simply identifying a developmental domain (e.g., I'm concerned about Suzy's speech). They reinforce the collaborative nature of early intervention and the important role the family plays. Gathering more specific information about the family's concern improves everyone's understanding of the concerns/questions. A clear understanding of family concerns is necessary to guide the early intervention process in a family-centered manner.

 *Annual re-evaluation:* Annual re-evaluations are not the same as new referrals. However, discussing and documenting progress and family concerns/questions is an important part of the process. Accordingly, the Family Questions/Concerns - Reason for Referral section of the IFSP-PD is completed for annual re-evaluations as well as initial referrals.



"IFSP-PD" Form 721

2. Family Questions/Concerns - Reason for Referral

This section of the IFSP-PD provides for a description of the family questions and concerns. Documentation of family questions/concerns should be more than a one word entry (e.g., "speech"). Use questions, similar to those above, to help discover the information.

If the referral comes from the MTF and includes a concern, be certain to review it with the family and gather additional information. Remember, a referral from the MTF is just a referral, not a prescription for the family's concern.

 *Annual re-evaluation:* State the family's current concerns/questions using a sufficient amount of detail.

📄 The following excerpt from the Rubric highlights the documentation expectations for the Family Questions/Concerns section of the IFSP-PD. Under “Best Practice,” “functional examples of what is happening now” refers to actual descriptions of what the child is doing (e.g., Isaiah scoots backwards on his bottom to get around), rather than statements about what the child is not doing (e.g., Isaiah is not walking). In the absence of desired skills/abilities, a description of what the child is doing is important to include in this section.

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"/> The concern/reason for referral is stated in descriptive terms. <input type="checkbox"/> Documentation includes what the family wishes/thinks the child should do.		<input type="checkbox"/> All items from response option 2 are checked. <input type="checkbox"/> Concern/reason for referral includes a functional example/s of what is happening now.
Comments:				

Screening



Screening should be a relatively quick process that helps determine if further assessment is needed and guides the evaluation. Depending on the information received previously, it may or may not be necessary to conduct a formal developmental screening (e.g., Ages and Stages Questionnaire [ASQ], Denver, etc.). For example, if a screening was conducted as part of child find, it is not necessary to do a repeat screening. However, if no prior screening was conducted and it is not clear (i.e., obvious delays or presence of a biological risk) that further assessment is warranted, a formal developmental screening should be conducted.

The developmental screening or information from the recent screening is summarized in the screening section of the IFSP-PD. This section includes vision and hearing screenings.

🕒 *Annual re-evaluation:* Vision and hearing screening is necessary for initial and annual re-evaluations. These sections must be completed each time. A developmental screening however is not needed for annual re-evaluations.



“IFSP-PD” Form 721

3. Screening

Functional Vision & Hearing Screening

Complete functional vision and hearing screening initially and annually thereafter.

🕒 *Annual re-evaluation:* Always complete vision and hearing screening.

Developmental Screening

Enter either the date that the screening was conducted or the date that recent screening results were reviewed. If a recent screening was administered it may be used and should be referenced in this section.

Describe the screening activity and the results. If the referral is a result of a recent screening (e.g., mass child find screening, well-baby clinic screening...) indicate the date the screening occurred and the results that led to the referral. If EDIS conducts screening subsequent to the referral, describe the screening activity, observations, and results of the screening. As appropriate, identify any screening instruments that were used.

Check the agreed upon decision box indicating “No Further Evaluation Needed at This Time,” “Further Evaluation Recommended,” or “Re-screening Recommended.” If re-screening is recommended, indicate the date or timeframe for conducting the re-screening.

The EDIS provider/s, involved in the screening or completing the form with the family, signs at the bottom of the page. Parents also sign the bottom of the page.

If further evaluation is not needed the process ends. Check the screening box at the top of the first page of the IFSP-PD and enter the date indicating that the document includes screening information only. Provide the parents a copy of sections 1-3.

If re-screening is recommended the process still ends here. The “Screening Only” box is checked and the date is entered.

<input checked="" type="checkbox"/>	Screening Only (sections 1-3) <u>1 April 2009</u> <small>Date</small>
<input type="checkbox"/>	Evaluation Only (sections 1-5) _____ <small>Date</small>
<input type="checkbox"/>	Full IFSP (sections 1-14) _____ <small>Date</small>

If the decision is to go on to evaluation, the process continues and the “Screening Only” box is not checked.

 **Annual re-evaluation:** A developmental screening is not needed for annual re-evaluations. There is no need to complete the developmental screening section, including the signatures. Check the box next to “Annual Re-evaluation” and leave the “Developmental Screening” section blank.

 If child passes the screening: Discharge the child from SNPMIS, and the process ends.
 If the team plans a re-screen: Discharge the child from SNPMIS; when it comes time for the re-screening enter the screen as a child find activity and document the visit as a contact note. If the re-screen results in a referral for evaluation, enter it as a new referral process and complete a new “Entry/Entitlement Form.”
 If the team plans to go on to evaluation, enter the evaluation process in SNPMIS.

 The following information from the Rubric highlights the documentation expectations for the screening section of the IFSP-PD. If screening is conducted, functional examples of the child’s strengths and needs must be documented. When using the ASQ as a screening instrument be sure to reference which age ASQ was implemented.

3. Screening				
♦ Screening information is complete & accurate. <i>Functional vision & hearing screening completed for initial & annual IFSPs. Developmental screening for initial IFSPs only.</i>				
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"/> All applicable information sections are completed & legible. Initial IFSPs: <input type="checkbox"/> Date of screening is referenced in this section <i>or</i> reason for not screening is described. 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. If screened: <input type="checkbox"/> Screening includes functional examples (reported or observed) of the child’s strengths. <input type="checkbox"/> Screening includes functional examples (reported/observed) of the child’s needs (if any). <input type="checkbox"/> Explanations accompany vision/hearing questions answered ‘yes’ <i>or</i> responses are <i>no</i> .
Comments:				

Gathering Health Information



Early intervention providers see children whose health ranges from well to severely compromised and at risk. The amount of medical information gathered should reflect this range. When gathering information for any child, providers should keep in mind the educational nature of early intervention. The information reported on the IFSP-PD should be necessary to appropriately evaluate and extend support to the child and family. Beyond pertinent developmental milestones and health information related to the referral, providers should focus on current health facts and information that is of use now and in the future.



IFSP-PD Form 718

4. Health Information

Where do you take your child for health care?

Enter the location where the child's health care is routinely provided.

Who is your child's primary care manager/provider?

Enter the name of the child's primary care manager (PCM) or medical doctor/provider. If the family does not know the PCM or has never seen him or her, enter the name of the physician who is most familiar with the child.

Child's Current Health

Enter information about the child's current health status. Include the date and results of the most recent well baby exam or physical. If a well baby exam or physical has not been done within the past six months, refer the family to the child's PCM for a physical. Remember that a child seen for a specific health related concern (e.g., cough, cold, ear infection, etc.) is not the same as an overall physical or well child visit. Do not hold up the process by waiting for the physical.

Other health information relevant to the referral:

Questions about health and health history should yield descriptions of relevance to the evaluation and intervention. Typical pregnancies and birth need not be described in detail. Histories for children with more complex birth and health issues will require more detail. However, information gathered should focus on what is needed to assist with determination of eligibility and provision of support and services. Pertinent developmental milestones should be discussed and documented. There is no need for a lengthy discussion/description of the child's overall history of development. Rather notate information pertinent to the referral to early intervention.

Generally, this section should include significant information about prenatal events, birth history, birth weight, weight gain, developmental milestones, illnesses, allergies, hospitalizations, and medications.

Additional questions might include:

- How would you describe your child's general health?
- How does your child feel most of the time?

Are there any concerns/questions about your child's: Pain, Dental, Nutrition, Sleeping, Behavior?

In addition to asking if the family has any concerns or questions about their child's pain, dental, nutrition, sleeping, and behavior the following questions might be helpful.

Pain

- How does your child let you know he/she is hurting?
- Describe the last time your child was sick or hurting. What did he/she do?

Eating, Nutrition, or Growth

- Are there any concerns about your child's weight or height for his age?
- Describe any unique food preferences or eating habits your child may have.
- Does your child have a special diet?
- Do you have any concerns about your child's nutrition, feeding, or access to healthy and adequate food?

Oral/Dental Health

- Has your child seen a dentist?
- Is teeth brushing something your child participates in?

Sleeping

- Do you feel that your child is getting enough sleep?
- Do you ever feel that your child is sleeping too much?
- Do you have concerns about bedtime or naptime (e.g., resistance, getting up several times, time it takes to get to sleep, etc.)?

Behavior

- What does he/she do when happy or excited?
- What does your child do when he/she is upset?
- How long does it take your child to calm down after being upset?
- How are you and your child getting along? How are other family members and your child getting along?
- Does your child have toy/object preferences? How does he/she play with toys?
- How does your child respond to you/others socially/interactively?
- How does your child respond to change?

Be sure to document any concerns the family may have regarding any of these topical areas. This information will also be helpful when deciding upon evaluation instruments and procedures.

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

This question opens the door for other information the family may elect to share. The idea is not to get a comprehensive family health history, but to understand any family health or mental health issues that might be affecting the child and/or family.

There is a direct link between children's development and parents' physical and mental health. We want to make sure we are respectful of each family's health

priorities. This question helps us understand and support children and families. After all, parent-child relationships are foundational to children’s learning.

With increased deployments, associated stressors, and increased emphasis on and availability of mental health resources, it is also important to understand family needs to help link them with appropriate resources.

While the discussion about family health information may be quite extensive, be sure to document only what you and the family feels is pertinent and relevant.

Medical Referrals

Indicate any medically-related referrals already in process or deemed necessary by the team.

 Below are the documentation expectations for the screening section of the IFSP-PD. Note that all questions within the health information section should be addressed. While developmental milestones are specifically identified under “Best Practice” it is not necessary to list all developmental milestones. Instead, include the major milestones and those relevant to the area/s of concern.

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 section/question <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.
<i>Comments:</i>				

Evaluation for Determining Eligibility

As expeditiously as possible the evaluation team, including the family and the service coordinator, should determine the child's eligibility for early intervention services. This is done by considering all the information gathered to this point and conducting evaluation in all five domains of development. Standardized testing is required for determining initial eligibility under developmental delay. Children who qualify for services under biological risk may be assessed in the five developmental domains using criterion-referenced instruments. While particular focus should be placed on the area/s of concern identified as part of first contact information and/or developmental screening, evaluation or assessment of all five domains is required as part of comprehensive evaluation.



Gathering developmental information must go beyond just the standardized testing of the child's ability to perform structured tasks. The process should include opportunities to observe and assess the child within the routines and activities that are part of his/her everyday life. This can be accomplished by observing the child before or after formal evaluation or at another time as needed. At a minimum, early intervention providers should take note of the natural interactions that take place during all encounters with the child and family. This approach creates an opportunity to combine formal developmental evaluation information with functional application. The type and amount of information needed for the team to make an eligibility determination will vary depending on the circumstances of each individual child.

When planning for an eligibility evaluation, consider the genuineness of the assessment.

- Does it involve the child in real situations with real antecedents and consequences?
- Does it include natural and everyday skills?
- Does it welcome and encourage use of materials familiar to the child/family?

Evaluation should focus on the process rather than just getting the scores. The effective process helps lay the groundwork for a partnership relationship with parents. Further, it allows children to demonstrate their behavioral repertoire naturally, as skills demonstrated naturally are ingrained skills. Information about the child's full mix of skills is needed to understand the child's strengths and needs, if any.

The eligibility evaluation may require the use of the informed opinion process, may include consideration of a biological risk, and may or may not be necessary at the time of annual re-evaluation. Each of these situations is described in more detail below.

Informed Opinion Process: On occasion intake information and eligibility evaluation are not sufficient for determining a child’s eligibility. In these instances, it may be necessary to employ an informed opinion process. Informed opinion is the correct terminology (over informed clinical opinion or clinical judgment) because both parents and providers contribute information needed in the decision-making process. The informed opinion process applies to the “developmental delay” eligibility category, not to “biological risk,” as biological risk is based on a physician’s diagnosis.

Informed opinion as a basis for determining eligibility under developmental delay should be used only when:

- Team members believe that the child’s performance on standardized measures is at odds with their own ongoing observations and judgments about the child.
- The child’s capabilities are demonstrated at extremely low frequencies and inconsistently exhibited and observed thereby affecting the child’s functioning.

Use the “Eligibility Based on Informed Opinion” form 808 to document the informed opinion process.



“Eligibility Based on Informed Opinion” Form 808

Informed Opinion
<u>General Information</u> Enter the child’s name and date of birth.
<u>Supporting Documentation</u> <ol style="list-style-type: none">1. Provide a description of why the standard evaluation procedures resulted in questionable findings for this child.2. Identify the data used (quantitative and qualitative) to conclude that the child has a significant delay that is consistent with EDIS eligibility criteria. A minimum of two measures are required to support informed opinion. The additional measure(s) may be a second standardized instrument (in whole or in part), a criterion-referenced instrument, checklist, evaluation of the child at play, naturalistic observation of the child in a routine activity, observation of parent-child interactions, or information from child care providers or family members.3. Explain findings from the alternate measures.4. Describe the presence of the child’s delay and estimated percentage of delay based upon all the data collected. <p>The EDIS Program Manager must review all informed opinion forms.</p>

Team Member Names and Signatures

Include the names and signatures of all team members.

Biological Risk: A written confirmation of the diagnosis from a licensed physician is required to establish eligibility under biological risk. The informed opinion process described above does not apply to biological risk. A standardized eligibility evaluation is not required for children who have an established condition with a high probability of resulting in a developmental delay (biological risk) as verified by a physician. However, documentation of the child's present levels of development is necessary. Based upon the unique circumstances, the team may choose to administer a standardized evaluation or use a criterion-referenced instrument. Enter the standard scores or age ranges in section 5 "Developmental Evaluation and Eligibility Status" of the IFSP-PD. Gathering information through the Routines-Based Interview (RBI) might also be a viable option.

Annual re-evaluation: At annual re-evaluation a new IFSP-PD is developed. However, standardized evaluation is not automatically necessary. If there is a question about the child's continued eligibility status, then standardized instrument(s) assessing all five areas must be used. If there is a high degree of certainty that the child's eligibility status will remain the same, and information gathered from standardized instrument(s) will not be value added, then standardized instruments to assess all five areas of development are not required. However, developmental levels must be determined; this may be done by using criterion-referenced instruments.

While the evaluation for determining eligibility should be conducted expeditiously, naturalistic observation and consideration of the child's functional skills and abilities relative to what is expected of children his/her age is still needed. As required by regulation and necessary to understand the big picture of the child in the context of the family, assessment information must come from various sources, including evaluation instruments, family report and naturalistic observation. Incorporating naturalistic observation and discussion about the child's functional skills and abilities help the team understand the child in contexts that are comfortable and familiar, and allows a typical rather than uncharacteristic view of the child.

As Bronfenbrenner (1979) poignantly stated, evaluation need not be "...the science of the strange behavior of children in a strange situation with a strange adult, for the briefest possible period of time" (p. 19). To combat this style of assessment, greater efforts are needed to ensure that assessments are developmentally appropriate, functionally focused, and conducted in a manner that regards parents as equal partners early on and throughout the process.

Because early contacts influence the family's future expectations, great efforts should be made to involve the family in all decisions and actions. Avoid conveying the idea that early intervention is about specialists working one-on-one with children. This concept can be suggested by an evaluation that does not actively involve the family and is comprised entirely of professional-directed interactions with the child. When assessment uses these approaches alone the family may expect the same approach when it comes to intervention support and services.

To ensure a valid assessment that promotes family members' participation, there must be collaborative pre-assessment planning. The parents must be part of this decision process just as they are active members of IFSP decision making. While early intervention providers are well versed in evaluation, it is often a new process for families. Extra effort must be extended to make certain that the parents can be active participants and informed decision makers.

To ensure a collaboratively planned evaluation, discuss the following arrangements with the family:

- Who should be involved in the evaluation process?
- Who will do what (roles/responsibilities)?
- What will the evaluation look like – what can the family expect?
- Where should the evaluation take place?
- When can the evaluation occur?
- How much time is needed?
- How will results be shared?

To promote parent involvement in and understanding of the actual evaluation, it is recommended that providers use a commentator approach in which they describe and explain what they are doing and thinking as they complete the developmental evaluation. Asking parents questions and seeking clarification along the way is also critical. To ensure an accurate picture of the child's abilities, it is important to know if the skills being demonstrated are typical for the child.

The testing instrument(s) should be scored immediately following the evaluation, whenever possible so that the family can receive immediate information about the child's eligibility status. However, under certain circumstances, this may not be possible and it may be necessary to review the results or plan to gather more information before making an eligibility determination. When this happens, the team should still review the inconclusive evaluation results with the family and plan for the next steps needed to confirm if the child is or is not eligible for early intervention.



“IFSP-PD” Form 721

5. Developmental Evaluation and Eligibility Status

Methods & Procedures

Identify the different methods and procedures used as part of the developmental evaluation. Natural observation should be included as part of every evaluation process.

General Observations:

Include a description of the evaluation situation. Indicate if any special arrangements or adaptations were necessary. Also, indicate if the child’s health, behavior, or other circumstances influenced the accuracy of the evaluation. Describe the parents’ opinion of the child’s behavior during the evaluation (e.g., was it typical?). Other items of interest include, but are not limited to: the child’s response to the evaluation setting and activities, preference in testing items, attention to activities, activity level, interaction with others, ability to transition between activities, warm up time, spontaneity of skill demonstration, and compensatory strategies.

Results

Document the instruments administered, the administration dates and the results. The results of all standardized instruments must be reported as standard deviation (Z) scores. Percentage of delay can never be used as a substitute to standard scores on a standardized instrument.

Summary

The summary is a synthesis of the information gathered to this point and used to help determine the child’s eligibility status. The summary should include a recap the family’s concerns/questions and a brief description of the child’s functional strengths and needs (if any). Descriptive information should go beyond broad listing of developmental domains. Someone reading the summary should get a picture of the child and clear information about why the child is or is not eligible.

 For all annual re-evaluations the summary should include a statement of progress or changes made over the past year.

Eligibility Status

This section of the IFSP-PD provides a recap of the child’s eligibility status. A statement of eligibility is not necessary in the summary section IFSP-PD. Eligibility status is documented for all IFSP-PDs (initial and annual).

For initial eligibility determination or changes in eligibility status the “Report of Eligibility” Form 720 must also be completed. See the following section for further information on the eligibility determination process and required documentation.

Signatures

Include the names of all individuals involved in the evaluation process. At a minimum, the evaluation team must include the family and two EDIS evaluators of different disciplines (multidisciplinary team).

 All evaluation activities are captured in SNPMIS under “Evaluation Sessions.” Be sure to close out the evaluation when complete.

 The following excerpt from the Rubric describes best practice documentation expectations.

5. Developmental Evaluation and Eligibility Status				
<ul style="list-style-type: none"> ▪ Methods & Evaluation Results are completely documented including methods, general observations, instrument/s names, date/s, & results. 				
0 <i>Unacceptable</i>	1	2 <i>Getting There</i>	3	4 <i>Best Practice</i>
<input type="checkbox"/> One or more section/question not completed or illegible.		<input type="checkbox"/> All sections (methods & procedures, general observations, test name, date, results) are complete & legible. <input type="checkbox"/> All areas of development were assessed/addressed.		<input type="checkbox"/> All items from response option 2 are checked. <input type="checkbox"/> General observations provide a descriptive picture of the evaluation situation. <input type="checkbox"/> Test scores reported in standard deviation (or percentage of delay for criterion-referenced tools).
Comments:				
<ul style="list-style-type: none"> ▪ Summary synthesizes information gathered including the child's functional strengths & needs & the family's concerns. Eligibility status is completed. 				
0 <i>Unacceptable</i>	1	2 <i>Getting There</i>	3	4 <i>Best Practice</i>
<input type="checkbox"/> Summary is documented only as overall domains of delay/strength. <input type="checkbox"/> Includes recommendations for specific services. <input type="checkbox"/> Recommendations include only a list of failed evaluation items. <input type="checkbox"/> Technical jargon is used & not defined. <input type="checkbox"/> Eligibility is not consistent with evaluation results & DOD criteria. <input type="checkbox"/> Multidisciplinary team involvement is not evident.		<input type="checkbox"/> Parents' initial concerns are addressed. <input type="checkbox"/> Summary synthesizes information gathered to this point in the process. <input type="checkbox"/> Jargon is <i>not</i> used or is clearly defined. <input type="checkbox"/> No specific therapy services included. <input type="checkbox"/> No nonfunctional (out of context) recommendations are included. <input type="checkbox"/> Multidisciplinary team involvement is evident. <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"/> Child's strengths are functional & documented beyond stating broad developmental domains. <input type="checkbox"/> Child's needs are functional & documented beyond stating broad developmental domains. <input type="checkbox"/> If eligible, summary includes reference to next steps, including an RBI to help identify family concerns & desires. As applicable <input type="checkbox"/> Names of other contributors are listed.
Comments:				

Eligibility Status



Eligibility is a team decision and may be determined immediately following the developmental evaluation or review of medical information. However, in some instances the team may need to take additional time to gather more information before making a determination.

The MEDCOM form 720 “Report of Eligibility” is used to document the team decision about eligibility. The form is completed only for initial eligibility determination and when eligibility status changes from

biological risk to developmental delay, or when child is no longer eligible for services. It is not completed for children transitioning, moving from an EDIS program to another program, or re-evaluated without a change in eligibility status (i.e., biological risk or developmental delay). Therefore, it is not necessary to complete a “Report of Eligibility” annually for a child initially eligible under developmental delay who continues to demonstrate delays, even if the area of delay changes. For example, if the child initially demonstrated a - 2 standard deviation score in the motor domain and a year later displays a -2 standard deviation score in communication, a “Report of Eligibility” is not completed.

The “Report of Eligibility” is completed at the team meeting with the service coordinator, evaluator/s, the family and anyone the family would like to participate. Whenever possible, this team meeting should take place immediately following the evaluation. The following provides information pertinent to completing the separate “Report of Eligibility” form.



“Report of Eligibility” Form 720

Report of Eligibility

1. Child/Family Information

Enter the child and family demographic information. Include the referral and eligibility meeting dates.

2. Eligibility Statement

This section documents decisions made by the team regarding the child’s eligibility determination.

Developmental Delay

If the child is eligible, the determining factors of eligibility must be documented. Under developmental delay document the areas of delay and include the respective standard deviation Z scores in the appropriate domain boxes.

Informed Opinion

If informed opinion was used, check the informed opinion box and document the estimated percentage of delay in the accompanying domain boxes.

Biological Risk

If the child is eligible due to a biological risk, indicate the actual physician diagnosis on the line provided.

Check the box indicating if the family does or does not want early intervention services.

Not Eligible

For children found not eligible indicate if tracking will occur. Tracking is an option for families who are not eligible or eligible but not interested in early intervention services. If yes, include any plans made for tracking (i.e., timeframes, areas of focus, who will initiate contact, etc.).

3. Meeting Participants

Include parents as meeting participants. Participants of the meeting sign the form. Include the names of individuals involved in the eligibility determination process.

4. Parents statement

Parents check the yes/no boxes and sign safeguard statements at the bottom of the form.

As noted in the previous section, the eligibility status portion of the IFSP-PD is completed as part of each IFSP-PD. This section of the IFSP-PD provides a recap of the child's eligibility status. A statement of eligibility is not necessary in the summary section of the IFSP-PD. Initial determination of eligibility/ineligibility or continued eligibility is made at a meeting with the family. Eligibility is documented in section 5, "Developmental Evaluation and Eligibility Status" of the IFSP-PD and on the "Report of Eligibility", as appropriate.

If the family is not eligible and/or does not want early intervention services, the process ends here. The remainder of the IFSP-PD is not completed and the "Evaluation Only" box at the top of page 1 of the IFSP-PD is checked. Parents are provided with a copy of **sections 1-5**.

<input type="checkbox"/>	Screening Only (sections 1-3) _____ Date
<input checked="" type="checkbox"/>	Evaluation Only (sections 1-5) <u>15 April 2009</u> Date
<input type="checkbox"/>	Full IFSP (sections 1-14) _____ Date

 Enter the child's eligibility status in SNPMIS under the IDEA Processes screen "Eligibility." Close out children who are not eligible. Close IDEA processes and open Non-IDEA processes for children who will be tracked.

Learning More About Family Concerns, Priorities, and Resources



The information gathered about family concerns, priorities, and resources is foundational to planning and guiding intervention. Before inquiring about family and child strengths and resources, be sure to let the family know that the information they choose to share is voluntary. Let them know that information about their child and family strengths and resources is gathered to help you understand how to help them. Assure the family that all information is kept confidential and that you'll be asking them to review what is written down. Reinforce that this is a collaborative process and that they are equal partners in the process.

Early intervention involves activating a system of supports that helps families help their children grow and learn. To do this, one must understand families' existing supports. An eco-map is a visual illustration of who is in the family's life and what type of support (or stress) they provide.

