Educational & Developmental
EDIS
Intervention Services

Individualized Family Service Plan Process Guidance Handbook

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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.

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

This document was developed in collaboration with
Army, Air Force, and Navy EDIS Early Intervention Services Program Managers.

www.edis.army.mil

Please direct questions about this handbook to
EDIS.CSPD.mail

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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 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 (2007). This workgroup included parents, providers, lead researchers in early intervention, national technical assistance(TA) providers, Office of Special Education Programs (OSEP) TA Community of Practice (COP) members, and State Part C staff. These seven key principles are core to all that early intervention does with families.

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 members' 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 early intervention process from public awareness to transition planning.

At the heart of early intervention is a philosophy of family centeredness, which involves understanding the child in the context of the family and respecting family concerns, priorities, resources, values, beliefs, and day-to-day life activities. 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 for young children. It is important to capitalize on these natural learning opportunities to promote children's development.

To effectively identify family concerns and provide family-centered support and services, it is important to link early intervention processes. Linking intake, evaluation, eligibility, intervention planning, and measuring child and family outcomes 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 array 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.

4. Highlight how measurement of the national child and family outcomes (i.e., those examined to understand the results of early intervention for children and families) are integrated into the IFSP process.

This handbook addresses public awareness and first family contacts through IFSP development. Included are detailed and "quick instructions" for completing the IFSP-PD, a quality rubric for reviewing IFSP-PDs, and steps for integrating national child and family outcomes into the IFSP process. 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. The IFSP-PD is a document that combines screening (as applicable), evaluation, assessment, and IFSP development, making it, upon completion, an IFSP with all necessary and required components.

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

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

The calendar 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.

The chart symbol refers to measuring the Early Childhood Child and Family Outcomes.

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 (MD), Interdisciplinary (ID), Transdisciplinary (TD) A Family-Centered Continuum: A Closer Look for EDIS
- Early Intervention Service Coordination: EDIS Roles and Responsibilities
- EDIS Quality Components of Early Intervention Visits

Public Awareness

Before jumping into referral and assessment, let us 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 referral sources. Because community agencies can inform families about early intervention, it is important that they understand the family-centered nature of early intervention and that intervention support and services are maximally provided in natural environments and in partnership with parents and caregivers.

Depending on the referral agency and their understanding of early intervention, families may learn to 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 early 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 the program philosophy. Emphasis on family-centered support and intervention in natural environments should be a focus of advertising materials. To assist families and referral sources with this understanding EDIS developed a brief video explaining its services and the IFSP process. The video is available on the home page of the EDIS website, www.edis.army.mil.

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

☐ 1. Written materials exclusively describe services for the child only, such as therapy and instruction.	☐ 2. Written materials emphasize services for the child only, such as therapy and instruction.	☐ 3. Written materials mention emotional, informational, material support for families.	☐ 4. Written materials emphasize emotional, informational, and material support for families.

McWilliam (2012) Families in Natural Environments Scale of Service Evaluation (FINESSE IIa).

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" and "Child Find Activities" screens to capture child find related activities. NOTE: These screens do not capture time; that is done through provider time.

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 support based services in natural environments in the process is especially important.

On the scale below (ranging from professional directed to family-centered) how do your initial referral calls rate? Ultimately, initial referral calls should be at the family-centered end of this continuum.

Child-centered ←→ Family-centered

☐ 1. Person handling the initial referral call describes the program solely in terms of therapy and instruction for children.	☐ 2. Person handling the initial referral call describes the program primarily in terms of intervention for children.	☐ 3. Person handling the initial referral call describes the program primarily in terms of intervention for the child and mentions support to families.	☐ 4. Person handling the initial referral call describes the program primarily in terms of support to families.

McWilliam (2012) Families in Natural Environments Scale of Service Evaluation (FINESSE IIa).

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 honestly 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 overwhelming. When using written materials be sure to read the material first and highlight the points you want to emphasize for the family. Doing this facilitates individualization of written material. When sharing online or video material plan on doing the same, review it first and highlight

points that are pertinent to the family and where they are at in the early intervention process. It is imperative that providers follow the family's lead and support their understanding and involvement throughout the process.

The EDIS 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 are 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 and thinking out loud.

- 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 reporting 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 is 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. However, because the data are required and are needed to proceed in the data system, they must be entered in SNPMIS. As a last resort to entering the data, providers may identify the child's race and ethnicity themselves using 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 yields 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 calendar to calculate 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 might 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 SNPMIS documentation under "Service Coordination Sessions").