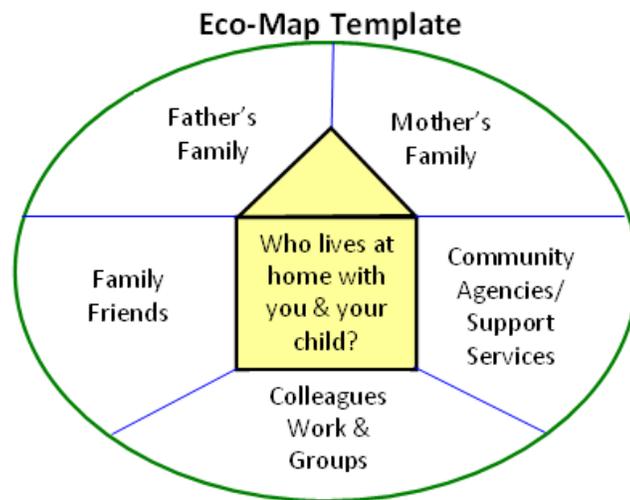
Before beginning the development of an eco-map, be certain to discuss the purpose of the activity with the family and invite them to share only information of their choosing. Development of the eco-map begins with a description of who lives at home, followed by identification of people and agencies involved in the family's life. It can include extended family, friends, support agencies and providers (medical, financial, etc.), community groups and affiliations, and work colleagues. As people and agencies are identified, lines can be drawn from the support person to the family home indicating the strength of the support.

The following are questions that can help guide development of the eco-map and facilitate discovery of information about the family and their support systems.

- Who lives at home with you and your child?
- How about grandparents, where are they? How often do you talk with them?
- What about other extended family? Are there relatives you are in close contact with?
- Tell me a bit about family friends? Where are they? How often are you able to get together or talk?
- Tell me about community services your family accesses. What kind of support do they offer?
- Are there any weekend or evening clubs/worship activities/groups you participate in?
- How about work colleagues and unit activities. How are they involved with your family?

- Who do you contact when something really good happens?
- Who do you contact if something bad happens?
- Have we missed anybody or any agency you'd like to share?

From an ecological perspective, you'll note that the questions begin with informal supports such as family and friends, then extend to formal supports such as agencies and services, and close with intermediate supports such as work colleagues and group members. The following eco-map template can be used for developing and organizing the map. The eco-map is an alternative to writing a paragraph in response to the question: "Please tell me a little about your family." The eco-map may also be developed on a separate sheet of paper then synthesized on the IFSP-PD.



"IFSP-PD" Form 721

6. Family and Child Strengths and Resources

Section 6 of the IFSP is designed to gather information about the family and child strengths and resources and serves as a lead-in to completion of the RBI.

Before asking about family resources review the paragraph immediately above section 6 of the IFSP. It states, "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'd like to learn more about your family and the activities you and your child enjoy and any activities or routines that may be difficult. The information you choose to share is voluntary."

Please tell me a little about your family...

Enter information about the family resources and support systems. This may be done using the eco-map described above.

Matching intervention suggestions and strategies to child and family interests and activities is fundamental to family-centered intervention. Consequently, it is important to learn about the things that the child and family enjoy doing. However, it is not necessary to seek great detail from the family responding to the questions in section 6, as more detailed information will be gathered through the RBI.



“IFSP-PD” Form 721

6. Family and Child Information Strengths and Resources (continued)

- **What does your child like to do? What is your child really good at?**

Enter general activities and things the child enjoys and/or is successful at doing.

- **What do you and your child/family enjoy doing or consider fun parts of the day at home or in the community?**

- **Are there things that you would like to do but are unable to?**

Enter information the family shares. It is not necessary to go into elaborate detail at this point, rather gather initial information and elaborate on it through the RBI.

In addition to the conversation triggers included on the IFSP-PD, other questions might be needed to fully understand children’s interests. (Dunst, Herter, & Shields, 2000)

- What makes your child smile and laugh?
- What makes your child happy and feel good?
- What kinds of things get your child excited?
- What activities does your child spend a lot of time with or do over and over again?
- What are your child’s favorite things to do?
- What things are particularly enjoyable and interesting to your child?

Understanding the child’s interests, strengths, preferences, and talents is equally important to understanding the family’s concerns/questions about their child’s development. This asset-based perspective enables EDIS to understand the child’s strengths and interests, which are key to functional, support-based intervention. If a child is having fun doing something, they are more likely to stick with it and learn from it. This information should provide the team with a better understanding about the kind of activities that are enjoyable and reinforcing.

Following are additional questions that might be asked to fully understand what the family enjoys doing at home and in the community.

- What do you enjoy doing with your child?
- What are fun parts of the day for you and your child?
- Does your family have a favorite restaurant?

- Do you have favorite videos/shows you like to watch together?
- Are there tasks that the whole family is involved in?

Gathering information about family interests facilitates an understanding of the family and possible cultural and community influences. Knowing family interests sheds light on the activities that the family finds enjoyable and consequently makes time for in their day. Activities of child and family interest can serve as valuable opportunities for learning.

At this point it is not necessary to go into great detail as more as further detail will be gleaned during the routines-based interview. However, knowing general child and family interests is helpful when conducting the routines-based interview.

To support families, it is important to understand overriding family issues and concerns that are important to them. Military life is not easy. Families face repeated moves and many families face periodic separations due to deployments, re-deployments, and/or schools. All of these have an impact on the family and can add to the stressors of everyday life. For early interventionists working with military families it is important to understand the culture of military life and be well versed in the community resources available to help families. When asking about family concerns, reinforce that the family may share as much or as little information as they choose.

Following are additional considerations for understanding and dialoging with families about strengths and resources.



“IFSP-PD” Form 721

6. Family and Child Strengths and Resources (continued)

- **Are there any questions/concerns you have for your family regarding childcare, transportation, finance, safety, etc.?**
- **Please tell me about work, or any current/pending deployments, or events that may affect your family?**

Because they influence child development and parents’ abilities to meet the needs of their child, it is important to understand family concerns. The intent of this type of question is not to pry, but to understand challenges the family may be facing so that early intervention can extend responsive support and assist the family with making connections with other support agencies that might be needed.

As deployments and schools are an ever present aspect of military family life, it is helpful to know if the family is about to or has recently experienced them. Early intervention providers should be aware of the deployments in the community, keep in touch with what is happening and become informed about deployment-related supports available in the community.

It is not unusual for early intervention to become involved with a family just as they are going through a transition. Learning about family concerns as well as current/pending deployments is important to ensure responsive support and services.

Additional questions that might be helpful for understanding family concerns:

- Are there things you'd like to be able to do but are unable to because of resources?
- Do you need information regarding the concern/s mentioned?

Is there anything about your cultural or spiritual beliefs that would be good for us to know in working with your family?

This question provides the family an opportunity to share any other information that they believe is pertinent to their work with early intervention. It gives insight into culturally-based values and beliefs. It is not the role of early intervention to change the family, but to understand and respect their culturally-based beliefs, values, and child rearing practices. This information is important to ensure delivery of family-centered intervention and to understand the child in the context of the family.

The following are some additional ways to ask this question.

- I understand that you are from (name country/location). Can you tell me about values or activities that you continue to practice from there?
- What are some activities or practices that you'd identify as unique to your family?
- As we work with you and your family and you invite us into your home are there any customs or practices that we should know.

 The following excerpt from the Rubric describes the best practice documentation expectations for section 6 of the IFSP-PD.

6. Family & Child Strengths & Resources				
<ul style="list-style-type: none"> ▪ With concurrence of the family, family & child strengths, & resource information includes the people/agencies who are important to the child & family as well as child strengths/interests, & enjoyable family activities. 				
0 Unacceptable	1	2 Getting There	3	4 Best Practice
<input type="checkbox"/> One or more section/question <i>not</i> completed or illegible. <input type="checkbox"/> Family information only includes who lives at home or less. <input type="checkbox"/> Child/family interest information only includes single word reference to a particular toy/activity or less.		<input type="checkbox"/> All sections are completed & legible. <input type="checkbox"/> Information on family resources are documented, & include brief reference to resources beyond parents & child. <input type="checkbox"/> Documentation of child <u>or</u> family interests is descriptive (i.e., beyond single word reference to a toy or activity).		<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. <input type="checkbox"/> Child interests include a brief description of what the child is good at and likes to do. <input type="checkbox"/> Activities the family enjoys are included.
Comments:				

The fine print at the bottom of the IFSP-PD section 6 “Family and Child Strengths and Resources” states “You must also complete MEDCOM Form 721A, Family and Child Routines and Activities Worksheet.” This is the RBI. It is an embedded component of every IFSP and must be completed to determine the outcomes that the family would like to work on with EDIS as part of early intervention support and services. The RBI is also essential for learning about the child’s present levels of development within the context of family life, yielding a even more functional picture of the child’s interests, abilities, and needs. Present levels of development are documented in section 7 of the IFSP-PD.

Routines-Based Interview (RBI)

When EDIS began implementing the RBI, families from the initial Heidelberg pilot project were asked to reflect on their experience following an RBI. From their reflections, it became apparent that the RBI was much more than an interview about a family’s day-to-day happenings. For families, it can also be a rewarding and enlightening process. The following direct quotes from families reinforce this aspect.



- *“I didn’t know we had routines until we started talking about it. We learned we could change things we were doing that would help our child.”*
- *“I know our day to day life, but saying it out loud made me more aware of it. As I talked things became clearer for me; the process was enlightening. “*
- *“Things that you think are normal may not be. As you talk through it they get a better understanding of my child rather than just answering the test questions.”*
- *“It was a good experience for me. It was like I had a friend to talk to; and I needed that. It wasn’t cold like talking to a doctor.”*
- *“Talking about routines – that was easy that way they know what we do and what we can do.”*
- *“Felt like they were concentrating on my family needs not just the one.”*

The RBI, as developed by Dr. Robin McWilliam, is an integrated part of each IFSP process. Teams must therefore complete an RBI as part of each initial and annual IFSP for families that are eligible and choose to participate in early intervention. The RBI is a family-needs assessment aimed at identifying what the family wants to work on with early intervention. Focusing on the day-to-day happenings assures that the identified priorities are decided upon by the family and are consequently most meaningful to them. The RBI is an essential planning component that takes the place of intervention planning that is based on test results, focused on remediating developmental deficits, or determined by asking nebulous questions such as “What would you like to work on?”

The RBI is a recognized tool for getting to know the family, identifying their priorities, and developing functional outcomes that are important in their day-to-day life. Further, it encourages the family to think in terms of their own routines and activities in preparation for developing outcomes and strategies. It also allows the family an opportunity to see that the focus of early intervention extends beyond the child to include the greater context of the family.

An RBI involves the early intervention providers and the family engaging in dialog about the family’s day-to-day activities, including what is going well and what is challenging. This approach allows the family to share information they feel is relevant rather than answering questions that may be intrusive or irrelevant. Dialog about family day-to-day happenings simplifies the discovery of the family’s strengths, concerns, priorities and resources. It also facilitates a collaborative relationship, and promotes intervention in natural environments. The focus of intervention is on the family and their unique mix of routines and activities rather than out-of-context, domain-specific delays of the child.

Bernheimer and Keogh (1995) remarked that “the content of interventions is based on the needs of the child, but the feasibility of the intervention is related to the daily routines of the family” (p. 425). Understanding family routines promotes the identification of functional outcomes, and assures intervention that makes sense in the life of the family.

Included as a MEDCOM form is the “Family and Child Routines and Activities Worksheet” for documenting the RBI. The form is considered a worksheet and is kept in the EDIS Record with the evaluation/assessment protocols. It is a means to gather information, but is not considered part of the finalized IFSP-PD. Information from the worksheet/s and the associated conversation are integrated into the IFSP-PD. When completing the worksheet, be sure to enter the child’s name, date of the RBI, and interviewer’s names before filing the form in the EDIS record. If this worksheet is not used to document the RBI, attach it to the top of the form/paper that was used.



“Family & Child Routines & Activities Worksheet” Form 721A

Routine/Activity – Description – Routine Rating

Routine/Activity

In this column identify the general routine that is being discussed (e.g., wake up, breakfast, play time, dressing....).

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***.

Within this column, document what the family describes and star aspects of the routine/activity that the family is concerned about or would like to change.

Is this routine/activity going OK?

Within this column, rate each routine. Rather than simply asking if the routine/activity is going well, ask the family to rate the routine using a scale of 1 to 5 (e.g., 1 = very poor; 2 = poor; 3 = okay; 4 = good; 5 = very good). This provides increased descriptive information about the parents feeling about how the routine/activity is going.

The “Family and Child Routines and Activities Worksheet” includes space for documenting information gleaned through RBI. At the same time, it provides triggers for the six questions that are an integral part of McWilliam’s (2005) RBI, which is the format used in EDIS programs. As each routine is discussed, the early intervention provider asks the following six questions.

1. What is everyone else doing?
2. What is the child doing?
3. How does the child participate in the routine? (This question provides information pertinent to the time a child is engaged in developmentally and contextually appropriate activities.)
4. How independent is the child in this routine? (This question is important for understanding the child’s independence in routines that involve problem solving, communicating, moving, playing, getting along with others, self- sufficiency...)
5. What kinds of social interactions does the child have in this routine? (This question is important for understanding social behavior and communication.)
6. How well is the routine working for the parent? (This question is important for understanding family concerns and key for identifying priorities.)

Understanding the child in the context of family life facilitates a holistic perspective that emphasizes functionality rather than domain-specific areas of deficit. As a result, IFSP outcomes become both functionally important and contextually possible. Discovering what is working, what is not working, and what a typical day is like for the family, facilitates collaborative discovery of the family’s concerns, priorities, and resources. This in turn promotes identification and enhancement of children’s learning opportunities within family and community routines and activities.

The “interview conversation starters” included below are suggestions of the kinds of information that early intervention providers might gather. There is no single set of questions that must be asked, as each family is unique. However, these questions provide a starting point for an RBI. The RBI will not be the same for every family in terms of the questions asked and the depth of the answers. Providers should invite families to share only what they wish.

Family and Child Routines and Activities Interview Conversation Starters

Children's lives are full of opportunities for learning. The things you and your child do day in and day out provide a wealth of opportunities for learning. To best help you help your child grow and learn, we would like to learn more about the typical places, activities and experiences that are part of your child's and family's life. Then together we can identify and discover ways to enhance your child's opportunities for learning. This discussion will focus on the typical things that happen day-to-day. The information you choose to share is voluntary.

- Who usually wakes up first? Who wakes up your child? How does that go? Are you happy with the way this time of day goes?
- Then what happens?
- Tell me about getting your child dressed? How much can your child do on his/her own? How does your child communicate during dressing? Is there anything that would make this easier?
- What about breakfast? How much can your child do on his/her own? How does your child let you know when he/she is done or wants more? Does your child have favorite foods or does he/she eat most anything? Is there anything that would make this easier? How about lunch, is that different? What do you think your child is ready for next?
- What about hanging out and playing at home? What is that like? What do you tend to do? What does your child like to do? How well does your child play with toys by him/herself or with others? What are other family members doing? Is there anything that would make this easier?
- What about getting ready to go places? What is that like? Who helps your child get ready? How does your child do with this transition or other transitions?
- How about evening time and preparing dinner? How does that go? Is evening meal different than breakfast? What does your child typically do during this activity?
- What typically happens in the evening? How does that go for you? What does your child do?
- What about bath time? Describe a typical bath routine. How involved is your child in bath time? How much play time is there? How enjoyable is bath time for you and for your child?
- What about bedtime. How does that go? What typically happens before bedtime? Is there anything you would change about bedtime or your child's sleeping routine?
- What does your family do on the weekends? Leisure time? Belong to clubs, churches, etc.
- Does your child attend daycare fulltime/part time, hourly care? Preschool, nursery school?
- Is there anything else you would like to share about your family activities at this time?

Optional questions that can elicit "emotional" information. (McWilliam, 2001)

- If you could change anything about your life, what would it be?
- When you lie awake at night worrying, what is it you worry about?

As the interview proceeds the interviewer should highlight or star the things that the family identifies as not going well, that could be going better, or that the family feels the child is ready for. To facilitate this process the interviewer may make comments such as:

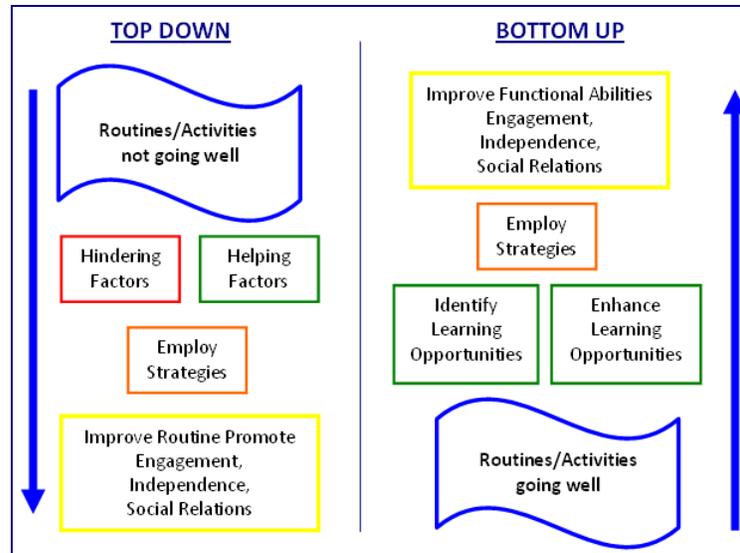
- “It seems that ___ is a challenging time for ___; let me highlight that as something you might want to work on with us”
- “You’ve commented that ___ is a concern; let me make sure I have that written down.”
- “I understand that ___ is something you think ___ is ready for; I’ll star that in my notes for us to review later.”

These commenting strategies demonstrate active listening and help ensure verification of what the parent has said.

Typically, at the end of a comprehensive interview, the interviewer has identified up to ten or more possible concerns. The emerging concerns will be focused, family-related and child-specific. Family concerns represent the needs of the family and the issues they want to address through their involvement with early intervention. Identification of family desires/concerns is essential for developing outcomes and subsequent strategies. In addition to the RBI, information gathered from earlier processes will be important for identifying the concerns that the family would like to address as outcomes on the IFSP. It is important that the concerns are not stated too broadly, as this makes it difficult for all team members to mutually interpret the actual concern. It is equally important that no assumptions are made before the family is able to express their concerns.

Discussing the concern within the context of family and community activities assures that everyone understands the concern. It also fosters the development of functional outcomes. For example, a concern about a child not doing what other children his/her age are doing is much too broad to be mutually understood. Furthermore, broadly stated concerns are often translated into non-functional or broad outcomes that are difficult to implement or measure. The identified desires/concerns derived through the IFSP process and RBI are the springboard for writing functional and measurable outcomes and criteria.

In addition to discovery of family concerns, the team gains a richer understanding of activities and routines that are going well. This information is important too, as these times are often filled with natural learning opportunities that might be highlighted and expanded upon as intervention strategies. The following illustration (adapted from Dr. Pip Campbell, Professor of Occupational Therapy at Thomas Jefferson University) reinforces the importance of knowing about the routines/activities that are not going well and those that are.



At the end of the interview, recap the discussion by reviewing the starred items that the parent/s identified as not going well, could be better or they'd like to see happening for their child or family. In comprehensive interviews, there are generally ten or more starred items. Let the parent/s review the notes pointing out the starred or highlighted items. Ask the parent/s to identify what that they would like to work on with early intervention.

Make a list of the items the family identifies using section 8 "Family Concerns and Priorities" of the IFSP-PD. It is okay to prompt the family or to ask additional questions, but remember the family decides what goes on the list of possible priorities to work on.

Once this list is generated, ask the parent/s to prioritize it. It will most often include more priorities than traditionally found in IFSPs (i.e., 6 to 10 versus 2 to 4). This is because the priorities are more specific, tied to routines, and result in both child and family outcomes. The priorities identified by the family will ultimately become the IFSP outcomes.

Operationally section 8 of the IFSP may be filled in before section 7 "Functional Abilities, Strengths, and Needs (Present Levels of Development)." This is because section 8 is completed as part of the RBI. Information gained through the RBI is synthesized in the write up of present levels of development. Documenting present levels of development is addressed later in this handbook.



"IFSP-PD" Form 721

8. Family Concerns and Priorities

Priority

Use this column for the family to prioritize the desires/concerns listed in the next column. This column is completed after the list of priorities is documented from the RBI process.

Desires/Concerns

From the RBI list the desires/concerns that the family identified.

What’s happening now?

For each desire/concern, briefly describe what is happening now rather than what is not happening. For example, *Bobby uses grunts and pointing to tell what he wants* instead of *Bobby is not using words to communicate*.

Outcome

In this column, cross-reference the desire/concern with the IFSP outcome. For example, priority one is outcome one, priority two is outcome two, priority three is outcome three, and so on.



Entering RBI activity in SNPMIS:

RBI with Family after eligibility

- Service Coordinator documents in Service Coordination sessions under “IDEA Meeting” (include a brief progress note).
- Other providers involved enter time as “Eligibility/IFSP meeting” in Provider Time (do not need progress note).

RBI with Family as part of evaluation (e.g., when you know child is eligible ...)

- The evaluation area “Family Assessment” must be included in Evaluation as part of IDEA processes (i.e., in addition to Comprehensive Evaluation).
- All evaluators involved enter time/activity in Evaluation Sessions using “Evaluation” as the reason.



The following excerpt from the Rubric describes the best practice documentation expectations for section 8 of the IFSP-PD.

8. Family Concerns & Priorities				
▪ Family concerns & priorities derived from the RBI and IFSP process are included, address what’s happening now, & are cross-referenced with IFSP outcomes.				
0 Unacceptable	1	2 Getting There	3	4 Best Practice
<input type="checkbox"/> Family priorities and concerns derived from the routines-based interview are not included. <input type="checkbox"/> Concerns are identified as services or nonfunctional tasks. <input type="checkbox"/> Family concerns are documented as a developmental domain, stated too broadly &/or are not understandable.		<input type="checkbox"/> Family concerns derived from the assessment and routines-based interview process are listed. <input type="checkbox"/> Concerns are prioritized. <input type="checkbox"/> Concerns are written in family-friendly language. <input type="checkbox"/> Concerns/desires are mutually understandable.		<input type="checkbox"/> All items from response option 2 are checked. <input type="checkbox"/> All concerns are cross-referenced with IFSP outcomes. <input type="checkbox"/> All concerns are described functionally. <input type="checkbox"/> All concerns include a description of what is happening now in specific and observable terms. <input type="checkbox"/> Descriptions include information about present skills/behaviors beyond stating the absence of the desired skill/behavior.
Comments:				

The following 'crib sheet' provides a summary of the content and organizational steps of the RBI.

RBI 'crib sheet'

- Purpose of RBI
- Share only what you like
- About 60 to 90 minutes
- General Concerns – what brought the family to EDIS

- How does your day start... and then what happens (day-to-day and weekends)
 1. What is the child doing?
 2. What is everyone else doing?
 3. How does the child participate?
 4. How independent is he/she?
 5. How is the child relating to others socially?
 6. How well is this time of day working for you?

- Thinking questions (optional)
 - a. If you could change anything about your life what might it be?
 - b. When you lie awake at night, worrying, what is it you worry about?

- Recap discussion – showing parents highlighted or stared notes
- Let parents review notes and identify the things they would like to work on with EDIS
- List things the parents identify – in the parent's words
- Use that list to ask the parents to prioritize

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



Information about the child's present levels of development is not only needed to guide eligibility determination, it is necessary to facilitate a shared understanding of the child. Written descriptions of present levels of development should reflect the child's abilities, interests, strengths and needs. They should not be a reiteration of the test protocol. They should provide a picture of the child's skills and functional abilities within naturally occurring routines and activities. Documentation of the child's present levels of development is based upon information from evaluation, observation of spontaneous behaviors, report from the people who know the child best, **and** the RBI. It ensures a holistic picture of the child that includes the child's functioning in day-to-day activities.

In the following examples, consider which scenario sounds like a repeat of a test protocol, and which provides rich information about Kimmy's and Savona's functional skills in meaningful contexts?

Kimmy followed simple commands and understood simple prepositions. Kimmy followed directions to put the block in the box and take the block out of the box, but she did not put the block on the box. She pointed to named objects, but did not label objects on her own. Kimmy pointed to the eyes and feet on the doll. She used some single words inconsistently. Kimmy did not combine two words.

Kimmy follows easy familiar requests, like "put toys in the box," "get your shoes out of the shoebox," and "go get your cup." At bedtime story, Kimmy points to pictures labeled for her. She names one of the TeleTubbies on TV by saying "LaLa" and pointing. Her vocabulary is limited to a few single words for favorite objects/activities (book, baby). This makes it difficult for the family to understand what Kimmy wants. Kimmy is not imitating words, but will sing the boat song during bath time.

Savona stacks six blocks, puts rings on a dowel, and turns pages of a book one at a time. She uses a pincer grasp to pick up small objects but cannot put the Cheerio in the bottle. Savona runs well without falling, climbs, can kick a ball and jumps forward. She does not maintain her balance on one foot and cannot walk on a balance beam.

Savona likes the computer, but has trouble pointing to hit the right key. She loves the cash register toy but gets frustrated when she can't get the coin in the slot. After snack, Savona likes to stack the plastic cups and puts them in the sink. On the playground, Savona plays chase with her caregiver and is starting to climb the steps of the slide. Savona is fearful, as she gets closer to the top of the slide.

Because functional behaviors represent integrated skills across domains, functional areas rather than the five domains of development now organize the IFSP present levels of development.

The following three functional areas represent the organizational structure for documenting the IFSP functional abilities, strengths, and needs. These correspond with the three Outcomes being measured in early intervention programs across the nation (see EDIS Measuring Outcomes Module 2 for more information www.edis.army.mil).