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*

☐ **Screening Only**
(sections 1-3) _____
Date

☐ **Evaluation Only**
(sections 1-5) _____
Date

☐ **Full IFSP**
(sections 1-14) _____
Date

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 the child was born prematurely). 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" in the box "If born early enter gestational age" (i.e., the number of weeks in which the baby was born for example 32 weeks).
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, Date, Referral 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 in needed in this box.

Arrival/Departure from Duty Station:

Information about the family's arrival and Date Eligible for 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.

EDIS Early Intervention Services tri-fold review

Early on in the early intervention journey it is important to discuss how early intervention works with families. This is intended to reinforce the importance of collaboration. Let families know that EDIS respects how parents know their child best and that we value and need their input and involvement every step of the way. Early on in the process it is important that the family and providers understand each other's expectations for early intervention. By discussing the EDIS tri-fold about early intervention services with the family you can learn about the family's expectations and open up a discussion to ensure mutual understanding. By checking the box on the form you are verifying that you have reviewed these important points with the family.

What is the best way for EDIS 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. 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 its entirety at Appendix A. The following excerpt from the Rubric highlights the documentation expectations for the general information section of the IFSP-PD.

1. General Information

▪ Demographic information is complete & accurate.

0 *Unacceptable*	**1**	**2** *Getting There*	**3**	**4** *Best Practice*
☐ One or more information sections/questions *not* completed or illegible.		☐ All applicable sections are filled in. ☐ All applicable information is accurate & legible.		☐ All items from response option 2 are checked. ☐ Documentation of responses to open-ended questions provides descriptive information.

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 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. 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 and 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 specific information about the family's concern improves everyone's understanding and is necessary to guide the early intervention process in a family-centered manner.

Annual re-evaluations are not the same as new referrals. However, discussing and documenting progress and family concerns and 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 space for a description of the family questions and concerns. Documentation of family questions and concerns should be more than a one word entry (e.g., "speech"). Use questions, similar to those above, to help discover the information. Be sure to include a description of what the child is doing now as well as what the family would like to see their child doing.

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 and 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*
☐ Concern/reason for referral is vague or unclear. ☐ Responses include only what the child is not or cannot do.		☐ The concern/reason for referral is stated in descriptive terms. ☐ Includes a functional example/s of what is happening now.		☐ All items from response option 2 are checked. ☐ Documentation includes what the family wishes/thinks the child should do.

Screening

Screening should be a relatively quick process that helps determine if further evaluation is needed and to guide the evaluation. Depending on the information received previously, it may or may not be necessary to conduct a formal developmental screening using a published instrument (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 administer another screening instrument. If no prior screening was conducted or it is not clear (i.e., obvious delays or presence of a biological risk) that further evaluation is warranted, a formal developmental screening (i.e., administration of a screening instrument) should be conducted.

For all new referrals, the screening section must include documentation about the screening, recent observations or other information the team used to help the team determine the next step. Upon completion the screening section includes functional examples (reported or observed) of the child's strengths/needs and ample documentation to support the team's decision to go on, stop, or re-screen.

Annual re-evaluation: Vision and hearing screening is necessary for initial and annual re-evaluations. These sections must be completed each time. The developmental screening section 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. This section should include enough detail and description to support the team decision. Therefore, including screening scores alone is not sufficient.

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 applicable, 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 and dates the bottom of the page. Parents also sign and date at 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.

If the decision is to go on to evaluation, the process continues and the "Screening Only" box is not checked. Although, the screening date may be included.

☑ **Screening Only**
(sections 1-3) ***1 Oct. 2013***
Date

☐ **Evaluation Only**
(sections 1-5) _____
Date

☐ **Full IFSP**
(sections 1-14) _____
Date

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 administered (e.g., 22 month ASQ, 30 month ASQ).

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

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. Health information is gathered once the team decides to go on to evaluation/eligibility beyond the screening process. The health information section of the IFSP may be completed during or following the screening activity. For children automatically eligible, because of a biological risk, the health information is gathered during the initial contact with the family.

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 (i.e., ask the family to contact their PCM for the child to have a physical exam). 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 uncomplicated births 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 or 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, learning disability, 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. 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.

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.

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*
☐ One or more sections/questions *not* completed or illegible. ☐ Date & results of last well-baby check/physical are *not* included. ☐ Technical jargon is used & not defined.		☐ All sections are completed & legible. ☐ Results of last well baby /physical are stated and include timeframe or date. If older than 6 mo. referral is noted. ☐ Jargon *not* used or is clearly defined.		☐ All items from response option 2 are checked. ☐ Other health information included is relevant to the referral & is briefly stated. ☐ Any positive (yes) responses to pain, dental, nutrition, sleep, or behavioral concerns are explained, or all responses are '*no*' concern. ☐ Developmental milestones are referenced.