Functional Areas

1. Social-Emotional Skills including Social Relationships
2. Acquiring and Using Knowledge and Skills
3. Taking Action to Meet Needs.

Ultimately, each functional area provides a snapshot of the whole child; the status of the child's current functioning; and the child's functioning in meaningful contexts. To ensure a focus on functionality, ask yourself "Can the child carry out meaningful behaviors in a meaningful context?" rather than "Can the child perform discrete behaviors such as knowing 10 words, smiling at mom, stacking 3 blocks, pincer grasp, walking backward?"

The following table provides examples of discrete versus functional behaviors. The left column represents discrete behaviors (e.g., those described by some items on assessment instruments) that may or may not be important to the child's functioning. The right column represents functional behaviors that are contextually meaningful.

Not just...	But does the child...
<ul style="list-style-type: none"> Show a skill in a specific situation 	<ul style="list-style-type: none"> Use a skill in actions across settings and situations to accomplish something meaningful to the child
<ul style="list-style-type: none"> Make eye contact, smile, give a hug 	<ul style="list-style-type: none"> Initiate affection toward caregivers and respond to others' affection
<ul style="list-style-type: none"> Point at pictures in a book 	<ul style="list-style-type: none"> Engage in play with books by pointing to pictures and naming pictures
<ul style="list-style-type: none"> Use a spoon 	<ul style="list-style-type: none"> Use a spoon to scoop up food and feed self at meal times

Source: What is a Functional Outcome? ECO DRAFT 4-30-07
http://www.fpg.unc.edu/~eco/pdfs/Functional_outcomes.pdf

Each functional area includes notable breadth and depth. The following table provides information about the different skills and behaviors included in each of the functional outcome areas. This following table offers an organization framework for documenting present levels of development in the IFSP.

Functional Area Prompts for Documenting Present Levels of Development

POSITIVE SOCIAL RELATIONS	
<ul style="list-style-type: none"> •Relating with adults •Relating with other children •Following rules related to groups or interacting with others 	
<i>Describe how the child...</i>	<i>Consider how the child...across different settings?</i>
<ul style="list-style-type: none"> Demonstrates attachment Initiates & maintains social interactions Behaves in a way that allows them to participate in a variety of settings & situations Demonstrates trust in others Regulates emotions Understands & follows social rules Complies with familiar adult requests Shares toys & materials with others Initiates, responds to, & sustains interactions Listens, watches, & follows group activities 	<ul style="list-style-type: none"> interacts with & relates to others in day-to-day happenings displays, reads & reacts to emotions initiates and maintains close interactions expresses delight or displays affection transitions in routines/activities (familiar/new) engages in joint activities/interactions shows awareness of contextual rules expectations responds to arrivals & departures of others

ACQUIRES & USES KNOWLEDGE & SKILLS

- Thinking, reasoning, problem solving
- Understanding symbols
- Understanding the physical & social world

Describe how the child...***Consider how the child...across different settings?***

- Displays curiosity & eagerness for learning
- Explores their environment
- Explores & plays with people & objects/toys
- Engages in appropriate play with toys/objects
- Uses vocabulary either through spoken means, sign language, or through augmentative communication devices to communicate in an increasingly complex form
- Learns new skills & uses these skills in play (e.g., completing a puzzle or building a fort)
- Acquires & uses the precursor skills that will allow them to begin to learn reading & mathematics in kindergarten
- Shows imagination & creativity in play

- imitates others & tries new things
- persists or modifies strategies to achieve a desired end
- solves problems & attempts solutions others suggest
- uses the words/skills he has in everyday settings
- understands & responds to directions
- displays awareness of the distinctions between things
- interacts with books, pictures, print
- demonstrates understanding of familiar scripts in play

TAKES APPROPRIATE ACTION TO MEET NEEDS

- Taking care of basic needs
- Contributing to own health & safety
- Getting from place to place & using tools

Describe how the child...***Consider how the child...across different settings?***

- Moves from place to place to participate in activities, play, & routines
- Seeks help when necessary to move from place to place
- Manipulates materials to participate in learning opportunities & shows independence
- Appropriately uses objects (e.g., forks, sticks, crayons, clay, other devices, etc.) as tools
- Uses gestures, sounds, words, signs or other means to communicate wants & needs
- Meets self-care needs (feeding, dressing, toileting, etc.)
- Seeks help when necessary to assist with basic care or other needs
- Follows rules related to health & safety

- gets from place to place
- assists with or engages in dressing, eating, toileting, hygiene tasks
- conveys needs & desires & preferences
- responds to challenges
- responds to delays in getting what he wants
- gets what he wants (e.g., toys, food, attention...)
- shows awareness of or responds to situations that may be dangerous
- amuses himself or seeks out something fun



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

Describe the child’s integrated skill development and functioning

Within the context of the three functional areas, all five developmental domains are assessed (adaptive, cognitive, communication, motor, social/emotional).

The developmental information should include a record of functional abilities and needs of the child. Consider the examples noted above. Assessment should not simply address immediate mastery of skills, but include reports of whether the child uses the skill functionally across settings and with a variety of people. An appraisal of the level of support a child needs to perform certain tasks should be considered and noted as deemed pertinent. The inclusion of progress made is also important for re-evaluations.

 The following excerpt from the Rubric describes best practice documentation expectations.

7. Functional Abilities, Strengths, and Needs				
<p>▪ Present levels of development include developmental & functional information related to the child’s strengths & needs (if any) for all five domains. Information is presented in a family-friendly manner, includes authentic assessment, and is organized by three functional areas.</p>				
0 <i>Unacceptable</i>	1	2 <i>Getting There</i>	3	4 <i>Best Practice</i>
<ul style="list-style-type: none"> <input type="checkbox"/> One or more of the functional areas are <i>not</i> completed or illegible. <input type="checkbox"/> Information about all areas of development is <i>not</i> evident. <input type="checkbox"/> Technical jargon is used and <i>not</i> defined. <input type="checkbox"/> Development is described as isolated evaluation tasks. 		<ul style="list-style-type: none"> <input type="checkbox"/> All functional areas are 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/community routines/activities. <input type="checkbox"/> Information includes parent report. 		<ul style="list-style-type: none"> <input type="checkbox"/> All items from response option 2 are checked. <input type="checkbox"/> The child’s functional abilities, strengths, and needs are integrated and described using the three functional areas. <input type="checkbox"/> Assessment information is clearly gathered from more than one source (e.g. observation, testing, natural observation, caregiver report...).
<p><i>Comments:</i></p>				

IFSP Outcomes, Criteria, Procedures, Timelines, & Strategies



The completed IFSP-PD provides the roadmap for early intervention services. The elements of the IFSP-PD build on each other. When completed successively, the IFSP-PD facilitates a process that acknowledges the child in the context of the family and ensures the inclusion of all required components. It must reflect the family's desires and interests and it must be written clearly so that all team members can understand and implement it.

The development of IFSP outcomes, strategies, and decisions about services should follow the sequence of the IFSP-PD, as each section builds upon the next, with parent signature and approval as the final step. The IFSP-PD is more than just the completed form. It is an agreement about the focus of intervention and on how services and support will be provided, recognizing that family lives are dynamic and changes may be necessary during the course of intervention.

The following sections provide information and helpful hints for completing the IFSP, including writing functional outcomes, measurable criteria, and meaningful strategies.

The Individuals with Disabilities Education Act (IDEA) requires the inclusion of statements of the infant's or toddler's present levels of development, and statements of the family's resources, priorities, and concerns on the IFSP. Because the IFSP-PD represents and documents the continuous process from first contacts through evaluation, development of outcomes, and identification of services, it includes all the required components without the redundancy associated with separate documents.

Functional Outcomes

Outcomes are what the family wants to see happen for their child and family as a result of their involvement in early intervention. The IFSP outcomes and measurable criteria are written from the priorities identified by the family during the RBI and entered onto section 8 "Family Concerns and Priorities" of the IFSP. While it is possible to write the outcomes and criteria with the family, it is also acceptable for EDIS to use the family's identified priorities and convert them into outcomes and criteria back in the office; then at a subsequent visit review them with the family. Considering the specific requirements for functional and measurable outcomes, the latter process allows EDIS providers the additional time needed to write the outcomes ensuring they are measurable and include required elements.



Guidelines for entering time in SNPMIS:

After RBI - IFSP Outcome and present levels of development (PLOD) writing back in the office (Do not need progress note)

If done *collaboratively* (best practice)

- Service Coordinator enters the time in Service Coordination sessions as “Professional Contact”
- Other providers involved capture time as “Professional Consultation” in provider time

If for some reason this activity is being done *independently*

- Service Coordinator enters the time in Service Coordination sessions as “Preparation for Activity”
- Other providers enter time in Provider Time as “Pre & Post Service Activities”

The EDIS IFSP document includes a separate page for each outcome. On that page, there is one section for recording the outcome and another section for specifying how to determine when the outcome has been achieved. The next few pages of this handbook provide greater detail and guidance for writing functional outcomes and ensuring measurable criteria.

IFSP outcomes can be classified as child outcomes and family outcomes.

- Child outcomes are related to the functional skills or abilities of the child such as social interaction, engagement in learning, and mastery over the environment or increased independence. For example, learning to interact and play with peers, entertain ones self by playing with toys, or sleep through the night are child outcomes. To promote the development of functional outcomes, it is wise to consider child level outcomes within the context of meaningful routines/activities and from the three functional areas (relationships, engagement, and independence) rather than the traditional focus on isolated domains of development.
- Family outcomes are related to family needs, with intervention focused on the family rather than primarily on the child. The family outcomes may be child-related (e.g., getting information about the child’s diagnosis, learning ways to do something with the child, etc.). Family outcomes may also be for the family or family members (e.g., respite care, support groups for family members, information on other supports/services, learning about ways to keep in touch with a deployed spouse, finding resources for childcare for siblings, exploring ways for parents to have a date night, etc.). Although, the family has always been part of the plan, all too often IFSPs include only child level outcomes with no mention of outcomes or supports for others in the family (Jung & Baird, 2003; Boone et al, 1998; McWilliam et al, 1998).

The following sections of this handbook present information about and examples of child and family outcomes. Criteria for measuring the achievement of outcomes is addressed in the subsequent section.

Child Outcomes

Once written, each child outcome should include answers to the following questions:

1. What would the family like to see happen (e.g., child will...by...)?
2. Where, when, and/or with who should it occur?
3. What will be better (e.g., so that..., in order to..., to..., will participate in...)?

The following table includes a few examples of child outcomes that are based upon family priorities and written to answer the three key questions above.

Family Desire/Concern	What's Happening Now	IFSP Outcome
For Jamie to use words to communicate his needs (hungry, want TV, want toy, want outside...).	Jamie points and grunts to let others know what he wants – he gets frustrated when not understood.	Jamie will participate in mealtimes, play times, outside times, and family together time by using words to tell family members what he wants, so he can learn to talk and be understood.
To play with toys provided in the car and not open the seatbelt.	Jose messes with his car seat buckle and can open it.	Jose will participate in car outings by playing with the toys provided so he does not mess with and unbuckle his car seat.
To be able to get her hair combed without squirming away.	Kimtasha screams and wriggles away when it's time to fix her hair.	Kimtasha will participate in hair care activities by sitting with her mom so she can get her hair combed.
For Kiki to learn to pretend with toys.	Kiki plays in the house, but mostly dumps or empties the cupboards.	During play times, Kiki will play with toys by pretending (like feeding the baby, pretend cooking) so she can play more with her sister.
To sleep through the night in his bed.	Leo gets up in the night (2-3 times) he wanders or comes to bed with parents.	At night Leo will sleep through the night by staying in his bed so we all can get a good night sleep.

The formula used to build the first three functional child outcomes comes from “Steps to Build a Functional Child Outcome” (McWilliam, 2006). Emphasis is placed on participation in meaningful contexts rather than simply domain-specific skills. Engagement and purposeful involvement in family and community routines, activities, and interactions are critical for developing competency.

The child outcome writing algorithm follows:

1. Start with the family concern/priority from the RBI (e.g., for Marko to use a spoon to feed himself).
2. Consider what routines are affected (e.g., meal times).
3. Write "Child will participate in _____ "(identify the routine/s in question) (e.g., meal times).
4. Finish the outcome by writing "...by _____ "(feeding himself with a spoon). Sometimes it may be necessary or desired to include a condition (e.g., independently).
- 4.5. Wrap up the outcome by identifying what will be better "... so that _____" (e.g., he does not have to be fed). "So that"; "in order to"; "to" are effective starters to describe what will be better or why the outcome is desired. In some instances the statement "by participating in ___" may be sufficient to describe what will be better.

Full example:

Marko will participate in meal times by feeding himself with a spoon independently so that he does not have to be fed.

This algorithm illustrates one approach to writing outcomes and while not required for writing each child outcome it is a helpful and recommended tool. It also helps to ensure that each child outcome statement answers the three required questions. The key requirement for child outcomes is that they answer the three required questions and are sensible and understandable.

Family Outcomes

Family outcomes might not include answers to all three questions required for child outcomes (i.e., 1. What would the family like to see happen? 2. Where/when/with whom should it occur? 3. What will be better?). Family outcomes will also not follow the child outcome writing algorithm described above. However, like child outcomes, family outcomes do state an end point that is observable.

The following table includes some examples of family outcomes that are based upon family priorities.

Family Desire/Concern	What's Happening Now	IFSP Outcome
To have a date night	Parents have friends over, but don't go out just the two of them	Gina and Greg will have two date nights.
To learn more about autism and tell family about Camden.	Camden was just diagnosed with PDD.	Parents will have enough information about autism to comfortably explain Camden's condition to family and friends.
To find a child care provider to come into my home 2 hours 3 times a week.	The family's last provider just moved away.	Parents will have a new in home care provider for the children 2 hrs/day 3 days/week.
To find a play group or play dates for Dormy	Dormy is at home with Jenna (mom)	Jenna will have a regular play group or play dates for Dormy to play with other children.
To learn about resources for Germans at our next duty station	Helga has never left Germany. She will PCS with her family to Ft. Bragg in 5 months.	Helga will learn about resources (groups, clubs, and other German speakers) available near Ft. Bragg.

Child & Family Outcomes

All family and child IFSP outcomes must be based upon the family's concerns, priorities, and resources and must be written so that all team members can understand them. When the outcome is vague or too broadly stated, it is difficult to ensure that all team members are working toward the same outcome. Outcomes, such as "we want Jackie to do things other children her age do" or "for Quinton not to be delayed" are much too broad, not tied to a routine, and lack functionality. Consideration should be given to the functionality of the outcome. A self-check for this is asking if the outcome skill/activity is necessary for successful functioning in routines or to otherwise meet the family's needs. Functionality should be a key aspect of every outcome.



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9. Outcomes

initial/Annual **Addition Date:** _____

Check the appropriate box to indicate if the outcome is part of the initial or annual IFSP or if it is an addition to an existing IFSP. If it is an addition, indicate the date the outcome was added.

Outcome # _____ *(use this space to identify outcome prioritization)*

Use a separate page for each outcome.

 The following excerpt from the Rubric describes best practice documentation expectations. Keep in mind that family outcomes may not answer each of the three questions (bulleted below) included in the rubric. They should however meet the other rubric criteria.

9. Outcomes				
OUTCOME: Outcome is understandable, observable, functional, & linked to family concern. Child 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 technical jargon. <input type="checkbox"/> It is not linked to family concern. <input type="checkbox"/> It is not developmentally appropriate or realistically achievable. <input type="checkbox"/> It has little or no relationship to family concerns & priorities.		<input type="checkbox"/> Outcome is written in family-friendly language. <input type="checkbox"/> It is linked to family concern and addresses only one issue. <input type="checkbox"/> Outcome answers 2 of the 3 following: <ul style="list-style-type: none"> • What would the family like to see happen (e.g., child will...by...; parents will...)? • Where, when, &/or with whom should it occur? • What will be better (e.g., so that, in order to, to, will participate in...)? 		<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 or to meet the family's desires. <input type="checkbox"/> Outcome answers all 3 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? • What will be better?
<i>Comments:</i>				

Achievement of the Outcome Measurable Criteria, Procedures, & Timelines

The EDIS IFSP divides the outcome and criteria into two separate sections. The criteria section of the outcome page (section 9) is titled "Achievement of the Outcome." This section includes the criteria for achievement of the outcome, procedures for measuring achievement of and progress toward the outcome, and timeline for reviewing outcome progress.

Criteria



Criteria statements are descriptions of what constitutes achievement of the outcome and serve as a tool for the team to use to evaluate progress toward or achievement of the outcome. Teams also refer to the criteria to determine the need for modification or revision of the outcome, strategies or services. The criteria must be directly associated with the outcome, but is not simply a repeat of the outcome. As with the outcomes, criteria must be functional and include measures that are understandable to all team members.

To ensure that the criteria are meaningful and measurable each statement should have the following characteristics.

- It is a functional and relevant measure of the progress toward the outcome.
- It is quantifiable, measurable, and specific (e.g., when, how much, how far, under what circumstances).

- ☑ The team can logically answer “why would we want this to happen?”
- ☑ It is observable enough that success can be clearly determined.

Similar to outcomes, the criteria expectations for child and family outcomes may vary slightly.

Criteria for Child Outcomes

Once written, criteria statements linked to child IFSP outcomes should include answers to the following questions:

1. What will be observed?
2. Where or with whom?
3. When/how often?

The following table provides examples of criteria for the child outcomes examples included above.

IFSP Outcome	Criteria
Jamie will participate in mealtimes, play times, outside times, and family together time by using words to tell family members what he wants, so he can learn to talk and be understood.	When Jamie uses 5 single words with family members to request something each day for 3 consecutive days.
Jose will participate in car outings by playing with the toys provided so he does not mess with and unbuckle his car seat.	When Jose plays with toys rather than opening his car seat buckle for 3 car outings a week for 2 consecutive weeks.
Kimtasha will participate in hair care activities by sitting with her mom so she can get her hair combed.	When Kimtasha sits/stays with her mom allowing her to finish combing her hair once a day for 6 consecutive days.
During play times, Kiki will play with toys by pretending (like feeding the baby, pretend cooking) so she can play more with her sister.	When Kiki initiates or imitates 1 pretend play action with her sister 2 times a day for one full week.
At night Leo will sleep through the night by staying in his bed so we all can get a good night sleep.	When Leo sleeps in his bed through the night for 7 consecutive nights.

The formula used to build these criteria statements comes from “Steps to Build a Functional Child Outcome” (McWilliam, 2006).

The child outcome criteria writing algorithm follows:

1. Add a criterion for demonstration the child has acquired the skill (e.g., when Marko uses a spoon to feed himself thick spoon foods for 5 bites)
2. As needed add another criterion for generalization, maintenance, or fluency (e.g., at 2 meal times per day)
3. Identify over what amount of time (e.g., for 5 consecutive days).

Full example:

Outcome: Marko will participate in meal times by feeding himself with a spoon independently so that he does not have to be fed.

Criteria: When Marko uses a spoon to feed himself thick spoon foods for 5 bites at 2 meal times per day for 5 consecutive days.

Criteria for Family Outcomes

Criteria for family outcomes might not include answers to all three questions required for child outcome criteria (i.e., 1. What will be observed? 2. Where or with whom? and 3. When/how often?). Criteria for family outcomes will also not follow the child outcome criteria writing algorithm described above. However, like child outcome criteria, family outcome criteria do define the observable measure of outcome achievement.

The following table provides examples of criteria for the family outcomes examples included above.

IFSP Outcome	Criteria
Gina and Greg will have two date nights.	When Gina and Greg have gone out on one date night and have another scheduled.
Parents will have enough information about autism to comfortably explain Camden's condition to family and friends.	When Jen and Anthony have the information to explain Camden's diagnosis to their satisfaction.
Parents will have a new in home care provider for the children 2 hrs/day 3 days/week.	By August, parents will have hired a new care provider.
Jenna will have a regular play group or play dates for Dormy to play with other children.	When Jenna has participated in 1 play date/group activity with Dormy each week for 3 consecutive weeks
Helga will learn about resources (groups, clubs, and other German speakers) available near Ft. Bragg.	When Helga has contact information for three possible resources.

Child and Family Outcome Criteria

All child and family IFSP outcome criteria statements must be clear measures of the outcomes without being a direct repeat of the outcome.

 The following excerpt from the Rubric describes best practice documentation expectations for writing criteria statements. Keep in mind that criteria for family outcomes may not answer each of the three questions (bulleted below) included in the rubric. They should however meet the other rubric criteria.

CRITERIA: Criterion represents a functional measure of achievement of the outcome. Criteria address function, context, & measurement.				
0 <i>Unacceptable</i>	1	2 <i>Getting There</i>	3	4 <i>Best Practice</i>
<input type="checkbox"/> Criterion is 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"/> Criterion is functional. <input type="checkbox"/> Criterion is a measure of achievement of the outcome. <input type="checkbox"/> Criterion 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 <i>it</i> occur(context)? • When or how often will <i>it</i> occur (conditions - by frequency, duration, date, distance, measure)? 		<input type="checkbox"/> All items from response option 2 are checked. <input type="checkbox"/> Criterion incorporates child & family interests/routines/activities. <input type="checkbox"/> Criterion answers all 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 <i>it</i> occur (context)? • When or how often will <i>it</i> occur (conditions - by frequency, duration, date, distance, measure)?
<i>Comments:</i>				

Procedures

Procedures are the means by which progress is measured for each outcome. Procedures must include who will make the measurement, based on the stated criteria, and how that measurement will be made. Procedures used must also agreed upon by the team and feasible for the family. Procedures should have the following characteristics.

- Match the criteria and refer to the outcome.
- Identify who will carry out the procedure.

Timelines

IFSP outcomes are the focus of intervention and are therefore reviewed informally on an ongoing basis. However, IFSP teams must establish a timeline for formally reviewing each IFSP outcome at the time the IFSP is developed and for any outcome subsequently added to an existing IFSP. The timeline entered on each IFSP outcome page is the statement of when the outcome will be formally reviewed. Each outcome must be reviewed at least six months after development of the IFSP. However, shorter timelines may be specified. In fact, shorter timelines will be necessary for outcomes expected to be achieved before a six-month review. The timeline must be reflective of the outcome and criteria; therefore the timelines

for each outcome on an IFSP could vary. No more than a six-month period can lapse between IFSP reviews. Timelines entered on the IFSP should include the month and year to facilitate uniform understanding and adherence.

The following table includes procedures and timelines for the earlier presented IFSP outcomes and criteria.

IFSP Outcome	Criteria	Procedures	Timelines
Jamie will participate in mealtimes, play times, outside times, and family together time by using words to tell family members what he wants, so he can learn to talk and be understood.	When Jamie uses 5 single words each day for 3 consecutive days with family members to request something.	Parent report and provider observation	6 months (Jan 2010)
Jose will participate in car outings by playing with the toys provided so he does not mess with and unbuckle his car seat.	When Jose plays with toys rather than opening his car seat buckle for 3 car outings a week for 2 consecutive weeks.	Parent report	3 months (Mar 2010)
Kimtasha will participate in hair care activities by sitting with her mom so she can get her hair combed.	When Kimtasha sits/stays with her mom allowing her to finish combing her hair once a day for 6 consecutive days.	Parent report using tacking log	3 months (Oct 2009)
During play times, Kiki will play with toys by pretending (like feeding the baby, pretend cooking) so she can play more with her sister.	When Kiki initiates or imitates 1 pretend play actions with her sister 2 times a day for one full week.	Parent observation and report	6 months (Jul 2009)
At night Leo will sleep through the night by staying in his bed so we all can get a good night sleep.	When Leo sleeps in his bed through the night for 7 consecutive nights.	Parent report and calendar log	4 months (Dec 2009)
IFSP Outcome	Criteria	Procedures	Timelines
Gina and Greg will have two date nights.	When Gina and Greg have gone out on one date night and have another scheduled.	Parent report	6 months (Feb 2010)
Parents will have enough information about autism to comfortably explain Camden's condition to family and friends.	When Jen and Anthony have the information to their satisfaction to explain Camden's diagnosis.	Parent report	3 months (Aug 2009)
Parents will have a new in home care provider for the children 2 hrs/day 3 days/week.	By August, parents will have hired a new care provider.	Parent report	3 months (Oct 2009)
Jenna will have a regular play group or play dates for Dormy to play with other children.	When Jenna has participated in 1 play date/group activity with Dormy each week for 3 consecutive weeks	Parent report	3 months (Jul 2009)
Helga will learn about resources (groups, clubs, and other German speakers) available near Ft. Bragg.	When Helga has contact information for three possible resources.	Parent report	3 months (Dec 2009)

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9. Outcomes

Achievement of the Outcome

Criteria: We’ll know the outcome is achieved when: (*What will be observed? * Where/with whom? * When/how often?)

For each outcome document the criteria statement in this section of each IFSP outcome page.

Procedures: Achievement of & progress toward the outcome will be measured by (*Who will do what?)

Document what procedure/s will be used to measure progress toward/achievement of the outcome and who will carry out the procedure.

Timeline: Progress will be reviewed in:

Document the timeline for reviewing the outcome. Remember each outcome must be reviewed in at least 6 months. Include reference to the month and year as well.

 The excerpt from the Rubric below highlights documentation expectations for writing procedures and timelines associated with IFSP outcomes.

PROCEDURES & TIMELINES: Procedures are appropriate for measuring criteria & timelines are within at least six months of the IFSP.				
0 <i>Unacceptable</i>	1	2 <i>Getting There</i>	3	4 <i>Best Practice</i>
<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.
<i>Comments:</i>				

Strategies

Strategies are statements about how to reach the outcome. Reference to who will do what, and consideration of what is already in place, as well as child and family interests, routines, and activities are all part of strategy documentation and development.

Strategies must relate to the outcome and whenever possible include how the parents or caregivers will be involved. Using verbs to describe the action is encouraged, as is ensuring that the strategies are doable within the context of family and community



routines and activities. Because strategies describe the action of the family, providers, and caregivers, they are not short-term objectives written in behavioral terms, nor are they specific measures of progress toward the outcome. It is also not realistic to document every strategy a team might try to ultimately achieve the outcome. Instead the list of strategies should be limited to suggestions to get the team started. As a general rule outcomes should include 2-4 strategies.

The following questions are recommended for guiding the development of strategies to reach identified outcomes.

1. What is already being done to address the outcome?
2. What are the family and child interests? How can family and child interests be capitalized upon to build learning opportunities?
3. What are the day-to-day family and community routines and activities that are already happening? Are there strategies that can be embedded into these routines and activities? Where/when might this outcome be observed and how can it be worked on there?
4. What activities have the family expressed interest in trying? What might be helpful to reach this outcome that is not already being done?
5. What support is needed in order to accomplish this outcome?

Written strategies should also have the following characteristics:

- Relate directly to the stated outcomes.
- Identify who will do what.
- Include parents/caregivers as agents or recipients.
- Include how it will be done, under what circumstances and/or where.
- Use verbs to clearly describe the action to take place.
- Incorporate into family and community routines and activities.
- Are family-centered versus therapy-directed or short term objectives.
- Written so they are understandable.
- Are developmentally appropriate.

The following table includes examples of some strategies associated with the earlier outcome examples.

IFSP Outcome	Strategies
<p>Jamie will participate in mealtimes, play times, outside times, and family together time by using words to tell family members what he wants, so he can learn to talk and be understood.</p>	<ul style="list-style-type: none"> • Family will continue to provide Jamie with two choices and reinforcing him for any vocalizations he uses. • Family will continue to expose Jamie to new words all day, telling him what things are, labeling toys and objects outside and telling him about what they are doing (cooking, playing, folding wash). • EI providers will work with family members to encourage talking to Jamie in one or two word phrases, so he has one or two words to imitate instead of an entire sentence.
<p>Jose will participate in car outings by playing with the toys provided so he does not mess with and unbuckle his car seat.</p>	<ul style="list-style-type: none"> • Parents will continue to provide Jose a mix of toys for car outings. • Family and EI providers will work together to complete an interest inventory for Jose. • Family and EI providers will explore alternate ways to safely secure the belt buckle.
<p>Kimtasha will participate in hair care activities by sitting with her mom so she can get her hair combed.</p>	<ul style="list-style-type: none"> • Parents will continue using conditioner spray so Kimtasha's hair is easier to comb. • EI providers and family will explore ways to have Kimtasha more actively involved in hair care times (e.g., combing a dolls hair, choosing the barrettes...)
<p>During play times, Kiki will play with toys by pretending (like feeding the baby, pretend cooking) so she can play more with her sister.</p>	<ul style="list-style-type: none"> • Family will continue to demonstrate pretend play using objects of interest to Kiki. • Family will introduce new or different toys/objects to Kiki that encourage pretending (e.g., comb, toothbrush, and baby doll).
<p>At night Leo will sleep through the night by staying in his bed so we all can get a good night sleep.</p>	<ul style="list-style-type: none"> • Parents will continue to make sure Leo has the things that comfort him around when he goes to bed ("Ele" and "blue blanket). • After Sissy reads Leo a story parents will kiss Leo goodnight so that he can see mom and dad are still there. • Parents will take Leo back to his own bed when he gets up at night. • Parents and EI providers will brainstorm other ways to respond to Leo when he gets up in the night.
IFSP Outcome	Strategies
<p>Gina and Greg will have two date nights.</p>	<ul style="list-style-type: none"> • Parents will check with their friends who have offered to watch the kids. • EI will provide parents information on other baby sitting options. • Parents will explore the restaurant guide to choose a near by place for dinner. • Parents will set a date for the date.

Parents will have enough information about autism to comfortably explain Camden's condition to family and friends.	<ul style="list-style-type: none"> • Parents will call for a follow-on appointment with the developmental pediatrician. • EI staff will link the family with other families of children with autism. • EI staff and parents will explore information available online. • Parents will consider attending autism support program either in the community or virtually online.
Parents will have a new in home care provider for the children 2 hrs/day 3 days/week.	<ul style="list-style-type: none"> • Parents will look into putting an ad in the base paper. • EI staff and parents will brainstorm about other possible community resources.
Jenna will have a regular play group or play dates for Dormy to play with other children.	<ul style="list-style-type: none"> • EI staff will provide family information about community playgroups. • EI staff and family will explore ways to arrange play dates. • EI staff can accompany Jenna and Dormy to play group to assist with making sure it's a good fit for all.
Helga will learn about resources (groups, clubs, other German speakers) available near Ft. Bragg.	<ul style="list-style-type: none"> • EI staff and Helga will explore community networks for information about the Ft. Bragg area and German resources. • Helga will explore online resources that might have information.



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Strategies to Reach the Outcome: (*who will do what? * Consider what is currently in place. * Consider child/family interests, routines, activities).
 For each outcome, describe about 2 to 4 strategies for reaching the outcome.

The excerpt from the Rubric below highlights documentation expectations for writing strategies associated with IFSP outcomes.

STRATEGIES: Strategies are linked to the outcome, understandable, build on child & family interests & routines/activities, specify who will do what, encourage repetition & practice in meaningful situations and reinforce natural learning opportunities.			
0 Unacceptable	1	2 Getting There	3
<input type="checkbox"/> Strategies are not linked to the outcome. <input type="checkbox"/> Technical jargon is used and not defined. <input type="checkbox"/> Are written so generally that they could appear on any IFSP. <input type="checkbox"/> Only reflect what professionals will do with the child.		<input type="checkbox"/> All strategies linked to the outcome. <input type="checkbox"/> All strategies are written so they can be easily understood & implemented. <input type="checkbox"/> All strategies include who will do what identifying parents/caregivers as partners/agents/recipients. <input type="checkbox"/> As a general rule, 2 to 4 strategies are included for each outcome.	<input type="checkbox"/> All items from response option 2 are checked. <input type="checkbox"/> Strategies reflect child or family interests, routines, or activities. <input type="checkbox"/> Begin with consideration of what is currently happening/working. <input type="checkbox"/> Are developmentally appropriate and worded positively. <input type="checkbox"/> Are not an exhausted list of everything to try.
Comments:			

Outcome Review



At the bottom of each outcome page is an “Outcome Review” section. This section records outcome progress (i.e., no change, making progress, and met) and outcome status (i.e., continue, discontinue, and modify) as part of formal IFSP reviews and periodic outcome changes. Formal reviews include six month reviews and team or family requested reviews. Periodic outcome changes include adding, discontinuing, or modifying an outcome and do not result in changes to the frequency, intensity, duration, model, or location of early intervention services.

Outcomes guide the ongoing focus of intervention support and services. Accordingly, providers assess and document progress toward outcomes on an ongoing basis using provider progress notes. It is therefore not necessary to document on the IFSP outcome review section of each outcome page each time progress toward an outcome is reviewed. Rather, as stated above, the IFSP “Outcome Review” section is used for formal reviews and periodic outcome changes. Formal reviews and Periodic outcome changes are addressed later this handbook.



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9. Outcomes

Outcome Review:

This section includes categories for rating outcome achievement (no change, making progress, and met) and for noting outcome status (continue, discontinue, or modify). It is used for formal reviews and periodic outcome changes.

More than one date can be included on each progress and status line as needed. For example if a formal review occurs at 3 months and then again at 6 months dates for each review would be entered on the applicable outcome progress and outcome status lines.

The excerpt from the rubric below highlights documentation expectations for outcome review associated with IFSP outcomes.

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 three review options is indicated with a date. <input type="checkbox"/> One of the three status options is indicated with a date.		<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:				

Remaining IFSP Components



Each IFSP must also address transition, support services, and early intervention services, before it is completed.

Transition

Transition is the movement of families out of the current early intervention program. It includes child turning three years of age, family relocation, and moving from hospital to home. Children and families affiliated with the military often experience major transitions prior to the transition at three years of age. Family relocation may be due to transfer of the sponsor, Permanent Change of Station (PCS), early return of dependents, leaving the military, etc. Providers must understand the unique transition issues of military families to ensure the seamless provision of quality services.

Transition can be a trying process for children, families, and service providers. Ensuring the child's needs will be effectively met, while supporting the family in learning the new system requires careful planning. In addition, good communication between the sending and receiving agencies is essential to facilitate a smooth transition without generating undue stress or frustration. Consequently, an individualized transition plan, which involves families as well as the sending and receiving agencies, is essential for successful seamless transitions. The success of early transitions can enhance the confidence of the child and family, and foster the success of future transitions (Rosenkoetter, Hains, & Fowler, 1994). By carefully planning for the anticipated changes associated with transition, the needs of children with disabilities and their families need not be compromised.

The transition section of the IFSP-PD must be addressed as part of each IFSP. Individualized steps to support the transition must be identified including who will do what and when. The steps to transition typically include discussions with parents regarding future placements, procedures to prepare the child and family for changes, strategies to help the child adjust to and function in a new program, and, with parental consent, release of information about the child to the receiving agency. Generally, when a child is transitioning to another agency, shared information includes the most recent IFSP-PD.

As transitions to special education/preschool (Part B) occur, it is important that providers keep a focus on natural learning opportunities and integrating intervention strategies into family and community routines and activities. It is imperative that the family and both the sending and gaining agencies are involved in the transition planning process.

Transitions affect the child and family as well as the sending and receiving agencies. Therefore, success depends on how ready all individuals are for the transition. Various preparations and planning activities for children, families, the sending agency (early

intervention) and the receiving agency (PSCD) are important to ensure effective transitions. The following activities are suggestions for effectively preparing for transition.

Activities to Prepare Children for the Transition from Early Intervention

- Plan opportunities for the child to acclimate to being away from his family.
- Give the child more opportunities to spend time with other children.
- Read books about other children's transition experiences.
- Talk about the new preschool.
- Help the child learn self-care skills to be more independent in preschool.
- Visit the preschool classroom/s and playground.
- Take pictures while visiting the new preschool.
- Prepare the child by making statements like, "You will wear this book bag when you go to preschool." "This is Amy. She will be in preschool with you." or "This is like the big story books they will have in preschool."

Activities to Prepare Parents for the Transition from Early Intervention

- Request information about transition long before the child's third birthday.
- Prepare a file of all the records on the child.
- Learn about the provisions of IDEA and the services parent and child are entitled to.
- Find out about the preschool options available for the child and make visits.
- Ask about activities to help the child make the transition and be "ready" for preschool.
- Meet with other parents who have made similar transitions.
- Make a list of questions about the preschool.
- Participate in all transition meetings and be confident about your knowledge about your child.

Sending Agency Transition Activities

- Begin planning for the transition long before the child's third birthday.
- Gather information from potential receiving agencies. Serve as a liaison to the family.
- Offer opportunities for families to visit all potential preschool programs.
- Offer opportunities for families to visit with families who have experienced a similar transition.
- Provide the receiving agency with all the necessary information, with the parent's permission.
- Assist the family with application and enrollment forms as needed.
- Participate in transition meetings.
- Assist in evaluating the transition process. Implement suggestions generated from the evaluation.

Receiving Agency Transition Activities

- Have a representative of the school serve as a member of the EDIS transition planning team.
- Welcome families to visit the preschool prior to making a final decision regarding placement.
- Completely inform the sending agency about the incoming records and information needed.

- Conduct a home visit with the early intervention family service coordinator to learn more about the child and family and provide parents information about the program/services.
- Create opportunities for new families to meet other families currently receiving preschool services.
- Share suggestions to help prepare the child for the preschool experience.
- Continue to confer with the sending agency after the child has started preschool, as needed.
- Evaluate the transition process and implement suggestions generated from the evaluation.

Transitions to Part B preschool services must be addressed at least 6 months prior to the child’s third birthday and must be carefully coordinated with the Part B program. Decisions about continued services or the frequency and intensity of services must be individualized and made through the local school team meeting process (Case Study Committee - CSC - in DoD schools). A child turning three does not automatically require full time preschool or more therapy time.

Transition planning must include:

- Discussions with, and training of, parents regarding the transition and future placements.
- Steps to prepare the child for changes in placement and service delivery, including strategies to help the child adjust to, and function in, a new setting.
- Sharing information about the child and his/her upcoming transition, with parent permission, with the local school system.

The following provides an example of a transition plan for a child who will be turning three. Transition plans and activities will vary depending upon the individual child and family and local school policies.



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10. Transition

Type of Transition

Transition from early intervention – Dakiesha turns 3 in March 2009.

Anticipated Date of Transition

2 March 2006.

Steps to be taken to support the transition

- Service coordinator will provide the family with names and numbers for points of contact in the next program.
- In Sep., with parent permission, service coordinator will share information

- with DoDDS about Dakiesha and the upcoming transition.
- Between Sep. and Nov. EDIS will initiate a meeting with DoDDS to discuss the transition and determine if additional information is needed.
- Between Nov. and Feb. the family will register Dakiesha at DoDDS and have an opportunity to visit the Preschool Services for Children with Disabilities (PSCD) site and discuss other program options.
- Between Nov. and Feb. DoDDS will coordinate with EDIS and the family to schedule a transition meeting.
- In March Dakiesha will exit early intervention.

 The excerpt from the Rubric below highlights documentation expectations for the transition section of the IFSP.

10. Transition				
<ul style="list-style-type: none"> Transition is addressed in every IFSP. A detailed transition plan is included for all children turning three within 6 months. 				
0 <i>Unacceptable</i>	1	2 <i>Getting There</i>	3	4 <i>Best Practice</i>
<input type="checkbox"/> Transition is not addressed. <input type="checkbox"/> A transition plan for a child 2 years 6 months or older is not included.		<input type="checkbox"/> Upcoming transition (within 6 months) is addressed. As applicable: <input type="checkbox"/> Transition reflects transition options for the child (i.e., other types of transition beyond transition at three). <input type="checkbox"/> A transition plan is developed if child is 2 years 6 months or older.		<input type="checkbox"/> All applicable items from response option 2 are checked. <input type="checkbox"/> Transition is addressed, even if no upcoming transition is anticipated. If no transition is anticipated that is stated. As applicable: A detailed transition plan is documented if child is 2 years 6 months or older. The plan includes: <ul style="list-style-type: none"> <input type="checkbox"/> Discussion with parents about possible options. <input type="checkbox"/> Who will do what. <input type="checkbox"/> Other activities specific to the child/family.
Comments:				

Other Services

Other services addressed on each IFSP are transportation, assistive technology devices, and support services. These services/devices are either supplied by EDIS or procured with the assistance of EDIS and/or other avenues depending on unique needs of the child and family.

Transportation

Transportation is a service that a family may need to be able to participate in early intervention. If the team agrees that transportation is required, EDIS must ensure that the family has the transportation needed to participate. This process may include assisting the family with arrangements. There are many approaches to setting up transportation. The program may have an on-going contract with a local taxi company, pay mileage for long distance trips, help the family access a community van, assist the family with facilitating transportation through their unit or facilitate parent-to-parent assistance or car pooling. The question of transportation must always be addressed. If it is needed, details of the arrangements or solutions being considered must be specified.

Assistive Technology

Assistive technology (AT) as included in this section of the IFSP-PD refers to devices used to increase, maintain, or improve functional capabilities of children with disabilities. AT as a service refers to a service that directly assists with the selection, acquisition, or use of an AT device. AT services are listed on the services page of the IFSP-PD, whereas AT devices are listed in the AT section of the IFSP-PD. Teams must consider the child's AT needs in the development of each IFSP.

An AT device includes any item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of a child with a disability. The term does not include a medical device that is surgically implanted, or the replacement of such device.

AT devices are needed for the child to achieve outcomes included on the IFSP. They can include low cost adaptations that make it easier for the child to do something that would otherwise be difficult or impossible. For instance they include handles attached to toys or utensils that make it easier for the child to grasp without help; pillows and bolsters to help a child sit or engage in activities; and pictures that children can use to communicate. Identifying AT devices on the IFSP-PD does not obligate EDIS to obtain and purchase the device. EDIS funding should be considered for the purchase of AT devices only after an exhaustive search for other sources has been documented in writing. Also, if functional progress is being made without the AT device, EDIS is not responsible for providing the device as a service.

AT devices needed for a child to achieve an IFSP outcome must be documented on the AT section of the IFSP. Under these circumstances, EDIS will facilitate the purchase of the appropriate device. Funding may come from TRICARE, the TRICARE Extended Health Care Option (if eligible), private organizations, or MTF/EDIS only after all other sources have been exhausted. The IFSP reads:

- “EDIS will facilitate the purchase of XXX necessary for achieving outcome number 3.”
(Depending on the item or piece of equipment, EDIS may be able to loan or provide the item to the family.)

Teams may consider use of an AT device as part of an initial IFSP without yet knowing if it is truly needed for the child to achieve the outcome. Under these circumstances, the AT device is identified as a strategy under the associated outcome (e.g., team will explore the use of a picture exchange system). The team should also reference it under the AT section of the IFSP. Under these circumstances, the statement would read:

- “While the need for XXX is not yet determined, EDIS will work with the family to determine if XXX is essential.”

As applicable, be sure to include how other services will be arranged, accessed, or provided. The following provides an example of the “other services” section. Notice that the specific IFSP outcome is associated with the AT device needed.



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11. Other Services	
<input type="checkbox"/> Transportation	
None needed at this time.	
<input type="checkbox"/> Assistive Technology	
EDIS will provide the family two dycem sheets to use under Johnny’s plate (outcome #3).	

 The excerpt from the Rubric below highlights documentation expectations for the other services section of the IFSP.

11. Other Services			
■ Transportation & assistive technology equipment needs are addressed.			
0 Unacceptable	1	2 Getting There	3
<input type="checkbox"/> Either transportation or assistive technology (AT) equipment needs are not addressed even if it is to document none at this time.	<input type="checkbox"/> Transportation is addressed. If such services are not needed it is documented accordingly. <input type="checkbox"/> AT equipment needs are addressed. If AT is not needed it is documented accordingly. As applicable: <input type="checkbox"/> Documentation includes what transportation &/or AT equipment is needed.	<input type="checkbox"/> Transportation is addressed. If such services are not needed it is documented accordingly. <input type="checkbox"/> AT equipment needs are addressed. If AT is not needed it is documented accordingly. As applicable: <input type="checkbox"/> Documentation includes what transportation &/or AT equipment is needed.	<input type="checkbox"/> All applicable items from response option 2 are checked.** As applicable: <input type="checkbox"/> Documentation includes what transportation &/or AT equipment is needed & how the transportation &/or AT will be arranged, accessed, or provided. <input type="checkbox"/> AT equipment (low tech &/or high tech) needs, including any identified in outcomes or strategies, are documented in this section.
Comments:			

Support Services

Support services include other services that the on-going service coordinator will help the family access. They may or may not be funded by EDIS. Support services include activities such as family-funded child care, respite care set-up through Army Community Services (ACS) or another agency, special supplement nutrition program for Women, Infants and Children (WIC), New Parent Support Program services (NPSP), community sponsored playgroups, translation services, and EDIS-funded Child Development Center services. Specifics regarding how the service will be accessed should be delineated in the Support Services section.

Section 12 of the IFSP-PD includes two sub-sections. They are, "... support services EDIS will provide..." and "...services the family needs or receives from other agencies..."

The first sub-section includes EDIS funded support services (i.e., CDC placement). However, any CDC placement must comply with the following criteria:

- a) Consider CDC placement only if a family has no other options for their child to interact with typically developing children. Explore existing local community activities, such as the neighborhood playground, KinderGym, and other community venues.
- b) If a CDC placement is desired, explore any and all other funding options for this service, including family resources, before considering payments through EDIS.
- c) The IFSP must clearly state the purpose and desired outcomes of the CDC placement.
- d) EDIS must schedule the service, in coordination with the parents, at a specific time for a specific child. This requires a contract or a memorandum of agreement with the CDC so that the space is consistently available.
- e) Generally, the placement should be no more than twice per week and not exceed 4 hours each time.
- f) Placement should occur during activity time, including meal and/or snack time, but not during nap time.
- g) EDIS providers must have a role in each CDC placement, either through individual services to the child and CDC staff, or in monitoring progress toward the outcome/s.
- h) Progress toward the outcomes must be documented in EDIS case records.

The second sub-section may include an endless array of family needs and services in which the EDIS role primarily falls to the Service Coordinator. Included are services outside EDIS that it facilitates, but not fund, for instance helping working parents find a day care source that can meet the unique needs of the child. Another possibility is assisting the family with access to financial counseling, marital counseling, grief counseling, respite care, or English-as-a-second-language classes. The family might need support with learning how to gather information about a child's diagnosis or prognosis for the future, or many other issues relevant to the child's diagnosis or future needs. They might need support or advocacy with making their living quarters handicap accessible, and the list goes on.

The following provides an example of the "support services" section.



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12. Support Services

EDIS will help the family access WIC.

 The excerpt from the rubric below highlights documentation expectations for the support services section of the IFSP.

12. Support Services			
▪ Support service needs are addressed.			
0 Unacceptable	1	2 Getting There	3
<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 no support services are currently used or needed it is documented accordingly. As applicable: <input type="checkbox"/> Support services that the ongoing service coordinator will help the family access are documented. <input type="checkbox"/> Support services the family currently uses are documented.	<input type="checkbox"/> All applicable items from response option 2 are checked. ** As applicable: <input type="checkbox"/> Specifics regarding how the service/s will be accessed is delineated (i.e., who will do what). <input type="checkbox"/> Support services the family currently uses are documented and include reference to frequency.
Comments:			

Service Decisions



As the process unfolds and decisions about services are made, the family-centered framework must be upheld. The IFSP development process incorporates input from all team members and recognizes the family as a primary decision-maker. Team members collectively identify outcomes derived from the family’s concerns, priorities, and desires and relevant to their day-to-day routines and activities. They then cooperatively design services based on the identified child and family IFSP outcomes.

Decisions regarding services cannot be made prior to identification of outcomes because the services are those uniquely necessary for child and family to ultimately achieve the identified IFSP outcomes. Service delivery uses a primary service provider approach, whereby one consistent provider understands and keeps abreast of the changing circumstances, needs, interests, strengths, and demands in the family’s life and brings in or consults with other services and supports as needed. This approach avoids a revolving door of different service providers and keeps the family from having to decipher the information received from various service providers. Furthermore it is respectful of family situations remembering that “the content of intervention is based on the needs of the child, but the feasibility of intervention is related to the daily routines of the family” (Bernheimer & Keogh, 1995 p. 425).

The primary service provider is responsible for implementing the IFSP, based on input, ongoing consultation and support from other disciplines and agencies. Use of a primary service provider does not mean individuals work in isolation or outside their expertise or comfort level. Rather, close communication, consultation, and monitoring from other team members are necessary to support the primary service provider. In EDIS there are no service

frequency guidelines; rather early intervention teams should individually tailor service frequencies, intensities, and durations from a primary service provider perspective.

The IFSP-PD must include statements of the specific early intervention services that will be provided. This includes a listing of the service frequency, intensity, duration, method, and location of service delivery. The following excerpt from the IFSP-PD illustrates where this information is delineated.



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13. Services			
Service	Provided by	Outcome	<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, including justification if services are not provided in the natural environment:			

Service

Early intervention services include the following. The actual service should be listed in the box titled “Service.” While a primary provider approach requires transdisciplinary services, the service provided must match the service provider’s profession (e.g., a speech pathologist provides speech therapy even though he/she also helps parents with behavior concerns).

- family training, counseling
- special instruction
- speech-language pathology (including sign language and cued language services)
- audiology services
- occupational therapy
- physical therapy
- psychological services
- medical services (only for diagnostic or evaluation purposes)
- health services (necessary to enable the infant or toddler to benefit from the other early intervention services)
- social work
- vision services
- assistive technology services
- transportation
- **Service Coordination** Service coordination is a basic entitlement of every family eligible for early intervention services. Service coordination refers to the on-going

activities carried out by a service coordinator enable the eligible family to receive the rights, procedural safeguards, and services authorized by regulation and agreed upon by the team. It is a core component of early intervention and a part of every IFSP. Due to the nature of service coordination, it is difficult to determine the frequency and intensity of the activities. Therefore, it is not necessary to list service coordination separately on the services page of the IFSP-PD. The ongoing service coordinator is identified on the final signature page of the IFSP-PD. He/she is responsible for overseeing implementation of the IFSP.

 Documentation of these activities goes under “Service Coordination Sessions” in SNPMIS.

Typical responsibilities include:

- Coordinating early intervention services across agency lines.
- Serving as the single point of contact in helping parents to obtain the services and assistance they need.
- Making sure the child and family receives all the services on the IFSP.
- Facilitating the timely delivery of services.
- Facilitating and participating in the development, review, and evaluation of IFSPs.
- Helping the family make any changes to the IFSP-PD that may be needed between the six month reviews and annual evaluations/assessments.
- Ensuring the provision of a smooth transition.
- Ensuring that all documentation is complete and up-to-date.