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. However, 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, 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 for authentic assessment to observe and assess the child within the routines and activities that are part of his/her everyday life and to gather information from parents and caregivers who know the child best. 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 note 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, plan for authentic assessment opportunities as well. In doing so consider the genuineness of 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 and assessment should focus on the process rather than just getting the scores. The effective processes help lay the groundwork for a partnership relationship with parents. Further, including authentic assessment 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.

Understanding the child's functioning is also necessary for measuring the three national early childhood outcomes (i.e., 1- positive social relationships, 2- acquiring

knowledge and skills, and 3- taking action to meet needs), if the child is eligible.

The eligibility evaluation may require the use of the informed opinion process, it may include consideration of a biological risk, and it 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 or are 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
General Information
Enter the child's name and date of birth.
Supporting Documentation
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, assessment of the child at play, naturalistic observation of the child in daily routine activities, 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.

The EDIS Program Manager must review all informed opinion forms.

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 the child is nearing transition at age three, the team may choose a standardized instrument to assist with the transition process. 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 authentic assessment. Assessment of the young child's skills in the real life contexts of family, culture and community rather than discrete isolated tasks is authentic assessment. This is often done through observation and gathering information from family members and caregivers who know the child best. 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 authentic, 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 evaluation uses these approaches alone the family may expect the same approach when it comes to intervention support and services.

To ensure a quality evaluation that promotes family members' participation, there must be collaborative pre-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 are 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 carefully scored directly following the evaluation, whenever possible, so that the family can receive immediate information about the results and the child's eligibility status. However, this might not always 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

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 may be used when a criterion-referenced instrument is administered (e.g., for a child eligible under biological risk). Percentage of delay cannot be used as a substitute for standard scores on a standardized instrument.

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.

Summary

The summary is a synthesis of the information gathered to help determine the child's eligibility status. The summary should include developmental information for each of the five domains. This descriptive information should go beyond broad listing of developmental domains and general statements about level of functioning. Someone reading the summary should get a picture of the child and clear information about why the child is or is not eligible.

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 (i.e., 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.

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

Prior to any evaluation parent permission must be obtained and that date as well as the evaluation plan is entered in SNPMIS. All evaluation activities are captured in SNPMIS under "Evaluation Sessions." Be sure to enter completed dates.

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

5. Developmental Evaluation and Eligibility Status

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

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

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

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

Eligibility Status

Eligibility is a team decision that is determined, without delay, following the developmental evaluation or review of medical information. In some instances the team may need to take additional time to score the evaluation or to gather more information before making a determination of eligibility.

The report of eligibility is embedded into the IFSP and is used to document the team decision about eligibility. It is completed at a team meeting with the service coordinator, evaluators, the family and anyone the family would like to participate. This team meeting should take place following the evaluation.

The IFSP-PD has a section for documenting eligibility status for initial and annual IFSPs. Only one section needs to be completed. For initial eligibility determination, document the eligibility category (i.e., developmental delay or biological risk or not eligible). At annual re-evaluation indicate if the child is not, or continues to be eligible for early intervention services. It is not necessary to update a child's eligibility determination if the areas of delay

changed or if the category of eligibility (developmental delay or biological risk) changed. For example, a child initially eligible under developmental delay who continues to demonstrate delays, even if the area of delay changes, continues to be eligible. A child initially eligible under biological risk (e.g., due to extreme prematurity) who now is demonstrating delays in development continues to be eligible. A child initially eligible under developmental delay who later receives a diagnosis of Autism, for example, continues to be eligible. Children will continue to be eligible based on their initial eligibility determination until they are no longer eligible. The eligibility status form includes a discussion section for teams to document additional information as needed.

If a child is re-evaluated, outside of the initial or annual IFSP cycle, and found to no longer be eligible then the team completes a IFSP Change/Review and includes an updated eligibility status page indicating that the child is no longer eligible.

The following provides information pertinent to completing the eligibility status section of the IFSP-PD.

"Eligibility Status" Form 721

5. (continued) Eligibility Status

Eligibility Status ☐ Initial ☐Annual

At the top of the page check the appropriate box to indicate if it is for an initial eligibility determination or if it is to indicate the annual IFSP eligibility status.

Initial Eligibility Determination

Complete this section for determining initial eligibility. Enter the child's name and indicate by checking the appropriate box if the child is or is not eligible for early intervention services.

If eligible, indicate if the child is eligible under developmental delay or biological risk.

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 (or percentage of delay as appropriate) 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.

If not eligible, indicate if the family is interested in tracking and notate the frequency of tracking. Tracking is an option for families who are not eligible for early

intervention services.