Identification of the ongoing service coordinator is a team decision. Generally, he/she is also the family’s primary service provider, as this individual will have the most contact with the family. The decision about who should be the ongoing service coordinator is best made following the development of outcomes and determination of services.

Provided by

This refers to the discipline of the provider who will deliver the service rather than the provider’s name (e.g., Speech therapy provided by the speech language pathologist, special instruction provided by the early childhood special educator). The actual name of the provider is not entered. This decreases the need to change the IFSP-PD every time a provider of the same discipline changes. However, service provider changes should never be made without first discussing them with the family. In addition, the provider of services should never fluctuate simply for the convenience of EDIS. Continuity of care and consistency in service provision should always take precedence.

Models of Service Delivery

Services are provided in a variety of models. It is important to differentiate between the models of service delivery to ensure uniform understanding. All models of service delivery should be explained to the parents and additional information, as necessary, should be included on the IFSP-PD to ensure the service is accurately described. There are four general models of service delivery.

Individual - services provided to a single child/family. This includes services provided directly to the child/family regardless of the number of siblings present. If the service is provided in the Child Development Center (CDC) or Family Child Care (FCC), and there is only one child receiving the service, then it is an individual service and the location is CDC or FCC. Two providers, delivering individual services, may periodically or for short duration conduct their visits collaboratively. If individual visits are conducted collaboratively it must be distinctly stated as a “co-visit” in the additional information section, of the IFSP-PD services page, under each service. Under a primary service provider approach there is generally one primary provider delivering individual services with support from other providers through the models of “consultation” and/or “monitoring.”

Consultation – consultation with other providers regarding service delivery to the child/family. This involves an exchange of information between two or more professionals or service providers in support of the child and family but without their direct involvement. For example, the PT provides consultation to the ECSE at the office. Only the provider of consultation is listed on the services page, not the recipient.

 The provider delivering consultation documents the service under “Provider Sessions.” The recipient captures time in SNPMIS through “Provider Time” under “Clinical/Professional Consultation.”

Group – services provided to 2 or more children on IFSPs at one time. This includes services to multiples, playgroups, or any activity in which there is more than one child receiving services during a session. If services are provided in the CDC or FCC and there is more than one child on an IFSP receiving the services during that session, then it is considered a group. When services are entered under group, SNPMIS will split the provider time based on the number of children receiving services in the group (e.g., Kept in a group of 2). The time listed for each child will reflect the total time of the session, not the divided provider time.

Monitor – periodic services or oversight by a provider to assess progress or additional program needs/changes to the service plan or to facilitate advancement

toward outcome(s). Monitoring services may or may not include direct contact with the family (e.g., observing a child's progress in the CDC/FCC, making a phone call or home visit with family). Periodic co-visits conducted by the non-primary provider to support the primary provider are listed under "monitor." For example, if the primary provider were the SLP, he would check *individual* and indicate the frequency, intensity... If the PT saw the family at a lesser frequency and only with the SLP to help with positioning and provide supportive information on "next steps," the PT would check *monitor* and indicate the frequency, intensity... (this example illustrates the transdisciplinary model). When monitoring is being provided, the additional information section is used to specify how monitoring will be provided. For example, PT monitoring visits will occur as a co-visit with the SLP.

Frequency

Frequency refers to "how often" the service will be provided. The aim is to provide all the services agreed upon and documented on the IFSP-PD. Due to family circumstances, holidays, vacation, illnesses, provider training, inclement weather, and other unforeseen events, it is not always possible to provide the absolute frequency. For example, if a service were provided once a week for a full year it is unlikely that 52 sessions would be possible due to circumstances such as those noted above. Therefore, the team must determine a projected minimum number of sessions. When the duration of the service is less than 12 months added attention should be given to calculating the "projected minimum," number of sessions. There is no rule for calculating "projected minimum" rather it must be determined with the family and then entered into the IFSP-PD. Generally, services which are listed on the plan with a low frequency, such as 4 times per year or 6 times per year, would have 4 or 6 identified as the minimum number of sessions.

Intensity

Intensity refers to the time length of each session, for example 60 minutes.

Location

Services are provided in the child's natural environment unless the team (including the parents) determines that services cannot be adequately provided in that setting. If such a determination is made, the IFSP team must provide justification under "additional information" (see below). Within the location box indicate the location where services will be provided (e.g., home, child development center, community). If they are provided in more than one place, write the primary location under "location" and notate the secondary location under "additional information."

Start Date

Start date refers to the date the services will be activated, not necessarily the first day of the actual service. For example, if a service is provided once a month the service start date may be the day the IFSP is developed with the first actual service provided a week later.

End date refers to the date the service will end. Family relocation should not be considered when determining end dates, but end dates may be prior to the duration of the plan. Services can begin and end at different times on the plan. Each service does not have to extend over an entire year.

Discontinued Date

Discontinued date refers to the date a service is discontinued prior to the initial projected end date.

Additional Information (Justification for services not provided in natural environments)

The additional information section should be used **WHENEVER** further clarification is needed to describe any aspect of the service provision be it frequency, intensity, duration, location, etc. When services are provided in a location other than a natural setting the team must provide justification and enter it in the “additional information” section. Justification cannot be based solely on the preferences of the family (i.e., family prefers services in the clinic). No team member can unilaterally determine the location of service delivery.

The delivery of early intervention services cannot require the child to be removed from his or her typical environment (i.e., home, child care, community); unless a particular service/s cannot be adequately provided in the natural environment. Written justification for services provided outside of the natural environment should include *why* the team determined that the child’s outcome/s could not be met if the early intervention service were provided in the child’s natural environment and *how* early intervention services provided in the segregated setting will be generalized to support the child’s ability to function in his/her natural environment.

 The excerpt from the Rubric below highlights documentation expectations for the services section of the IFSP.

13. Services				
Primary provider approach. A primary service provider approach is used & frequency, intensity, & duration of each service are accurately documented.				
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"/> It is not evident who the primary service provider is. <input type="checkbox"/> Mirrored services (i.e., 2 or more 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 all completed. <input type="checkbox"/> All sections noted above are 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:				

Natural Environments



Natural environments extend beyond the physical location where services are provided and encompasses a multitude of natural learning opportunities. Natural environments include the day-to-day settings, routines, activities, and experiences that promote children’s learning. The construct extends beyond the location of service provision to the methodology of capitalizing on routines and activities as opportunities for children’s learning. Early intervention services in natural environments should involve working in partnership with families and caregivers to embed intervention into existing routines and activities and promote children’s participation in family and community experiences as opportunities for learning. Conceptualized in this way, families, caregivers, and early intervention providers work side by side to discover and build upon the natural learning that occurs throughout the day, rather than just during scheduled early intervention sessions.

The following questions can assist in determining if the environment is natural:

- Is this where the child would be if not receiving early intervention?
- Is the activity available to all young children in the community?
- Are there other children involved from the child’s community, neighborhood, or circle of friends?
- Is the location in a community setting and not solely a special education or disability related environment?
- Are typically developing peers involved rather than just other children on IFSPs and their siblings?
- Is the activity something that any typical child in the community is involved in?
- Can the activity be integrated into the family’s daily routine?

The excerpt from the Rubric below highlights documentation expectations for the natural environment or justification portion under services section of the IFSP.

13. Services continued			
Natural Environments. Early intervention 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
<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 service cannot be provided in a natural environment based on the individual needs of the child. <input type="checkbox"/> How the intervention will be generalized into the child’s & family’s routines & activities <input type="checkbox"/> Plan for moving intervention out of the non-natural setting.	
<i>Comments:</i>			

IFSP-PD Signature Page

The IFSP-PD signature page documents the IFSP development meeting date, the projected review date, the ongoing service coordinator, the next service plan date, IFSP team members, and parents consent for the IFSP.



The IFSP development meeting and the date parents sign the completed IFSP are typically the same day. The IFSP development meeting is the date the team, including the family develop all sections of the IFSP. If this occurs over two days the latter day is the IFSP development meeting date. It is acceptable to develop the IFSP on one date and provide the family a finalized typed or neatly written edition on a later date.

Following the IFSP development meeting, the service coordinator obtains parent consent for the IFSP, and facilitates initiation of services. According to MEDCOM 40-53 IFSP services must begin no later than three weeks following development of the IFSP, unless the parents specifically request a delay.



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14. IFSP Agreement

Check the box indicating if this is an *initial* or *annual* IFSP.

Date IFSP Developed

This is the meeting date to develop the IFSP. It includes a review of parents’ priorities and concerns; establishing functional/measurable outcomes; identifying strategies; identifying services and timelines for initiating services.

Projected Review Date

This is the date the IFSP will be formally reviewed. The IFSP must be reviewed at least six months after development of the IFSP. It can however be reviewed more frequently as determined necessary by any member of the team.

Service Coordinator

Enter the name of the identified ongoing service coordinator.

Next Service Plan Date

This is the date of the next service plan. It must be no later than 12 months from the date IFSP developed.

IFSP Team Members and Signatures

All attendees print and sign their names.

List other person/s that contributed to the development of the IFSP, but were unable to attend the meeting.

Parent(s) Statement

After discussing Procedural Safeguards and Due Process Procedures, ensuring that parents have a copy of their Procedural Safeguards and Due Process Procedures, and answering questions, ask the parent/s to respond Yes or No to each of the 3 statements.

Have the parent/s sign and date.

IFSP Review/Change Dates

Enter the date of each review/change. This date must coincide with the date entered on the “IFSP Review/Change” form. Any time there is a review or change of the IFSP, the “IFSP Review/Change” form must be completed and the date must be entered on the IFSP-PD.

 The excerpt from the Rubric below highlights documentation expectations for the services section of the IFSP.

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"/> Signatures not included or only 1 EDIS team member identified.				<input type="checkbox"/> All required documentation sections are completed & accurate. <input type="checkbox"/> Multidisciplinary team involvement is evident. <input type="checkbox"/> Other contributors (if any) are identified.
Comments:				

IFSP Review/Change

Teams must periodically review the IFSP. It must be a dynamic document that can be revised according to child and family changes. Guidance for conducting IFSP reviews and making periodic changes to IFSP services and outcomes are addressed in this section.

IFSP Reviews

Minimally, the IFSP must be formally reviewed with documentation on the “IFSP Review/Change” form at least every six months from the date the initial or annual IFSP is written, or more frequently if conditions warrant, or if the family requests such a review. At minimum, the review should include the family and the ongoing service coordinator. The purpose of a formal review is to determine the degree to which progress toward achieving the outcomes is being made and whether modifications or revision of the outcomes, services

or other information (such as the plan for transition) is necessary. The review must occur in accordance with the review date on the IFSP and entered in SNPMIS.

 SNPMIS tracks the six month review due date from the review date entered on the IFSP and in SNPMIS (these dates must be the same). A review must therefore occur in accordance with this date. If such review does not occur it will show up overdue on SNPMIS reports (“EIS Next Service Plan Review”).

If for some reason a review occurs prior to the required six-month review, then another review is needed within six months to ensure that the reviews occur at least every six months. For example, if an IFSP developed in January is reviewed in March, then it must be reviewed again in September (i.e., six months from March) rather than waiting nine months when the annual review must occur. Essentially, the clock starts again on the requirement that IFSPs be reviewed at least every six months; however this does not change the date for evaluating the complete IFSP on at least an annual basis. When this occurs, the “Projected Review Date” on the IFSP (and in SNPMIS) must be revised using the “IFSP Review/Change” form.

 The “Projected Review Date” is changed by going into the “Service Plan Summary” window and entering the new date. Alternately, the team can honor the initial “Projected Review Date” and hold another review meeting in accord with that date.

IFSP Changes

Changes or proposals to change any aspect of the IFSP can be made at any time during its duration. However, changes must be made with family agreement. At a minimum, meetings to discuss changes must include the family and the ongoing service coordinator.

Teams constantly review IFSP outcomes (informally) as part of ongoing intervention; this is different from a formal review of the entire IFSP. IFSP changes can be sorted into two categories (i.e., changes to services and/or changes to outcomes). Although addressed a bit differently, both require documentation on the “IFSP Review/Change” form. Changes or modifications made to IFSP outcome strategies do not require documentation on the “IFSP Review/Change” form or prior notification. Strategy changes are addressed in progress notes.

Examples of service and outcome changes are listed below.

Changes to Services

Changes to IFSP services require prior notification and are always documented on the “IFSP Review/Change” form and noted on the final page of the IFSP-PD under the heading “IFSP Review/Change Dates.” In addition, changes made to the service variables (service, method, intensity, frequency, or location) require document on the services page of the IFSP. The following are examples of IFSP service changes and how they are documented.

Change in Model of Service

If there is a change in the model (e.g., individual, consultation, group, and monitor) of a current service, the discontinued date is entered under that method. For example, if the model “Individual” under a particular service (e.g., speech therapy) is discontinued, the current end date corresponding with that model on the IFSP remains and the actual end date is entered under the “Discontinued Date.” The new model is added on a new services page. The change must also be described on the “IFSP Review/Change” form and the date of the change is noted on the original IFSP-PD on the final page under the heading “IFSP Review/Change Dates.” The family signs the “IFSP Review/Change” form documenting agreement with the change.

Discontinued Service Method:

Service	Speech therapy	Provided by	Speech Therapist	Outcome	1 - 6	<input checked="" type="checkbox"/> Initial/Annual <input type="checkbox"/> Addition
<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Consultation <input type="checkbox"/> Group <input type="checkbox"/> Monitor	Frequency (how often) 2 times per month For a minimum of <u>20</u> sessions	Intensity (time/session) 60 minutes	Location Army Community Services (ACS) Building			
Start Date: 1 Oct 2008	End Date: 1 Oct 2009	<input checked="" type="checkbox"/> Discontinued Date: 15 January 2009				

Change in Frequency, Intensity, or Location

If there is a change in any of these variables for a particular service model, the end date of the corresponding model remains and the actual end date is entered under “Discontinued Date.” The new frequency, intensity or location for the service model is added on a new services page and the new start and end date is entered. For example, if the frequency of individual physical therapy sessions is decreased from 2 times a month to 1 time a month, the end date under the physical therapy individual (2 times a month) remains and the actual end date is entered under “Discontinued Date.” Under the “Service” block on a new services page, the service “physical therapy,” the model “individual,” and the frequency “1 time a month” is added along with a new start and end date. The change must also be described on the “IFSP Review/Change” form and the date of the change is noted on the original IFSP-PD on the final page under the heading “IFSP Review/Change Dates.” The family signs the “IFSP Review/Change” form documenting agreement with the change.

Discontinued Service Frequency:

Service	Physical Therapy	Provided by	Physical Therapist	Outcome 1, 2, 3, 4, 5	<input checked="" type="checkbox"/> Initial/Annual <input type="checkbox"/> Addition
<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Consultation <input type="checkbox"/> Group <input type="checkbox"/> Monitor	Frequency (how often) 2 time per month For a minimum of <u>16</u> sessions	Intensity (time/session) 45 minutes	Location Family's home		
Start Date: 1 Jun 2008	End Date: 1 Jun 2009	<input checked="" type="checkbox"/> Discontinued Date: 30 Sep 2008			

Revised Service Frequency:

Service	Physical Therapy	Provided by	Physical Therapist	Outcome 1, 2, 3, 4, 5	<input type="checkbox"/> Initial/Annual <input checked="" type="checkbox"/> Addition
<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Consultation <input type="checkbox"/> Group <input type="checkbox"/> Monitor	Frequency (how often) 1 time per month For a minimum of <u>7</u> sessions	Intensity (time/session) 45 minutes	Location Family's home		
Start Date: 30 Sep 2005	End Date: 1 Jun 2006	<input type="checkbox"/> Discontinued Date:			

Adding a new Model under a current Service

If a new model is added under a current service, a new services page is added. Fill in the model, frequency, intensity and location which correspond with the new model. Enter the dates to reflect the start and end dates. The change must be described on the "IFSP Review/Change" form and the date of the change is noted on the original IFSP-PD on the final page under the heading "IFSP Review/Change Dates." The family signs the "IFSP Review/Change" form documenting agreement with the change.

Adding a new Service

Complete a service box on a new services page whenever a new service is added to a current IFSP. The new service must be described on the "IFSP Review/Change" form and the date of the change is noted on the original IFSP-PD on the final page under the heading "IFSP Review/Change Dates." The family signs the "IFSP Review/Change" form documenting agreement with the change.

Changes to Outcomes

The team must make the outcome change with the family, involve the service coordinator, and briefly describe the change on an "IFSP Review/Change" form (with the exception of identifying a met standard).

Changes to outcomes (i.e., adding, modifying, or discontinuing) that do not result in changes to services do not need for a "Notice of Proposed Action" form. The following table addresses the required documentation steps for each type of outcome change.

Type of change	What to document on the current IFSP	What to include on Change/Review	Who to include
Adding new outcome	<ul style="list-style-type: none"> Document date of Change/Review on the last page of the IFSP. 	<ul style="list-style-type: none"> State that a new outcome was added & why. Identify which current service/s will address the outcome. It is not necessary to write a new services page. Complete new outcome page. 	<ul style="list-style-type: none"> Family Service Coordinator Providers that will address the outcome.
Modifying current outcome	<ul style="list-style-type: none"> Check the applicable progress box on outcome page (no change, making progress, met) and date it. Check & date the modify box. Document date of Change/Review on the last page of the IFSP. 	<ul style="list-style-type: none"> State that an outcome was modified & describe the modification. It is not necessary to write a new outcome if a present one is only being modified. Modify means adjusting the outcome or criteria. It does not apply to strategies. 	<ul style="list-style-type: none"> Family Service Coordinator Providers that will address the outcome.
Discontinuing outcome for a reason <i>other than</i> met outcome	<ul style="list-style-type: none"> Check the applicable progress box on outcome page (no change, making progress) & date Check & date discontinue box Document date of Change/Review on the last page of the IFSP. 	<ul style="list-style-type: none"> State that an outcome was discontinued 	<ul style="list-style-type: none"> Family Service Coordinator Providers that will address the outcome.
Discontinuing outcome <i>because</i> outcome is met	<ul style="list-style-type: none"> Check the applicable progress box on outcome page (i.e., met). 	<ul style="list-style-type: none"> Not needed. All met outcomes will be reviewed at the next formal review (i.e., 6 month, annual, or other requested review). 	<ul style="list-style-type: none"> Family Service Coordinator Providers that will address the outcome.

Annual IFSP Review

The IFSP must be reviewed annually and a new IFSP-PD must be initiated and completed. To ensure continuity, annual review and development of a new IFSP-PD must occur within 12 months of the current IFSP.

IFSP-PD



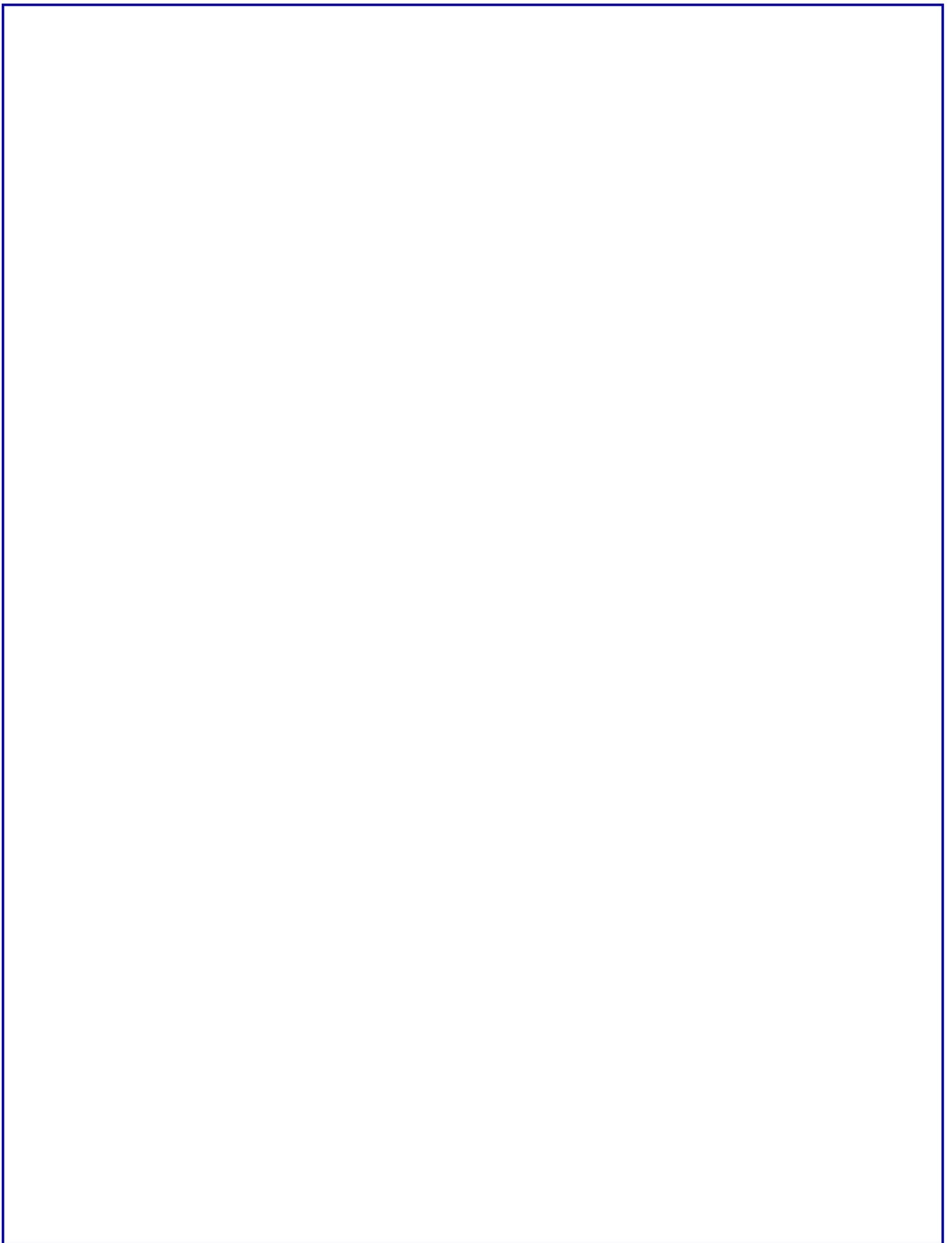
All together the IFSP-PD represents a living record that serves as a roadmap guiding the continued family-centered early intervention process. It also represents the collaborative efforts of families and professionals sharing their expertise and joining together “to enhance the development of infants and toddlers with disabilities [and] the capacity of families to meet the special needs of their infants and toddlers with disabilities” (IDEA).

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APPENDIX 1

EDIS Early Intervention Quality Rubric





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 Army 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 subjective 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 quality practices. Optimally, it will promote an evenly balanced awareness of IFSP excellence so that all practitioners and programs are prepared to understand and achieve quality, and program monitors are equipped to evaluate IFSPs from the same quality lens. Early intervention practitioners, managers, and program monitoring personnel should use this IFSP Rubric as part of practitioner orientation, training, and program monitoring.

Completed IFSP Rubrics will identify areas of strength and concerns 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 practitioners while identifying opportunities for improvement. This Rubric provides a tool for assessing quality on a periodic basis and does not need to be used with every IFSP.

When using the IFSP Rubric, remember that providers often develop IFSPs with families who are busy, in homes that have many distractions, and under circumstances that involve several 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 imperative 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 never 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 2008 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 attempting to calculate 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 obviously 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 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 of the anchored response categories (i.e., zero, two, and four) are checked.

Area 4 (Services) contains three items highlighted with asterisks ** (11. other services, 12. support services, and 13. services natural environments) 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, strategies, criteria and procedures/timelines) for each outcome included on the IFSP. Use a separate Rubric page for each IFSP outcome.

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 six (6) sections rated,

Area 3: Outcomes --- within this area the number of sections rated will vary depending upon the number of IFSP outcomes

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 35 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
	0 / 6	1 / 6	2 / 6	1 / 6	2 / 6
%	0 %	17 %	33 %	17 %	33 %

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

	0 Unacceptable	1	2 Getting There	3	4 Best Practice
	2 / 20	2 / 20	10 / 20	2 / 20	4 / 20
%	10 %	10 %	50 %	10 %	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 Naomi.younggren2@us.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 section/question not 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"/> The concern/reason for referral is stated in descriptive terms. <input type="checkbox"/> Documentation includes what the family wishes/thinks the child should do.		<input type="checkbox"/> All items from response option 2 are checked. <input type="checkbox"/> Concern/reason for referral includes a functional example/s of what is happening now.
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"/> <i>No</i> 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"/> All applicable information sections are completed & legible. Initial IFSPs: <input type="checkbox"/> Date of screening is referenced in this section <u>or</u> reason for not screening is described. 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 vision/hearing questions answered 'yes' <u>or</u> responses are <i>no</i> . If screened: <input type="checkbox"/> Screening includes functional examples (reported or observed) of the child's strengths. <input type="checkbox"/> Screening includes functional examples (reported/observed) of the child's needs (if any).
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 section/question <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 & <i>not</i> 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

- Methods & Evaluation Results** are completely documented including methods, general observations, instrument/s names, date/s, & results.

0 Unacceptable	1	2 Getting There	3	4 Best Practice
<input type="checkbox"/> One or more section/question <i>not</i> completed or illegible.		<input type="checkbox"/> All sections (methods & procedures, general observations, test name, date, results) are complete & legible. <input type="checkbox"/> All areas of development were assessed/addressed.		<input type="checkbox"/> All items from response option 2 are checked. <input type="checkbox"/> General observations provide a descriptive picture of the evaluation situation. <input type="checkbox"/> Test scores reported in standard deviation (or percentage of delay for criterion-referenced tools).
Comments:				

- **Summary** synthesizes information gathered including the child's functional strengths & needs & the family's concerns. Eligibility status is completed.

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"/> Recommendations include only a list of failed evaluation items. <input type="checkbox"/> Technical jargon is used & not defined. <input type="checkbox"/> Eligibility is not consistent with evaluation results & DOD criteria. <input type="checkbox"/> Multidisciplinary team involvement is not evident.		<input type="checkbox"/> Parents' initial concerns are addressed. <input type="checkbox"/> Summary synthesizes information gathered to this point in the process. <input type="checkbox"/> Jargon is <i>not</i> used or is clearly defined. <input type="checkbox"/> No specific therapy services included. <input type="checkbox"/> No nonfunctional (out of context) recommendations are included. <input type="checkbox"/> Multidisciplinary team involvement is evident. <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"/> Child's strengths are functional & documented beyond stating broad developmental domains. <input type="checkbox"/> Child's needs are functional & documented beyond stating broad developmental domains. <input type="checkbox"/> If eligible, summary includes reference to next steps, including an RBI to help identify family concerns & desires. As applicable <input type="checkbox"/> Names of other contributors are listed.

Comments:

6. Family & Child Strengths & Resources

- With concurrence of the family, family & child strengths, & resource information includes the people/agencies who are important to the child & family as well as child strengths/interests, & enjoyable family activities.

0 Unacceptable	1	2 Getting There	3	4 Best Practice
<input type="checkbox"/> One or more section/question <i>not</i> completed or illegible. <input type="checkbox"/> Family information only includes who lives at home or less. <input type="checkbox"/> Child/family interest information only includes single word reference to a particular toy/activity or less.		<input type="checkbox"/> All sections are completed & legible. <input type="checkbox"/> Information on family resources are documented, & include brief reference to resources beyond parents & child. <input type="checkbox"/> Documentation of child <u>or</u> family interests is descriptive (i.e., beyond single word reference to a toy or activity).		<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. <input type="checkbox"/> Child interests include a brief description of what the child is good at and likes to do. <input type="checkbox"/> Activities the family enjoys are included.

Comments:

7. Functional Abilities, Strengths, and Needs

- **Present levels of development** include developmental & functional information related to the child's strengths & needs (if any) for all five domains. Information is presented in a family-friendly manner, includes authentic assessment, and is organized by three functional areas.

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"/> Information about all areas of development is <i>not</i> evident. <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 functional areas are 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/community routines/activities. <input type="checkbox"/> Information includes parent report.		<input type="checkbox"/> All items from response option 2 are checked. <input type="checkbox"/> The child's functional abilities, strengths, and needs are integrated and described using the three functional areas. <input type="checkbox"/> Assessment information is clearly gathered from more than one source (e.g. observation, testing, natural observation, caregiver report...).

Comments:

8. Family Concerns & Priorities

- Family concerns & priorities derived from the RBI and IFSP process are included, address what's happening now, & are cross-referenced with IFSP outcomes.

0 Unacceptable	1	2 Getting There	3	4 Best Practice
<input type="checkbox"/> Family priorities and concerns <i>derived from the routines-based interview</i> are not included. <input type="checkbox"/> Concerns are identified as services or nonfunctional tasks. <input type="checkbox"/> Family concerns are documented as a developmental domain, stated too broadly &/or are not understandable.		<input type="checkbox"/> Family concerns derived from the assessment and routines-based interview process are listed. <input type="checkbox"/> Concerns are prioritized. <input type="checkbox"/> Concerns are written in family-friendly language. <input type="checkbox"/> Concerns/desires are mutually understandable.		<input type="checkbox"/> All items from response option 2 are checked. <input type="checkbox"/> All concerns are cross-referenced with IFSP outcomes. <input type="checkbox"/> All concerns are described functionally. <input type="checkbox"/> All concerns include a description of what is happening now in specific and observable terms. <input type="checkbox"/> Descriptions include information about present skills/behaviors beyond stating the absence of the desired skill/behavior.

Comments:

AREA 3: Outcomes

OUTCOME NUMBER: _____ (Use a separate page for each outcome included in the IFSP)

9. Outcomes

OUTCOME: Outcome is understandable, observable, functional, & linked to family concern. Child 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 technical jargon. <input type="checkbox"/> It is not linked to family concern. <input type="checkbox"/> It is not developmentally appropriate or realistically achievable. <input type="checkbox"/> It has little or no relationship to family concerns & priorities.		<input type="checkbox"/> Outcome is written in family-friendly language. <input type="checkbox"/> It is linked to family concern and addresses only one issue. <input type="checkbox"/> Outcome answers 2 of the 3 following: <ul style="list-style-type: none"> What would the family like to see happen (e.g., child will...by...; parents will...)? Where, when, &/or with whom should it occur? What will be better (e.g., so that, in order to, to, will participate in...)? 		<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 or to meet the family's desires. <input type="checkbox"/> Outcome answers all 3 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? What will be better?

Comments:

STRATEGIES: Strategies are linked to the outcome, understandable, build on child & family interests & routines/activities, specify who will do what, encourage repetition & practice in meaningful situations and reinforce natural learning opportunities.

0 Unacceptable	1	2 Getting There	3	4 Best Practice
<input type="checkbox"/> Strategies are not linked to the outcome. <input type="checkbox"/> Technical jargon is used and not defined. <input type="checkbox"/> Are written so generally that they could appear on any IFSP. <input type="checkbox"/> Only reflect what professionals will do with the child.		<input type="checkbox"/> All strategies linked to the outcome. <input type="checkbox"/> All strategies are written so they can be easily understood & implemented. <input type="checkbox"/> All strategies include who will do what identifying parents/caregivers as partners/agents/recipients. <input type="checkbox"/> As a general rule, 2 to 4 strategies are included for each outcome.		<input type="checkbox"/> All items from response option 2 are checked. <input type="checkbox"/> Strategies reflect child or family interests, routines, or activities. <input type="checkbox"/> Begin with consideration of what is currently happening/working. <input type="checkbox"/> Are developmentally appropriate and worded positively. <input type="checkbox"/> Are not an exhausted list of everything to try.

Comments:

CRITERIA: Criterion represents a functional measure of achievement of the outcome. Criteria address function, context, & measurement.

0 Unacceptable	1	2 Getting There	3	4 Best Practice
<input type="checkbox"/> Criterion is 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"/> Criterion is functional. <input type="checkbox"/> Criterion is a measure of achievement of the outcome. <input type="checkbox"/> Criterion 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 <i>it</i> occur(context)? When or how often will <i>it</i> occur (conditions - by frequency, duration, date, distance, measure)? 		<input type="checkbox"/> All items from response option 2 are checked. <input type="checkbox"/> Criterion incorporates child & family interests/routines/activities. <input type="checkbox"/> Criterion answers all 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 <i>it</i> occur (context)? When or how often will <i>it</i> occur (conditions - by frequency, duration, date, 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 three review options is indicated with a date. <input type="checkbox"/> One of the three status options is indicated with a date.		<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"/> Transition is not addressed. <input type="checkbox"/> A transition plan for a child 2 years 6 months or older is not included.		<input type="checkbox"/> Upcoming transition (within 6 months) is addressed. As applicable: <input type="checkbox"/> Transition reflects transition options for the child (i.e., other types of transition beyond transition at three). <input type="checkbox"/> A transition plan is developed if child is 2 years 6 months or older.		<input type="checkbox"/> All applicable items from response option 2 are checked. <input type="checkbox"/> Transition is addressed, even if no upcoming transition is anticipated. If no transition is anticipated that is stated. As applicable: A detailed transition plan is documented if child is 2 years 6 months or older. The plan includes: <input type="checkbox"/> Discussion with parents about possible options. <input type="checkbox"/> Who will do what. <input type="checkbox"/> Other activities specific to the child/family.

Comments:

11. Other Services

- Transportation & assistive technology equipment needs are addressed.

0 Unacceptable	1	2 Getting There	3	4 Best Practice
<input type="checkbox"/> Either transportation or assistive technology (AT) equipment needs are not addressed even if it is to document none at this time.		<input type="checkbox"/> Transportation is addressed. If such services are not needed it is documented accordingly. <input type="checkbox"/> AT equipment needs are addressed. If AT is not needed it is documented accordingly. As applicable: <input type="checkbox"/> Documentation includes what transportation &/or AT equipment is needed.		<input type="checkbox"/> All applicable items from response option 2 are checked.** As applicable: <input type="checkbox"/> Documentation includes what transportation &/or AT equipment is needed & how the transportation &/or AT will be arranged, accessed, or provided. <input type="checkbox"/> AT equipment (low tech &/or high tech) needs, including any identified in outcomes or strategies, are documented in this section.

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"/> Support services that the ongoing service coordinator will help the family access are documented. <input type="checkbox"/> Support services the family currently uses are documented.		<input type="checkbox"/> All applicable items from response option 2 are checked.** As applicable: <input type="checkbox"/> Specifics regarding how the service/s will be accessed is delineated (i.e., who will do what). <input type="checkbox"/> Support services the family currently uses are documented and include reference to frequency.

Comments:

13. Services

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

0 Unacceptable	1	2 Getting There	3	4 Best Practice
<input type="checkbox"/> One or more section/question <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 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 all completed. <input type="checkbox"/> All sections noted above are 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. Early intervention 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 service cannot be provided in a natural environment based on the individual needs of the child. <input type="checkbox"/> How the intervention will be generalized into the child's & family's routines & activities <input type="checkbox"/> Plan for moving intervention out of the non-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"/> Signatures not included or only 1 EDIS team member identified.				<input type="checkbox"/> All required documentation sections are completed & accurate. <input type="checkbox"/> Multidisciplinary team involvement is evident. <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)

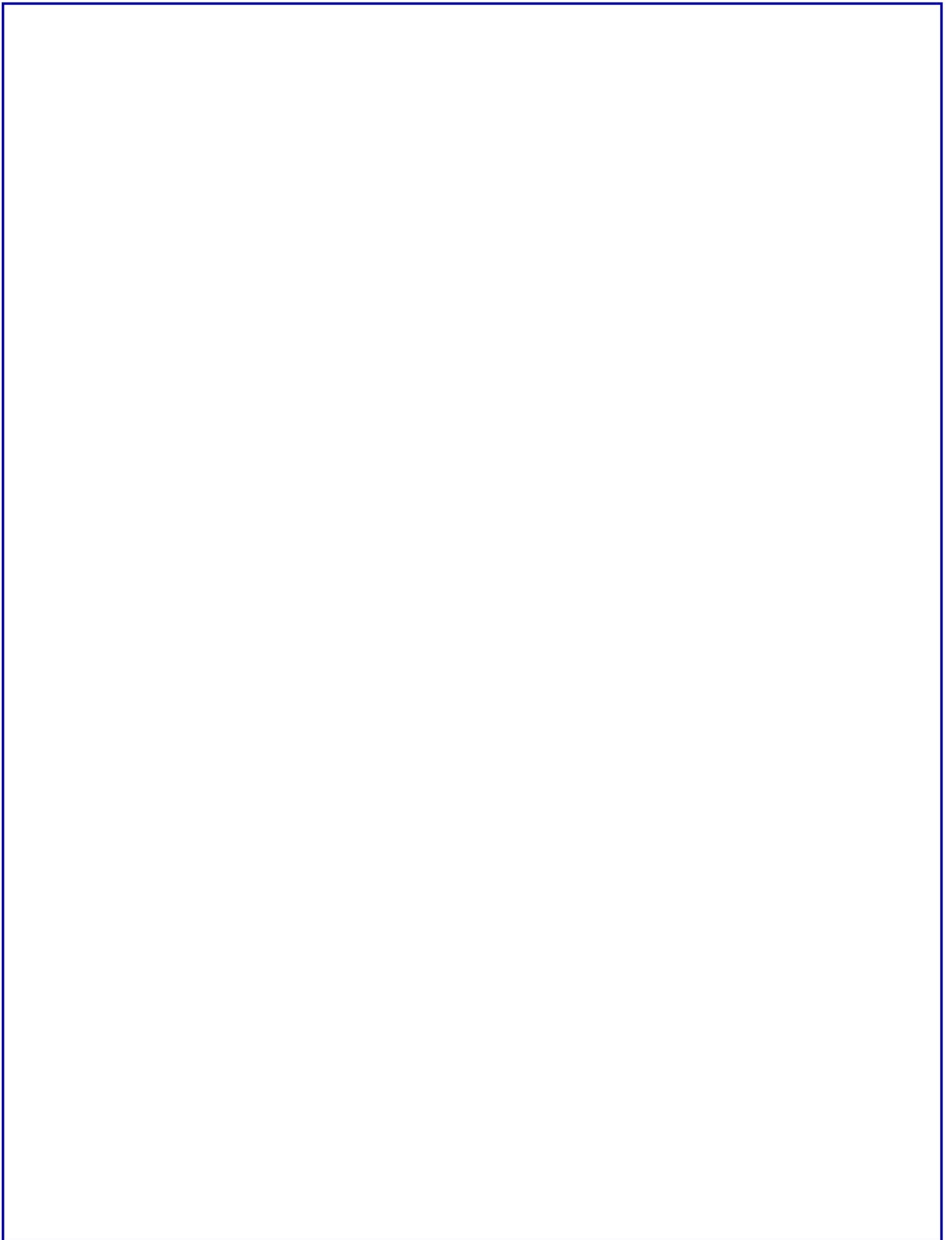
	0 Unacceptable	1	2 Getting There	3	4 Best Practice
	___/6	___/6	___/6	___/6	___/6
%					

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

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

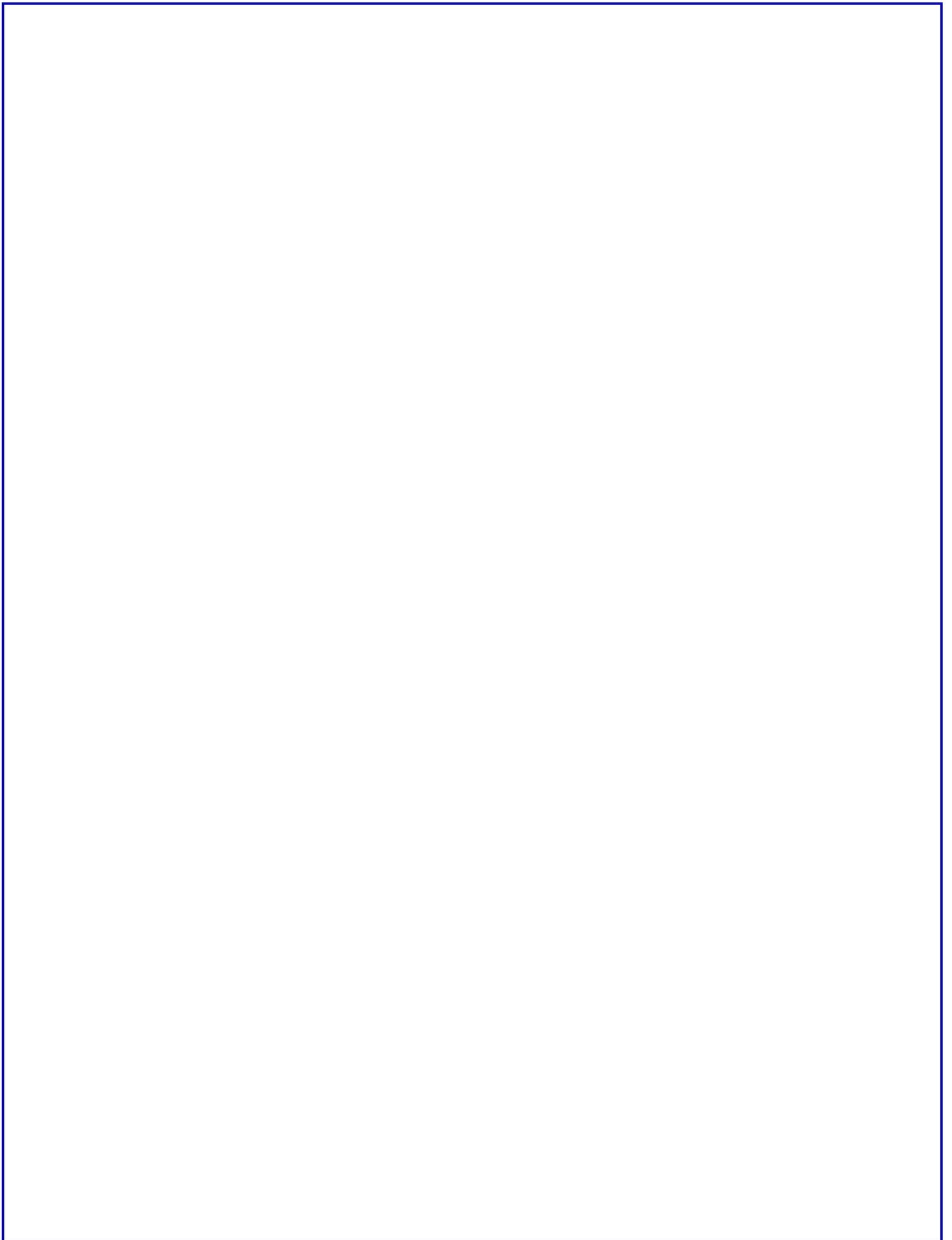
AREA 4: Services (sections 10 - 14)

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



APPENDIX 2

IFSP-PD Quick Instructions





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

Quick Instructions for Completion

- *“Permission to Screen/Evaluate” must be completed before any screening/evaluation. “Notice of Proposed Action” must be given for all steps after screening. Complete one “Notice of Proposed Action” Form 759 to give notification of the whole process.*
- *Enter your EDIS location (e.g., Fort Knox, Ky; Heidelberg, Germany) under the title at EDIS Location.*
- *Check the box indicating the final step completed in this process: screening, evaluation, IFSP. Be sure that at the end of the process, the family has one complete stapled document that includes all the sections checked on the front.*
- *At the top of each following page enter the child’s name.*
-  *Annual re-evaluation provides information specific for annual re-evaluations.*

1. General Information:

-  *Annual re-evaluation: complete all general information for initial and annual evaluations.*
- Child’s Name: *Enter child’s name - First, Middle, Last. Include child’s nickname in parenthesis as appropriate. Check the box to indicate sex.*
- Date of Birth: *Enter date as DDMMMYYYY*
- Age: *Enter child’s chronological age at the time of referral*
- Gestational Age: *As appropriate, enter the week at which the child was born for a child born at or before 36 weeks gestation. State full term or not applicable if not applicable.*
- Parents/Guardians: *Enter first and last name of the parent(s).*
- Initial Referral: – Referral Date/Source: *For initial referrals only, enter the date the referral was received from the family or MTF. If the referral is received on a weekend or holiday (via CHCS/Fax/answering machine...) the referral date is the first subsequent working day. If the family makes contact but the child is unavailable, enter the date that the family re-contacts to report that the child is available. Enter the individual/agency who actually contacted EDIS to make the referral.*

- Annual Re-evaluation: Check the box to identify that this is an annual re-evaluation. No further information is needed in this box.
- When did you arrive at this duty station?: Enter the date/approximate date the family arrived at their present duty station. Another way to ask this question is how long has the family been in this area?
- Expected departure from this duty station/ location?: Enter the date the family is expected to depart from their present duty station. If this is not known state “unknown.”
- Service Coordinator: Enter the name of the person identified to coordinate the intake through IFSP process for this family or the on-going service coordinator’s name for annual re-evaluations.
- Please describe your expectations for your involvement in early intervention: This question is intended to reinforce the importance of collaboration and to open a discussion about the family-centered, parent-coaching approach to early intervention. It is important that the family and providers understand each other’s expectations for early intervention.
- What is the best way to share information with you?: The answer to this question provides insight into possible barriers to learning. Further it informs early intervention about the best means to share information with the family throughout their time in the program.

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 would like your child to be doing.: The purposes of these questions are to learn about the family’s concerns, begin to gather information about the child’s current functioning and understand the questions they may have. This information will be important to the rest of the process.

 Annual re-evaluation: State the length of time the family has been in the program, the focus of intervention, the support and services provided, and the parents’ current concerns.

3. Screening:

Vision & Hearing Screening

 Annual re-evaluation: Complete functional vision and hearing at annual re-evaluation.

- **Functional Vision Screening:** Enter a “y” or “n” next to each skill to indicate if the child demonstrates the skill (“y”) or does not demonstrate the skill (“n”). If there is a significant family history of vision impairment, briefly describe it. If there are questions/concerns about the child’s vision briefly describe them. If recent vision screening/evaluation was conducted indicate the date and results of that screening/evaluation. Complete this box prior to all developmental screening and/or initial and annual evaluation.
- **Functional Hearing Screening:** Enter a “y” or “n” next to each skill to indicate if the child demonstrates the skill (“y”) or does not demonstrate the skill (“n”). If there is a history of hearing loss or questions/concerns about the child’s hearing briefly describe them. If recent hearing screening/evaluation was conducted indicate the date and results. Complete this box prior to all developmental screening and/or initial and annual evaluation.

Developmental Screening

- **Date:** Enter the date that this screening section of the IFSP-PD was completed. If an earlier screening was conducted it may be used and should be referenced in this section. Enter date as DD/MMM/YYYY.

 **Annual re-evaluation:** For annual re-evaluations, check the box and leave the rest of the section blank.

- **Screening Instrument, Observations and Results:** Describe the screening activity and the results. If the referral is a result of a recent screening (e.g., mass child find screening, well-baby clinic screening...) indicate the date the screening occurred and the results that led to this referral. If EDIS conducts screening subsequent to the referral, describe the screening activity, observations, and results of the screening. If EDIS receives the referral and goes straight to evaluation indicate that decision. As appropriate identify any screening instruments that were used including the age range of the instrument. Check the box indicating that an evaluation is or is not needed and give recommendations as appropriate (e.g., who might be included in the evaluation, best times/locations for the evaluation, how the family will be involved. If rescreening is indicated, check the box and give the date/timeframe.
- **Screeners Signature/s:** The EDIS provider completing the developmental screening with the family signs here. If screening was not conducted (i.e., was completed previously or the decision was made to go straight to evaluation) the ongoing service coordinator or person making this decision with the family signs here. The parents also sign the document.

- *If further evaluation is not needed the process ends and the document includes only screening information. Check the screening box at the top of the IFSP-PD indicating that the document only contains screening information. Give a copy to the parents.*

4. Health Information

- Where do you take your child for health care?: *Enter the location/s.*
 - Who is your child's primary care manager/provider?: *This information should come from the parent. Note that the person the child sees most often may not be the primary care manager. If this is the case, both names should be noted, if they are known*
 - Child's current health: *Write the complete date and the result of the physical completed within the last 6 months. An illness-related visit will not suffice as a recent physical. If the child has not had a well child check or physical within the past 6 months refer the child for a physical examination noting any area/s of concern.*
 - Other health information relevant to the referral: *Describe circumstances associated with the child's health. This may include reference to the birth being normal/typical, if there were no unique birth related circumstances. Pertinent developmental milestones should be noted. Children with more complex health issues may have more detailed histories. However, this need not be a lengthy description of the child's overall history of development and health. Instead only include information pertinent to the referral, evaluation and services. Include major developmental milestones.*
-  Annual re-evaluation: *Note pertinent information and review history for the last 12 months. Always include the date and result of the physical completed within the last 6 months, as above.*
- Are there any questions about Pain, Dental, Nutrition, Sleeping, Behavior?: *Answer the questions by checking the appropriate box. If there are concerns related to the any of the issues describe them and address them. If the concerns warrant referral indicate that in "Medical Referrals" at the end of section 4 "Health Information."*
 - How does your child express pain?: *Describe what the child does to express pain. This may lead to further inquiry about what works to consol the child.*
 - Is there any family health history or mental health information that would be useful for us to know?: *This may include family history of special education, hearing loss, speech therapy for parents or siblings, mental health issues of parents or siblings etc.*
 - The team recommends the following referrals be discussed with the PCM/provider: *Report any related outstanding referrals already in place and any referrals that the team*

deems necessary. Parents must be clearly informed that they contact their PCM to review the need for and initiate medical referrals as applicable.

5. Developmental Evaluation and Eligibility Status

 **Annual re-evaluation:** Standardized evaluation is not a required component of annual re-evaluations unless there is question about the child's continued eligibility or if standardized evaluation is needed for transition purposes. Criterion-referenced measures and report of age ranges is sufficient for annual re-evaluations.

- **Methods and Procedures:** Check all of the boxes that apply.
- **General Observations:** Describe anything of significance that clarifies the outcome of the evaluation and informs future planning for services. The child's health status at the time of evaluation should be reported along with the need for and use of a hearing aide or glasses, any special arrangements or adaptations, parents' opinion of the validity of responses and their involvement in the evaluation. Other items of interest include, but are not limited to the child's response to the evaluation setting and activities, preference in testing items (e.g. objects vs. pictures), attention to activities, activity level, interaction with others, ability to transition between activities, warm-up time, spontaneity of skill demonstration, and compensatory strategies
- **Results:** Include the name of the instrument, spelled out the first time, scores stated as standard deviation, and enter date of testing.
- **Summary:** Use this section to re-state and address the family's concerns/questions using information discovered through the evaluation/assessment process. This is a summary of the information gathered and needed to assist with eligibility determination.
- **Eligibility Status:** Check the box to indicate if the child is eligible (initial eligibility); continues to be eligible (re-evaluation); or is not eligible.
- Complete the MEDCOM "Report of Eligibility" for initial eligibility determination and if the status of eligibility changes (i.e., from biological risk to developmental delay or improvement so that the child is no longer eligible). The "Report of Eligibility" is not completed for annual re-evaluations when there is not a change in eligibility status.
- **Signatures:** Print names, then sign. Specify discipline, family membership or relationship to family. Names of others who provided information, for instance day care staff or FCC providers should be listed. Their signatures are not necessary.