Annual IFSP Eligibility Status

If the eligibility status section of the IFSP is being completed for an annual re-evaluation enter the child's name and check the appropriate box to indicate if the child ☐ *is not* or ☐ *continues to be* eligible for early intervention.

Team Members and Meeting Date

Include the names and signatures of those involved with the intake, evaluation, and eligibility determination. At a minimum the parent/s and the multidisciplinary EDIS team members should sign this section. Other contributors, such as input from a day care provider or other caregiver, may be listed under "other contributors" as applicable. Enter the date of the eligibility meeting using the DDMMMYYYY format.

Discussion

Use this section to document additional information regarding the evaluation and eligibility process. If the family is receiving services on a space available basis, be sure to document that in this space and include the restrictions of space available services that services may discontinue at any time when space is no longer available.

Parent(s) Statements

Parents check the yes/no boxes at the bottom of the form. Be sure to review each statement with the parents and highlight the privacy act statement at the bottom of the page.

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.

☐ **Screening Only**
(sections 1-3) _____
Date

☑ **Evaluation Only**
(sections 1-5) _15 Oct 2013_
Date

☐ **Full IFSP**
(sections 1-14) _____
Date

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**.

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

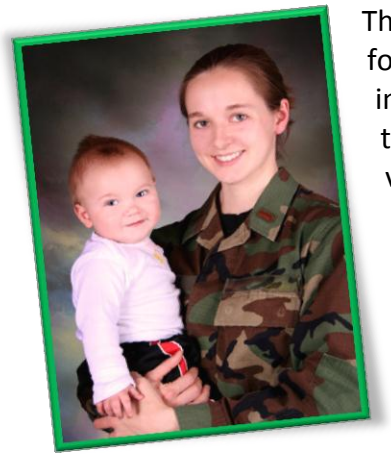
The following excerpt from the Rubric describes best practice documentation expectations for the eligibility status section of the IFSP-PD.

5. Developmental Evaluation and Eligibility Status (continued)

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

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

Learning About Family & Child Strengths & Resources



The information gathered about family strengths 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 is gathered to help you understand how to help them. Assure the family that all information is kept confidential and that you will 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.

To support families, it is important to understand their strengths and resources. 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.

As part of the discussion about strengths and resources this is a good time to highlight the family indicators that are used to measure the results of early intervention for participating families. We want to help families know their rights; effectively communicate their children's needs; and help their child develop and learn. In addition we want to ensure that:

- Families understand their child's strengths, abilities, and special needs.
- Families know their rights and advocate effectively for their child.
- Families help their child develop and learn.
- Families have support systems.
- Families access desired services, programs, and activities in their community.

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.

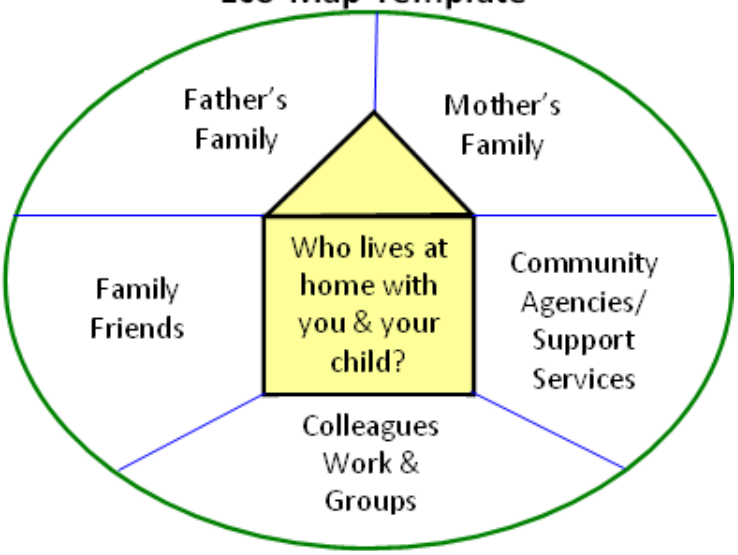
Before beginning the development of an eco-map, be certain to discuss the purpose of the activity with the family and invite them to share only information of their choosing. Development of the eco-map begins with a description of who lives at home, followed by identification of people and agencies involved 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 are drawn from the support person to the family home indicating the strength of the support.

The following are questions 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.

Eco-Map Template



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 and 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.

"IFSP-PD" *Form 721*

6. Family and Child Strengths and Resources

What is your child really good at doing?

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

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.

Before asking about family resources review the paragraph immediately above this question. 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."

Are there any questions/concerns you have for your family regarding childcare, transportation, finance, safety, etc.?