6 Family and Child Strengths and Resources

- *The initial paragraph provides a sample explanation to parents. This should not be new information for them as it should have been part of the initial information. While this is only a suggestion of what to say, a review of why the following questions are being asked should take place before addressing them.*
- *Please tell me a little about your family: This information provides insight into the family supports and addresses the IFSP question of “child and family strengths and resources.” Keep in mind that the information families choose to share is voluntary. This space can also be used to develop an eco-map (see handbook).*
- *What is your child really good at? What does your child like to do?: These questions yield information about the child’s strengths and interests from the perspective of those who know the child best, the parents. Understanding the child’s interests, strengths, preferences, and talents is equally important to understanding the family’s concerns/questions about their child’s development. This asset- based perspective enables EDIS to understand the child’s strengths and interests, which are key to functional, support- based intervention.*
- *What do you and your child enjoy doing or consider fun parts of the day?: If a child and family are having fun doing something, they are more likely to stick with it and learn from it. This information should provide the team a better understanding about the kind of activities that are enjoyable and reinforcing and therefore possible activities for embedding strategies.*
- *Are there any questions/concerns you have for your family regarding childcare, transportation, finance, safety etc? Please tell me about work, or any current/pending deployments or events that may impact your family: Family concerns influence children’s development and parents’ abilities to meet the needs of their children. The intent is not to pry, but to understand challenges the family may be facing so that we can extend responsive support and assist by connecting them with other support agencies that might be needed. The examples of possible concerns can be specifically shared with the family. If they have no concerns or choose not to share, indicate no concerns at this time. It is not unusual for EDIS to become involved with a family just as they are going through transition themselves. Learning about these activities is important to ensure responsive support and services. This information is also important for planning the evaluation and working with the family.*
- *Is there anything about your cultural or spiritual beliefs that would be good for us to know in working with your family?: This question provides the family an opportunity to share any other information that they believe is pertinent to their involvement with early*

intervention. It is important to ensuring family-centered intervention and understanding the child in the context of the family.

Family and Child Routines & Activities Worksheet

This worksheet is used to document the RBI. The RBI is an integral part of the IFSP process, but the worksheet is not included as part of the finalized IFSP document. Rather it is filed in the protocol section of the EDIS record (section 5).

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

Developmental Information: *Information about the child's present levels of development is necessary to facilitate a shared understanding of the child's interests, strengths, and needs. Written descriptions should not be a reiteration of the test protocol but provide a picture of the child's skills and functional abilities within naturally occurring routines and activities. They are based on information from evaluation, observation of spontaneous behaviors, report from the people who know the child best, and the RBI.*

Because functional behaviors represent integrated skills across domains, functional areas rather than the five domains of development now organize the IFSP present levels of development.

The following three functional areas represent the organizational structure for documenting the IFSP functional abilities, strengths, and needs. These correspond with the three Outcomes being measured in early intervention programs across the nation.

Functional Areas

- 1. Social-Emotional Skills including Social Relationships*
- 2. Acquiring and Using Knowledge and Skills*
- 3. Taking Action to Meet Needs.*

 *Annual re-evaluation: Include an update of present levels of development however this does not require administration of standardized instruments. The means of gathering the information includes ongoing assessment during intervention sessions.*

8. Family Concerns and Priorities

- Priority: Use this column for the family to prioritize the desires/concerns listed in the next column. This column is completed after the list of priorities is documented from the RBI process.
- Desires/Concerns: From the RBI list the desires/concerns that the family identified.

- What's happening now?: For each desire/concern, briefly describe what is happening now rather than what is not happening. For example, *Bobby uses grunts and points to tell what he wants* instead of *Bobby is not using words to communicate*.
- Outcome: In this column, cross-reference the desire/concern with the IFSP outcome. For example, priority one is outcome one, priority two is outcome two, priority three is outcome three, and so on.

9. IFSP Outcomes

- *Number the pages at the bottom continuing from the previous sections of the IFSP-PD.*
- *At the top of the page enter the child's full name. Include one outcome per page. Indicate if this is an initial/annual or addition to a prior outcome. Check the appropriate box. If it is an addition indicate the date.*
- Outcome: *Enter the family's outcomes.*
- Strategies to Reach the Outcome: *Describe the plan of action the family and EDIS personnel and others (as appropriate) have agreed upon to reach the outcome. Strategies include statements about who (parents or title of individual, e.g., early intervention provider, service coordinator) will do what and when. Include particular routine/s in which the strategy will be embedded.*
- Achievement of the Outcome
 - Criteria: *Describe what constitutes achievement of the desired outcome. This criterion should be specific enough to measure the progress.*
 - Procedures: *Describe how progress will be measured (e.g., observation, parent report, ongoing assessment, etc).*
 - Timeline: *Indicate when the outcome will be reviewed. Progress may need to be reviewed more frequently, but must be reviewed at least 6 months into the IFSP. The timeline(s) are entered in terms of months (e.g., in 6 months; in 3 and 6 months) and/or the date(s) of review (MMMYYYY).*

Outcome Review: *This section includes categories for rating the outcome achievement ("no change," "making progress" and "met") and for noting outcome status ("continue," "discontinue" or "modify"). More than one date can be included on each progress and status line as needed.*

10. Transition

- *Complete the transition section for all IFSPs. If a transition plan is not necessary, indicate that there is no anticipated transition at this time.*
- Date Transition Plan was Developed: Enter date as DDMMYYYY
- Initial/Annual Addition Revision: Check the appropriate box.
- Type of Transition: Describe the family's anticipated transition (e.g., family PCS to Germany, to preschool services).
- Anticipated Date of Transition: Enter date as MMMYYYY
- Steps to be taken to support the transition: List the steps required to support the transition, including who (parent or title of individual e.g., service coordinator) will do what by when. Steps for all transitions out of the program because of age should include a discussion of the options available.

11. Other Services

- Transportation: Check this box if transportation is required. Specify transportation arrangements or strategies for securing the required transportation. Otherwise state that transportation is not needed.
- Assistive Technology: List equipment that must be specially procured to meet the unique need of the child, regardless of source of funding, e.g., Tri-Care, local fund sources, or state that no AT is needed at this time.

12. Support Services

- List services that the Service Coordinator will assist the family in accessing. This includes services such as WIC, NPESP, child development programs, etc.

13. Services

- Service: Enter the type of service to be provided. Do not abbreviate. Use IDEA terminology that is also included in SNPMIS.
- Provided by: Enter the discipline (not the person's name) of the provider delivering the service. Use IDEA terminology that is also included in SNPMIS.
- Outcomes: Enter the outcome number(s) that will be addressed by that service.

- Initial/ Annual Addition: Check the appropriate box. All additions and changes must be entered on a new services page. Do not enter new services or changes to services on the original IFSP service sheet, even if there is room to do so.
- Service Delivery Models: Check only one service delivery model box.
 - Individual: Services provided to a single child.
 - Consultation: Information shared between professionals.
 - Group: Services provided to two or more children at one time.
 - Monitor: Periodic services provided.
- Frequency: Enter how often the provider will deliver the service in terms of number of sessions per week, month, year (e.g., 1 time per week, 2 times per month, 4 times per year). Enter the minimum number of sessions provided based on Service policy & agreed upon by the family.
- Intensity: Enter the time per session in minutes.
- Location: Enter the location of services corresponding with the service delivery model.
- Start Date: DDMMYYYY
- End Date: Enter the projected end date (DDMMYYYY) of the service delivery model. The projected end date is the date the providing EDIS expects this model of service to end, whether or not the family moves.
- Discontinued Date: If the service delivery model is discontinued prior to the projected end date, enter the actual date the service delivery model ended. When there is a change in the child's service the Review/Change Form must be completed and the discontinued date entered here if the child is discharged from EDIS the Discontinued Date is not entered.
- Additional information: Enter justification if services are not provided in the natural environment. Use this section whenever further clarification is needed to describe any aspect of service provision, such as co-visits that will take place.
- Any time a service is added or changed, the Review/Change form must be completed and a new services page added. Attach the added services pages to the back of the Review/Change form and include those documents behind the IFSP. The date of the Review/Change is entered on signature page of the original IFSP-PD.

14. IFSP Agreement

- Initial Annual: Check the box to indicate if this is an initial or annual IFSP. A new IFSP developed prior to the annual review date is considered an annual IFSP

- Date IFSP Developed: Enter the date as *DDMMMYYYY*
- Projected Review Date: Enter the date (*DDMMMYYYY*) of the 6-month review.
- Service Coordinator: Enter the name of the identified ongoing service coordinator.
- Next Service Plan Date: Enter the date *DDMMMYYYY*

IFSP Team Members and Signatures

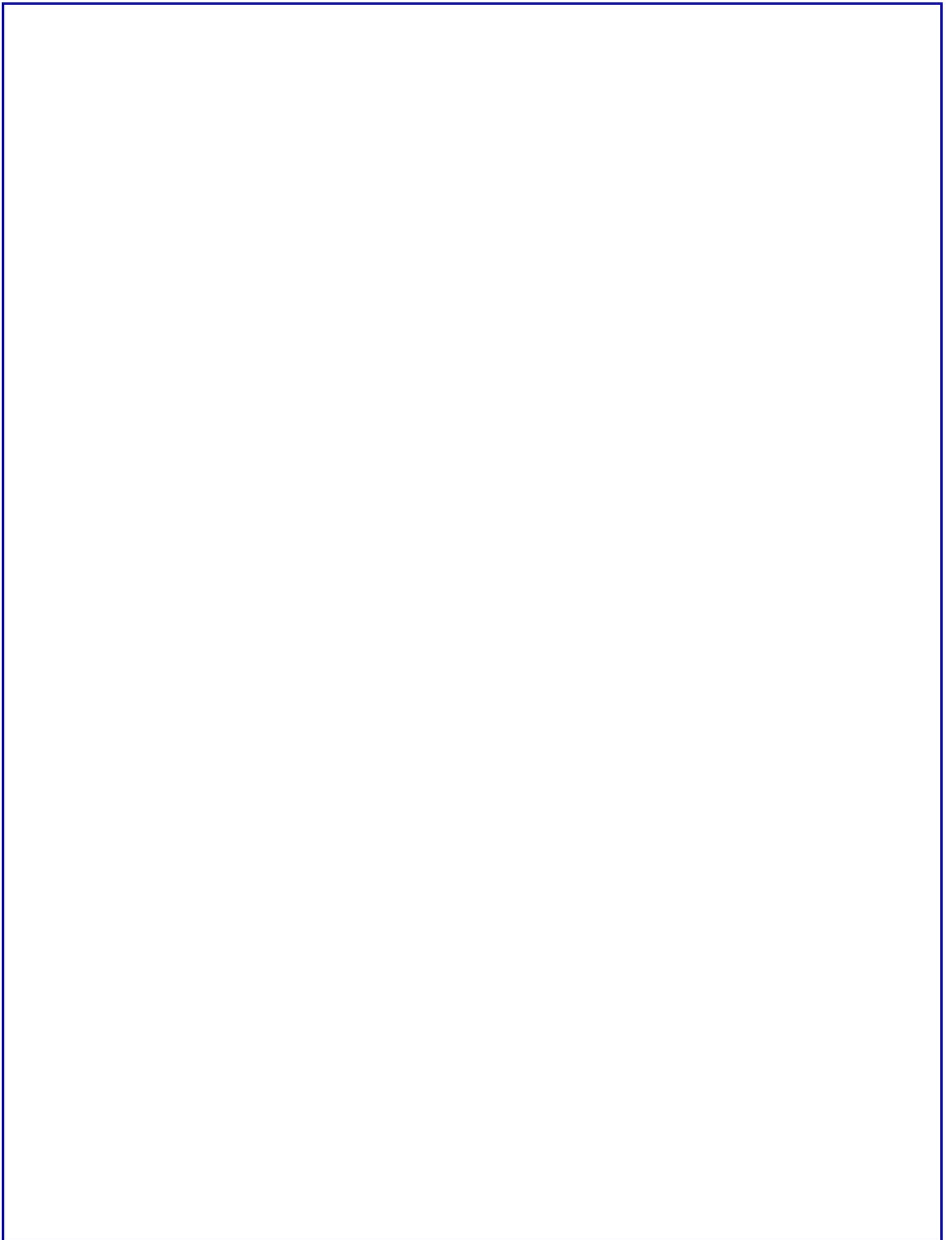
- Attendee's Name: Print the names of all persons in attendance at the IFSP meeting.
- Specialty/Relationship to Child: Enter the discipline or relationship to the child.
- Signature: Signature here indicates attendance not approval or concurrence with the IFSP.
- Other Contributors Not Present: List other person(s) who contributed to the development of IFSP, but were unable to attend the meeting.

Parent Statement

- After discussing Procedural Safeguards and Due Process Procedures, providing parent(s) a copy of their Procedural Safeguards and Due Process Procedures and answering questions, ask parent(s) to mark "Yes" or "No" as appropriate on each of the four statements.
- Parent(s)/Guardian Signature: Sign and date upon completion of the IFSP.

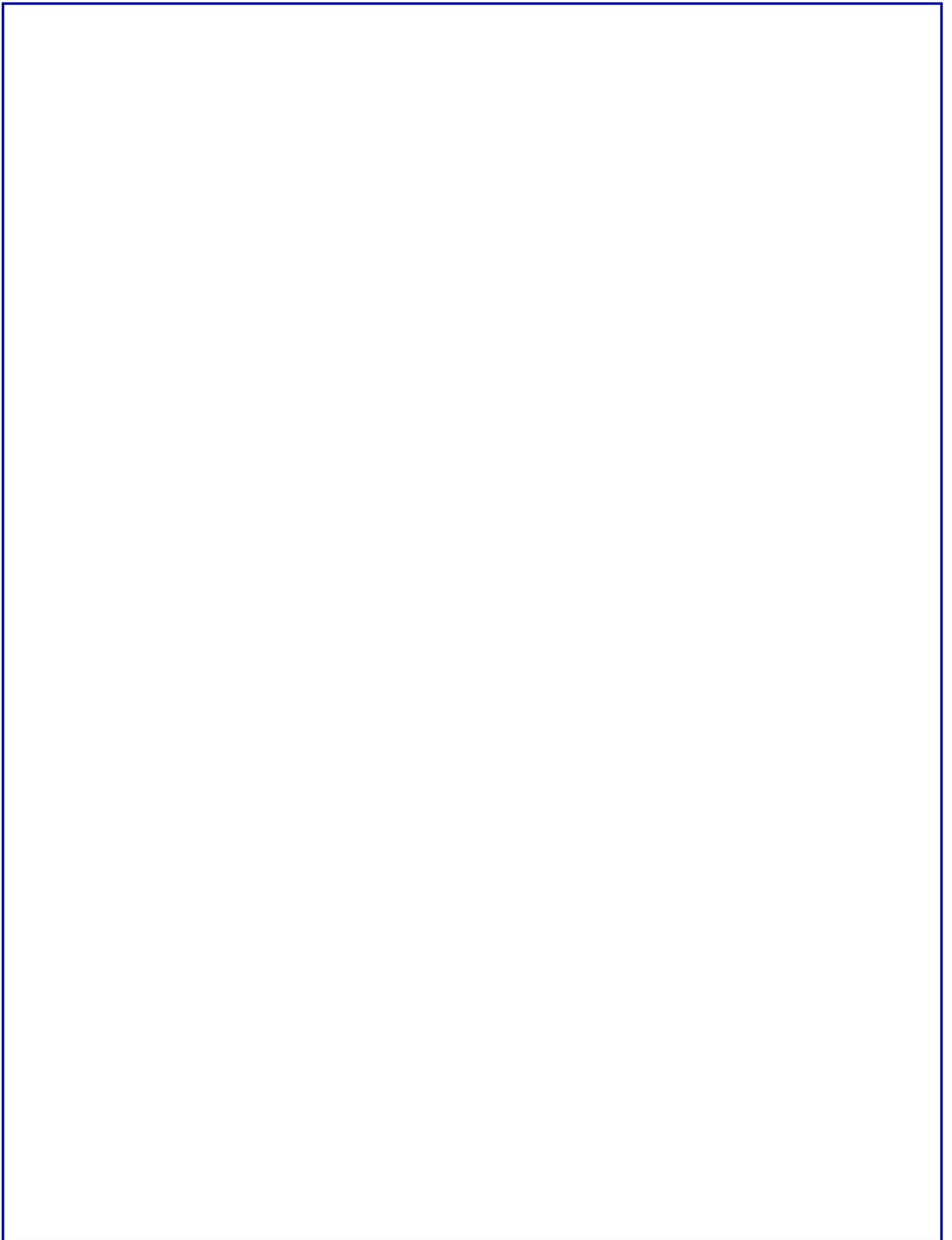
IFSP Review/Change Dates

- Enter the date(s) of each review/change. This date must coincide with the date entered on the IFSP Review/Change form. Any time there is a review or change of the IFSP, the IFSP Review/Change form must be completed and the date must be entered here.



APPENDIX 3

Sample Completed IFSP-PD





- Screening Only**
(sections 1-3) 5 Jun 2009
Date
- Evaluation Only**
(sections 1-5) 19 Jun 2009
Date
- Full IFSP**
(sections 1-14) 9 Jul 2009
Date

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

Educational and Developmental Intervention Services
Early Intervention Services
EDIS Location: Kinderville

For use of this form see, MEDCOM Reg 40-53; the proponent agency is MCHO-CL-H

1. General Information

Child's name: Boy Girl Date of Birth: 1 May 2007 Age: 25 mo. Gestational Age: full term
Hannah Haupt

Parents/Guardians Name: Ken and Heidi Haupt

Initial Referral Date: 2 Jun 2009 Annual re-evaluation

Referral Source: Pediatrics Well-Baby Clinic

When did you arrive at this duty station? January 2008 Expected departure from this duty station? January 2011

Service Coordinator (initial ongoing): Jenna Warren

Early Intervention recognizes that parents know their child best. We value your input and will include you in every step.

Please describe your expectations for your involvement in early intervention.

Parents want to know if Hannah is behind in her development and what they can do to help her. They are interested in being involved every step of the way.

What is the best way for Early Intervention to share information with you? (written, demonstration, discussion, etc)

Best ways to provide information are by discussion and demonstration as needed. Sharing information by email is also good.

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 would like your child to be doing.

Hannah is not talking very much. She makes sounds, tries to talk, and points a lot. Sometimes it becomes a game, but it is also how she tells people she wants something. Hannah also moves others (her parent) to things she wants, by pushing or tugging on them. She has recently started tantruming when she can't get her way. Hannah is a very active little girl. She rarely sits and plays with toys, instead she likes to move about from one toy to another. She also likes to climb and be outside. Hannah is quite good at climbing and moving.

Hannah's parents would like her to use real words to talk and to play longer with toys. When Elle (Hannah's sister) was two they could carry on little conversations with her. Elle also liked to play pretend with her dolls and toys. The Haupts would like Hannah to learn more of the things Elle was able to do when she was two.

Child's Name: Hannah Haupt

3. Screening

Functional Vision & Hearing Screening:

<p>Does the child: (Y=yes; N=no; N/A=not applicable)</p> <p><input checked="" type="checkbox"/> Y Make eye contact with adults</p> <p><input checked="" type="checkbox"/> Y Follow a moving object with eyes</p> <p><input checked="" type="checkbox"/> Y Make eye contact with toys, tasks, or objects</p> <p><input checked="" type="checkbox"/> Y Hold objects at a normal distance (after 6 months)</p> <p><input checked="" type="checkbox"/> Y Look at people/things without crossing or squinting eyes</p> <p><input checked="" type="checkbox"/> Y Look at people and things without covering one eye</p> <p><input checked="" type="checkbox"/> Y Walk without frequently bumping into objects</p> <p><input checked="" type="checkbox"/> Y Walk smoothly across shadows that look different</p> <p><input checked="" type="checkbox"/> Y Have eyes that are clear and not red or watery</p> <p><input type="checkbox"/> Is there a family history of vision impairment? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (explain)</p> <hr/> <p><input type="checkbox"/> Has your child had his/her vision checked before? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (explain)</p> <hr/> <p><input type="checkbox"/> Do you have questions/concerns about your child's vision? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (explain)</p>	<p>Does the child: (Y=yes; N=no; N/A=not applicable)</p> <p><input type="checkbox"/> n/a Raise eyebrows to sounds (bell, other noise) (until 4 months)</p> <p><input type="checkbox"/> n/a Startles to loud noises (until 6 months)</p> <p><input checked="" type="checkbox"/> Y Show awareness of noises, door knock, television, toys...</p> <p><input checked="" type="checkbox"/> Y Imitate sounds (after 1 year)</p> <p><input checked="" type="checkbox"/> Y Use a voice that is no too loud or too soft</p> <p><input checked="" type="checkbox"/> Y Listen to stories, records, CDs, or TV without difficulty</p> <p><input checked="" type="checkbox"/> Y Come to you when called from a distance (after 8 months)</p> <p><input type="checkbox"/> N Use some word endings "s" or "ing" (after 2 years)</p> <p><input type="checkbox"/> N Speak so most people can understand (after 2 ½ yrs.)</p> <p><input checked="" type="checkbox"/> Y Has history of ear infections</p> <p><input type="checkbox"/> Is there a family history of hearing loss? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (explain)</p> <hr/> <p><input type="checkbox"/> Has your child had his/her hearing checked before? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (explain)</p> <p>More than 5 ear infections treated with antibiotics.</p> <hr/> <p><input type="checkbox"/> Do you have questions/concerns about your child's hearing? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (explain)</p> <p>Always wonder when the next ear infection will come</p>
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Developmental Screening

Date: 5 Jun 2009

Annual re-evaluation – Developmental Screening not required.

Screening instrument, observations, and results

Hannah was screened today at home with her mother, Heidi. Hannah was very active during the screening. Heidi initiated most of the screening tasks, but Hannah was not interested and was more content moving about and periodically coming back to the screening activities. Hannah mostly points and gestures to get her needs met. She can point to a picture of dog in a simple book, but does not point to other pictures. She has about 5 words that her parents understand and that she uses fairly often. She seems to understand more, but needs clues to follow directions. Hannah can figure things out - like how to get something out of a small jar or climbing up to get something. When she plays, she flits from one thing to another rather than staying with a toy for a few minutes. The results of the 24 month Ages and Stages Questionnaire indicated possible delays in the areas of communication, personal/social, and cognitive/learning/play development. Parents are interested in further evaluation.

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

Parent/s Signature: Heidi Haupt

5 Jun 2009
Date

Screeener's Signature: Jenna Warren

5 Jun 2009
Date

Child's Name: Hannah Haupt

4 Health Information

Where do you take your child for health care?

Kinderville Clinic

Who is your child's primary care manager (PCM) or provider?

Dr Knows

Child's Current Health: Date and results of most recent well baby exam (refer if more than 6 months ago).

Hannah's most recent physical/well-baby exam was June 2009. Results indicated a well child. Hannah is reportedly a healthy child, but the doctor had concerns about her talking and made this referral to early intervention. Hannah's immunizations are now up to date.

Other health information relevant to the referral. For Example: diagnosis; prenatal complications; birth complications; weight gain concern; developmental milestones; illnesses; allergies/medications, frequent trips to the ER or clinic; other information.

Heidi reported no prenatal complications. Hannah was born via c-section one week early. She weighed 7 lbs and 02 oz. She is a picky eater, but is gaining weight.

Hannah broke her arm at 19 months by falling when she climbed up on the table. It has healed nicely and no follow-up is needed.

Aside from an occasional cold or runny nose Hannah is reportedly healthy and very active. She has no known allergies and is not on any medications. Her immunizations are up-to-date.

Hannah had her hearing checked again in May 09. At that time there were no concerns. Hannah's last ear infection was in March 09. Since birth Hannah has had 5 ear infections - all treated successfully with antibiotics. Heidi worries that this has impacted Hannah's speech development.

Hannah walked at 10 1/2 months and has been on the go ever since. She said mama and dada at about 13 months (not specifically).

Are there any questions/concerns about: Pain, Dental, Nutrition, Sleeping, Behavior (If yes please explain).

Pain your child may have? No Yes

How does your child express pain?

She cries - but does not tell where it hurts

Your child's eating/nutrition/growth? No Yes

Your child's oral/dental health? No Yes

Hannah is a picky eater - but she is growing

Your child's sleeping? No Yes

Your child's behavior? No Yes

She is difficult to get to bed

She tantrums when she can't get her way & bangs her head.

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

Ken had ADHD as a child. He was on medication through high school.

The team recommends the following referrals be discussed with the PCM/provider (describe who will do what):

None at this time.

5. Developmental Evaluation and Eligibility Status

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

General observations: Were special arrangements/adaptations needed? Child's health and behavior, etc.?

On the day of the evaluation visit at the family's home, Hannah was alert and in good health per parents' report. She warmed up quickly to the evaluation team and was excited to explore the toys the evaluators brought. Hannah moved from toy to toy fairly quickly, which her parents report is common. She appeared distracted by the toys and things around her and wanted to "flit" from one to another. Hannah showed a strong preference for toys over pictures. The assessment included observation outside.

Hannah is quite confident on the playground. She doesn't seem to fear anything, including swinging high and climbing up on the big slide. Heidi is concerned that Hannah will fall again. Getting Hannah to leave the playground was observed to be a bit of a struggle. Heidi had to put Hannah in her stroller and she cried the rest of the way home (1 block away). This is concerning for Heidi and Ken.

Child's Name: Hannah Haupt

Results		
Domains	Instruments, Dates & Results	
Adaptive/Self-help	Standard Score 75 (-1.66 SD)	19 June 2009 Developmental Assessment of Young Children (DAYC)
Social/Emotional	Standard Score 80 (-1.33 SD)	"
Communication	Standard Score 63 (-2.00 SD)	"
Physical Motor	Standard Score 90 (-0.67 SD)	"
Cognitive	Standard Score 80 (-1.33 SD)	"
Other		

Summary Address family concerns. Summarize information gathered to this point, include evaluation findings & information needed to assist with eligibility determination. Identify child strengths & needs. Describe next steps in the process & any major recommendations.

Hannah was referred to early intervention by the pediatrician at Kinderville Clinic due to concerns regarding her development, specifically her limited vocabulary. Her parents expressed concerns about Hannah's communication and her high activity level. Hannah points and gestures to let others know what she wants. She has approximately five words she uses regularly and is just beginning to imitate more words. In play, Hannah is very active. She spends limited time with a toy before moving on to another; this is worrisome for her parents. She plays with most toys in their intended manner, but continues to mouth toys and does not make believe with dolls or stuffed toys. The developmental evaluation confirms that Hannah is demonstrating delays in her development and is therefore eligible for early intervention services.

Hannah has many positive assets that will help her in learning. She warms up to new people quickly and enjoys playing alongside her peers. She is a happy little girl with lots of energy. Her parents and older sister talk with her often during the day which provides her good models for learning new words.

A Routines Based Interview (RBI) will be conducted with the family to better understand the Haupt's day-to-day activities so that outcomes the family would like to work on with early intervention can be identified and so the team can optimally identify and enhance Hannah's natural learning opportunities.

Eligibility Status: Complete MEDCOM Form 720 "Report of Eligibility" for initial eligibility determination and when eligibility status changes

Child's Name Hannah Haupt is is not continues to be eligible for early intervention services.

Signatures		
Printed name	Signature	Discipline/Family Role
Heidi Haupt	Heidi Haupt	Mother
Ken Haupt	Ken Haupt	Father
Susan Grieves	Susan Grieves	Speech Language Pathologist
Jenna Warren	Jenna Warren	Early Childhood Special Educator
Names of others who provided information included in this document		Discipline/Family Role

Child's Name: Hannah Haupt

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'd like to learn more about your family and the activities you and your child enjoy and any activities or routines that may be difficult. 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.)?

Hannah lives at home with her parents, older (7 yrs) sister, Elle, and labradoodle dog, Caleb.

Heidi talks often with her mother in Kentucky. Her mother runs an in-home day care and encouraged having Hannah evaluated. They Skype frequently. Heidi's mother is very involved and is a great resource for her. Heidi talks with her sister who also has children, but she is not as involved as Heidi's mother. Ken's parents are in Louisiana and they talk about once a month. Ken's parents are older and may be moving to an assisted living facility this fall. This is worrisome for Ken.

Heidi and Ken have a neighbor friend who was stationed at their last base with them. They have a new baby and a daughter about Elle's age. The girls regularly (about once a week) get together. Heidi has one other girlfriend she sometimes goes shopping with. Heidi and Ken have friends through Ken's work and they get together for dinner every once in a while. There is a lady in the neighborhood that Heidi and Ken have had watch the girls when they go out. She is a Family Child Care provider and does some evening babysitting.

Heidi has taken Hannah to the community playgroup once but it was too big and it was hard to keep track of Hannah. Heidi has considered hourly care at the CDC - but she is not yet registered.

- What is your child really good at? What does your child like to do (e.g., favorite toys, activities, people, places)?

Hannah is great at climbing and running and getting into things.

She loves to be outside. She likes riding in her stroller - provided it is moving.

- What do you and your child/family enjoy doing or consider fun parts of the day at home or in community?
 Are there things that you would like to do but are unable to?

Heidi and Hannah enjoy taking Caleb for a walk in the morning after Elle is in school.

As a family they enjoy going swimming and watching movies - these usually can happen on weekends. They'd love to go to the beach, but it is too far to drive.

- Are there any questions/concerns you have for your family regarding childcare, transportation, finance, safety, etc?
 Please tell me about work, or any current/pending deployments, or events that may affect your family.

Ken is scheduled to go to Iraq in November. He has been there before - this time he will go for 15 months, which is longer than before.

- Is there anything about your cultural or spiritual beliefs that would be good for us to know in working with your family?

Family prefers to use natural herbal medicines to the greatest extent possible.

You must also complete MEDCOM Form 721A, Family and Child Routines and Activities Worksheet.

Child's Name: Hannah Haupt

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

- *Adaptive: (Eating, dressing, bathing, toileting, sleeping).*
- *Social/Emotional: (Interacting with others, learning to cope).*
- *Communication: (Understanding and talking).*
- *Physical Motor: Gross Motor (whole body movements) & Fine Motor (movement of small muscles & hands).*
- *Cognitive: (Playing, thinking, exploring, and understanding concepts).*

Describe the child's integrated skill development and functioning in terms of:

1. Social-emotional skills including social relationships.
2. Acquiring and using knowledge and skills.
3. Taking appropriate action to get needs met.

Positive Social Relations

Hannah shows a desire for social attention especially from her mother and father; she crawls up in their laps and enjoys being bounced. Hannah loves the family dog Calvin and will give him a hug showing affection. Hannah shows interest in new people by approaching them, but the interaction is often brief. Hannah has limited opportunities to be with other children near her age; her parents are considering child care to give her opportunities to play with children her age. Given the opportunity, Hannah plays alongside peers, but mostly plays independently with the toys as she moves quickly from one toy to another. If another child wants her toy, she keeps it by pulling it back and screaming, but she does not say words like "no" or "mine." Hannah likes to ride on her sister's back. However, when Elle wants to stop and Hannah wants to continue, Hannah will tantrum. If left alone she will generally calm herself - she resists when someone tries to hug or hold her when she is upset. When Hannah does something she enjoys she shows pleasure by vocalizing and screaming with excitement - this happens often during movement related activities. Hannah runs to greet Ken when he comes home - she and Ken play a jump and swing game. When upset, Hannah tantrums and sometimes bangs her head. This behavior is reportedly occurring less often now, but it was worrisome for her parents. Hannah understands day-to-day routines and does fine around the house. She follows steps to daily activities, such as "get your shoes" (this means it's time to go outside). Coming in from outside is a challenge. A favored indoor activity is bath time and helping to wash the dishes with her father.

Acquiring and Using Knowledge and Skills

Hannah is an active little girl who curiously explores her environment and enjoys being outdoors. She plays with many toys at once moving from one play location to another (living room/kitchen/bedroom). Hannah independently selects toys to play with and initiates purposeful play, but she quickly moves from one toy to another. She continues to mouth some toys (mostly the plastic ones). Heidi reports that Hannah likes to take the toys out of her toy box and most often has them spread about the house by noon. Aside from movement and being outside, the things that Hannah enjoys most are dumping and filling containers or simple shape sorters, scribbling with crayons, and jabbering and singing with her father. She attempts to figure out new toys, but if not immediately successful she will move on to something else. Hannah has several dolls and pretend toys, but she does not engage in pretend play - even when her sister works hard to include her. Hannah does not seem to imitate the play actions of other children or her sister Elle. Heidi reports that this is probably because Hannah is most content moving about. Hannah enjoys watching videos (especially Dora) but shows little interest in books, although, she will point to the dog in one of her picture books. Hannah understands simple requests and does best with those that are familiar and include some kind of cue like a point "go get your cup" or "get Caleb's leash." Hannah is generally quiet in play, but has recently started jargoning. Heidi reported that Hannah has about five true words that she uses. She also uses gestures and word approximations to communicate. Sometimes it sounds like she is imitating new words - but Heidi says that it is hard to be sure. Recently she was thought to say "ball," "fish," "go" and approximated what sounded like "I got it." This new burst of "sounds like" words is exciting for Heidi and Ken.

Child's Name: Hannah Haupt

Functional Abilities, Strengths, and Needs (continued)

Taking Action to Meet Needs

Hannah can be quite independent at getting what she wants. She recently mastered the cookie jar and getting up on the cupboard to open the candy dish (which has a screw top lid). She also uses gestures and vocalizations – and if her strong desires are not met she can “turn on a tantrum” pretty quickly, which Heidi reports is unfortunately sometimes successful. Hannah is reportedly a picky eater. Her favorite foods are macaroni and cheese and fish crackers. She also loves cookies and sweets. Getting Hannah to eat food the rest of the family eats is a challenge – Heidi reported that sometimes Hannah gets mac & cheese when the rest of the family eats something else – just so that she eats something. Hannah feeds herself, but typically turns the spoon upside down and has started to toss food when she is done eating. With finger food Hannah is successful – especially with gold fish crackers. Hannah drinks from a sippy cup, straw cup, or a regular cup. Hannah enjoys juice over milk or water. At dressing times, Hannah will help out by holding her arms/legs out – she can take her pants, shoes, and socks off by herself. She is starting to hide behind the couch when she’s pooping in her diaper – she can also take her diaper off independently (not always a good thing according to Heidi). Bath time is a favorite for Hannah, while bedtime can be a challenge. The more activity Hannah has had during the day the easier bedtime is. Hannah loves movement she goes up and down stairs on her own (one step at a time) and enjoys climbing on furniture and playground equipment – she can even throw a ball with some accuracy (she can hit the clothes basket).

Child's Name: Hannah Haupt

8. Family Concerns and Priorities

Thinking of all the information we've gathered through the routines-based interview and other activities, let's record the concerns/desires you have for your child and family that you would like to address through early intervention. 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. After the desires/concerns are identified, please prioritize them. (Sometimes the family may choose to address identified needs at a later time. Identify areas of need that may be addressed later.)

Priority	Desires/Concerns	What's happening now?	Outcome
5	To choose her breakfast food.	It's like a guessing game if she does not like what she's been given she tantrums and can sometimes set the tone for the rest of the day.	5
2	To say when she is done rather than throwing her food.	Hannah recently started tossing her food when she is done eating.	2
1	Play with toys longer - to pretend.	Hannah "flits" from toy to toy. She does not pretend play with dolls and toys like her sister did.	1
3	Talk with real words to tell us what she wants.	Hannah gestures and points, but rarely uses words we understand.	3
4	Have coming in from outside easier.	Hannah fusses and cries when leaving the park or coming in from outside.	4
6	For Hannah to eat what the rest of the family eats at dinner.	If Heidi doesn't serve one of Hannah's favorite foods, she refuses to eat and Heidi makes her a special meal- breakfast and lunch are not as hard as dinner.	6
7	To learn ways to prepare the girls for Ken's lengthy deployment.	Ken will deploy in November (4 months from now). Ken's last deployments were shorter.	7
8	To get Hannah in day care.	Not in day care at this time.	8

Child's Name: Hannah Haupt

9. Outcomes

Initial/Annual Addition Date: _____

Outcome # 1 (•What we would like to see happen? •When, where, or with whom? •What will be better?)

Hannah will participate in play and hanging out times at home by playing longer with toys and learning to pretend play with toys/dolls/kitchen set so that she can learn from her play and so that she does not just "flit" from toy to toy.

Strategies to Reach the Outcome

(•Who will do what? •Consider what is currently in place. •Consider child/family interests, routines, activities)

Family will continue to provide Hannah a variety of indoor and outdoor play opportunities during the day.

During bath time parents and sister will try modeling play with baby dolls and other toys.

Family will try bringing toys like dolls and little people to the play ground to introduce pretend play outdoors.

Family and EDIS will explore arranging the toys so that they are easier for Hannah to get and put back instead of using a toy box that she dumps.

Achievement of the Outcome

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

When Hannah engages in pretend play (alone or with her sister) in one area of the house playing with a particular set of toys (e.g., the toy kitchen toys, her dolls and doll house...) for at least 3 minutes 2 times a day for 3 consecutive days.

Procedures: Achievement of & progress toward the outcome will be measured by: (•Who will do what?)

Parent report

Timeline: Progress will be reviewed in:

6 months (January 2010)

Outcome Review

No Change _____
Dates

Making progress _____
Dates

Met _____
Dates

Outcome Status: Continue _____
Dates

Discontinue _____
Dates

Modify _____
Dates

Child's Name: Hannah Haupt

9. Outcomes

Initial/Annual Addition Date:

Outcome # 2 (What we would like to see happen? When, where, or with whom? What will be better?)

During meal times, Hannah will use words/sign to tell when she is all done so she can be more independent and not toss food off her tray.

Strategies to Reach the Outcome

(Who will do what? Consider what is currently in place. Consider child/family interests, routines, activities)

Parents will continue to ask Hannah if she is all done toward the end of meal time.

EDIS will observe a meal time and brainstorm with parents ways to teach Hannah to say/sign all done instead of throwing her things.

Parents will praise Hannah's attempts at signing/saying all done by letting her get out of her high chair.

Achievement of the Outcome

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

When Hannah signs/says all done without tossing food off the tray at 2 meals a day (where she is sitting in her high chair) for 7 consecutive days.

Procedures: Achievement of & progress toward the outcome will be measured by: (Who will do what?)

Parent report

Timeline: Progress will be reviewed in:

In 6 months (January 2010)

Outcome Review

No Change _____
Dates

Making progress _____
Dates

Met _____
Dates

Outcome Status: Continue _____
Dates

Discontinue _____
Dates

Modify _____
Dates

Child's Name: Hannah Haupt

9. Outcomes

Initial/Annual Addition Date:

Outcome # 3 (*What we would like to see happen? When, where, or with whom? What will be better?*)

Hannah will participate in meal times, play times, and outings by using words/signs/pictures to tell her parents or sister what she wants so that she can be understood.

Strategies to Reach the Outcome

(*Who will do what? Consider what is currently in place. Consider child/family interests, routines, activities*)

Family will continue talking with Hannah and labeling the things she is playing with or looking at or things they encounter on walks.

Family will offer Hannah choices and encourage her to point and vocalize to indicate which she wants - especially when she is requesting a drink. When she chooses, they will model the word several times.

EDIS and family will explore other natural ways, using daily routines and Hannah's interest, to model language and encourage Hannah to talk.

Achievement of the Outcome

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

When Hannah uses words/signs/pictures rather than pulling to tell parents or sister what she wants 4 times a day for 7 consecutive days.

Procedures: Achievement of & progress toward the outcome will be measured by: (*Who will do what?*)

Parent report

Timeline: Progress will be reviewed in:

In 6 months (January 2010)

Outcome Review

No Change _____
Dates

Making progress _____
Dates

Met _____
Dates

Outcome Status: Continue _____
Dates

Discontinue _____
Dates

Modify _____
Dates

Child's Name: Hannah Haupt

9. Outcomes

Initial/Annual Addition Date:

Outcome # 4 (What we would like to see happen? When, where, or with whom? What will be better?)

When leaving the park or coming in from outside Hannah will follow directions to get in her stroller or go into the house without crying or tantruming so that outside time can be more enjoyable.

Strategies to Reach the Outcome

(Who will do what? Consider what is currently in place. Consider child/family interests, routines, activities)

Family will continue making outside time and going to the park a regular part of their day.

Family will provide Hannah warnings that it is almost time to go in.

EDIS and family will explore ways to provide Hannah visual cues or transition toys when it is time to go in and use natural rewards for following directions.

Achievement of the Outcome

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

When coming in from outside Hannah will get in her stroller to leave the park without tantruming five times in a week and go into the house from outside five times in a week.

Procedures: Achievement of & progress toward the outcome will be measured by: (Who will do what?)

Parent report

Timeline: Progress will be reviewed in:

In 6 months (January 2010)

Outcome Review

No Change _____
Dates

Making progress _____
Dates

Met _____
Dates

Outcome Status: Continue _____
Dates

Discontinue _____
Dates

Modify _____
Dates

Child's Name: Hannah Haupt

9. Outcomes

Initial/Annual Addition Date: _____

Outcome # 5 (What we would like to see happen? When, where, or with whom? What will be better?)

Hannah will participate in breakfast by choosing a breakfast food and eating the food chosen so that she can be more independent in choosing what she wants to eat.

Strategies to Reach the Outcome

(Who will do what? Consider what is currently in place. Consider child/family interests, routines, activities)

Parents pair choices using one thing they know Hannah likes and one thing she is not fond of.

EDIS and parents will explore different ways to teach Hannah to make choices.

With EDIS support parents will make a list of Hannah's favorite breakfast foods to use as possible choices for Hannah.

Achievement of the Outcome

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

When Hannah successfully chooses and eats her food at breakfast time 5 mornings in a week.

Procedures: Achievement of & progress toward the outcome will be measured by: (Who will do what?)

Parent report

Timeline: Progress will be reviewed in:

In 6 months (January 2010)

Outcome Review

No Change _____
Dates

Making progress _____
Dates

Met _____
Dates

Outcome Status: Continue _____
Dates

Discontinue _____
Dates

Modify _____
Dates

Child's Name: Hannah Haupt

9. Outcomes

Initial/Annual Addition Date: _____

Outcome # 6 (•What we would like to see happen? •When, where, or with whom? •What will be better?)

At dinner time Hannah will eat what the rest of the family eats so that she can eat a greater variety of food without needing special meals.

Strategies to Reach the Outcome

(•Who will do what? •Consider what is currently in place. •Consider child/family interests, routines, activities)

Family will continue to offer Hannah the food the rest of the family eats at dinner.

Family will talk with Hannah and describe what's for dinner (e.g., Mmmm we're having chicken for dinner mmm it smells so good...).

Family will praise Hannah's efforts to try the dinner food.

EDIS will brainstorm with the family other strategies for encouraging and reinforcing Hannah's eating the family dinner food.

Achievement of the Outcome

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

When Hannah eats the dinner time food that the rest of the family eats for 3 days in a week.

Procedures: Achievement of & progress toward the outcome will be measured by: (•Who will do what?)

Parent report

Timeline: Progress will be reviewed in:

In 6 months (January 2010)

Outcome Review

No Change _____
Dates

Making progress _____
Dates

Met _____
Dates

Outcome Status: Continue _____
Dates

Discontinue _____
Dates

Modify _____
Dates

Child's Name: Hannah Haupt

9. Outcomes

Initial/Annual Addition Date: _____

Outcome # 7 (•What we would like to see happen? •When, where, or with whom? •What will be better?)

Parents will have information about ways to prepare the girls for their Dad's deployment in November.

Strategies to Reach the Outcome

(•Who will do what? •Consider what is currently in place. •Consider child/family interests, routines, activities)

EDIS will share information about preparing for deployment, including video tapes and books for children.

Parents will explore resources available from Army Community Services and www.militaryonesource.com

Achievement of the Outcome

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

By September 2009, parents will have information to their satisfaction to initiate a plan for preparing the girls for the upcoming deployment.

Procedures: Achievement of & progress toward the outcome will be measured by: (•Who will do what?)

Parent Report

Timeline: Progress will be reviewed in:

In 3 months (October 2009).

Outcome Review

No Change _____
Dates

Making progress _____
Dates

Met _____
Dates

Outcome Status: Continue _____
Dates

Discontinue _____
Dates

Modify _____
Dates

Child's Name: Hannah Haupt

9. Outcomes

Initial/Annual Addition Date:

Outcome # 8 (•What we would like to see happen? •When, where, or with whom? •What will be better?)

Parents would like Hannah to attend part time childcare, so that she can have regular time around peers and for Heidi to have more time to take care of things when Ken deploys.

Strategies to Reach the Outcome

(•Who will do what? •Consider what is currently in place. •Consider child/family interests, routines, activities)

Parents will complete child development center enrollment paperwork.

EDIS will provide information about other child care options in the community.

Achievement of the Outcome

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

By September parents will have chosen a child care center for Hannah and by November she will be attending regularly (maybe 2 days a week).

Procedures: Achievement of & progress toward the outcome will be measured by: (•Who will do what?)

Parent report

Timeline: Progress will be reviewed in:

In 3 months (October 2009)

Outcome Review

No Change _____
Dates

Making progress _____
Dates

Met _____
Dates

Outcome Status: Continue _____
Dates

Discontinue _____
Dates

Modify _____
Dates

Child's Name: Hannah Haupt

10. Transition

Initial/Annual Addition Revision

Type of Transition

No transition is anticipated at this time. Family will remain in the community until 2011.
Hannah will turn three in May 2010. As she nears 2 1/2 years of age a plan for transition will be developed.

Anticipated Date of Transition

When Hannah turns 3 in May 2010.

Steps to be taken to support the transition:

Service coordinator will provide the family with names and numbers for points of contact in DoDDS preschool.

In October/November 09, with parent permission, service coordinator will share information with DoDDS about Hannah and the upcoming transition.

Between February and March 2010 EDIS will initiate a meeting with DoDDS to discuss the transition and determine if additional information is needed.

Between February and March 2010 the family will register Hannah at DoDDS and have an opportunity to visit the Preschool Services for Children with Disabilities (PSCD) site and discuss other program options.

In March 2010 DoDDS will coordinate with EDIS and the family to schedule a transition meeting.

By May 2010 transition plans will be finalized.

11. Other Services

Transportation (specify below)

No transportation is needed.

Assistive Technology (specify below)

The team will explore using pictures as strategies for outcomes 3 and 5. The need for a pictures is not yet determined. EDIS will work with the family to develop pictures.

12. Support Service

Describe support services EDIS will provide and how they will be provided.

None at this time.

Describe relevant services the family needs or receives from other agencies. Include who will do what to pursue the needed services.

EDIS will assist the family with seeking child care for Hannah.

Child's Name: Hannah Haupt

13. Services

Service Special Instruction		Provided by Early Childhood Special Educator		Outcome 1, 2, 3, 4, 5, 6, 7, 8.		<input checked="" type="checkbox"/> Initial/Annual <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Consultation <input type="checkbox"/> Group <input type="checkbox"/> Monitor	Frequency (how often) <u>1 time per week</u> For a minimum of <u>30</u> sessions		Intensity (time/session) 60 minutes		Location family's home		

Start Date: 10 Jul 2009 End Date: 14 May 2010 Discontinued Date:

Additional information: including justification if services are not provided in the natural environment and description of any co-visits

Service Speech Therapy		Provided by Speech Pathologist		Outcome 1- 6		<input checked="" type="checkbox"/> Initial/Annual <input type="checkbox"/> Addition	
<input type="checkbox"/> Individual <input type="checkbox"/> Consultation <input type="checkbox"/> Group <input checked="" type="checkbox"/> Monitor	Frequency (how often) <u>every other month</u> For a minimum of <u>5</u> sessions		Intensity (time/session) 60 minutes		Location family's home		

Start Date: 10 Jul 2009 End Date: 14 May 2010 Discontinued Date:

Additional information: including justification if services are not provided in the natural environment and description of any co-visits

Speech Pathologist visits will occur as co-visits with the early childhood special educator.

Service Speech Therapy		Provided by Speech Pathologist		Outcome 1- 6		<input checked="" type="checkbox"/> Initial/Annual <input type="checkbox"/> Addition	
<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Consultation <input type="checkbox"/> Group <input type="checkbox"/> Monitor	Frequency (how often) <u>1 time per month</u> For a minimum of <u>10</u> sessions		Intensity (time/session) 15 minutes		Location EDIS office		

Start Date: 10 Jul 2009 End Date: 14 May 2010 Discontinued Date:

Additional information: including justification if services are not provided in the natural environment and description of any co-visits

Service Occupational Therapy		Provided by Occupational Therapist		Outcome 1-6		<input checked="" type="checkbox"/> Initial/Annual <input type="checkbox"/> Addition	
<input type="checkbox"/> Individual <input type="checkbox"/> Consultation <input type="checkbox"/> Group <input checked="" type="checkbox"/> Monitor	Frequency (how often) <u>1 time per month</u> For a minimum of <u>10</u> sessions		Intensity (time/session) 60 minutes		Location family's home		

Start Date: 10 Jul 2009 End Date: 14 May 2010 Discontinued Date:

Additional information: including justification if services are not provided in the natural environment and description of any co-visits

Occupational Therapist visits will occur as co-visits with the early childhood special educator.

Child's Name: Hannah Haupt

14. IFSP Agreement

Initial Annual

Date IFSP Developed:

9 Jul 2009

Projected Review Date:

4 Jan 2010

Service Coordinator:

Jenna Warren

Next Service Plan Date:

8 May 2009

IFSP Team Members and Signatures

Attendee's Name	Specialty/Relationship to Child	Signature
Heidi Haupt	Mother	Heidi Haupt
Jenna Warren	Early Childhood Special Educator	Jenna Warren
Susan Grieves	Speech Pathologist	Susan Grieves

Other Contributors Not Present (signature not required)

Ken Haupt - Hannah's Father
Cid Markler - Occupational Therapist

Parent(s) Statement

- Yes No I have received a copy of Procedural Safeguards and Due Process Procedures.
- 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.

Jenna Warren
Parent/Guardian Signature

Jenna Warren
Parent/Guardian Signature

15 Jul 2009
Date

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