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.
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?

Anything about your family, cultural or spiritual beliefs which 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?

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

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.

The fine print at the bottom of the IFSP-PD section 6 "Family and Child Strengths and Resources" states "You must also complete Form 721A, Family and Child Routines and Activities Worksheet." This is the RBI. It is an embedded component of every EDIS 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 an 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.

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

6. Family & Child Strengths & Resources

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

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

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 [my child]."*

The RBI, as developed by Dr. Robin McWilliam, is an integrated part of each EDIS IFSP process. Teams must therefore complete an RBI as part of each initial and annual IFSP with 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.

When introducing the RBI it is also helpful to reinforce how the information will help the team gain an understanding of the child's functional skills across family routines and activities. This information will be added to what is already known to measure where the child is at relative to the three early childhood outcomes that are measured for all children participating in early intervention. This measure helps the program understand how children benefit from participation in early intervention services.

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 separate form in the IFSP process 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 it 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 briefly 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 in the following box are "conversation starters." These 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:

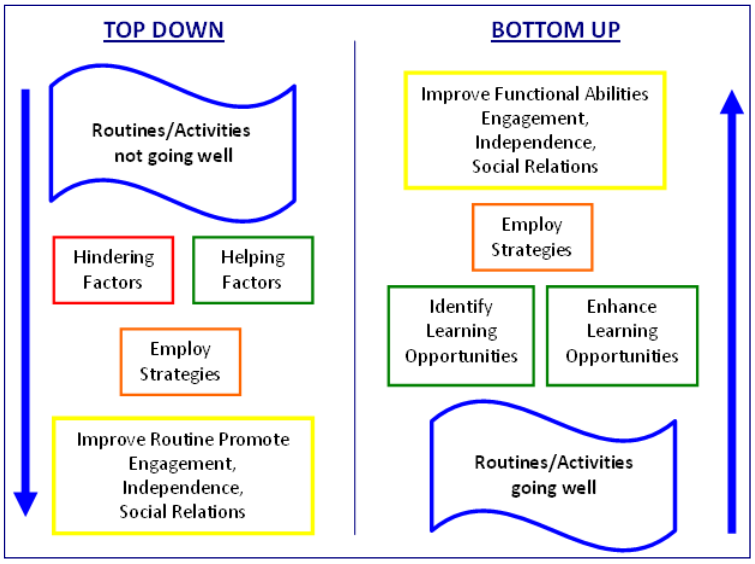
- "It seems that ___ is a challenging time for ___; let me highlight that as something you might want to work on with us"
- "You've commented that ___ is a concern; let me make sure I have that written down."
- "I understand that ____ is something you think ___ is ready for; I'll star that in my notes 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 ten or more possible concerns the family might want to address with the assistance of early intervention. The emerging concerns will be focused, family-related and child-specific. It is however important to note that the list of concerns generated during the interview are not yet IFSP outcomes, they are only a list of the contextually identified concerns discovered through the RBI.

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.



Following the interview the note taker or interviewer briefly recaps the interview 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. 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.

At this point you can begin to jot down the family's stated concerns and desires on section 8 of the IFSP PD "family concerns and priorities." This is an important point to reinforce because we want to be certain that the family expresses what they want to work on through early intervention. 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 with early intervention.

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. When reviewing the priorities with the family be certain that they are functional and contextually relevant and not stated too broadly. It is this list of family stated priorities that will be used to write the IFSP outcomes.

Operationally, section 8 of the IFSP will be completed 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

Concern/Desire

In this column document what the family would like to see happen. This is the list of informal IFSP outcomes that the family generates through the RBI process. Be certain that child related items are functional and contextually meaningful.

Priority

Use this column for the family to prioritize the things they want to work on with early intervention. This column is completed after the list of priorities is documented from the RBI process.

What's happening now?

Use this column to briefly describe what's happening now relative to each stated concern/desire identified in the first column. 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 priority with the IFSP outcome. For example, priority one is outcome one, priority two is outcome two, priority three is outcome three, and so on. In rare instances two priorities may be collapsed into one outcome, for example priority one and two may become outcome one. At other times it may be necessary that a priority needs to be split up into two outcomes, for example priority one may become outcome one and two.

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

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

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

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 2 hours
- 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 parents' 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 to a great deal 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 often plays at the computer, but has trouble pointing to hit the right key. When playing with the cash register toy she bangs on it when she can't get the coin in the slot. After snack, Savona stacks the plastic cups and puts them in the sink. On the playground, she plays chase with her caregiver and is starting to climb the steps of the slide. Savona moves slower as she gets closer to the top of the slide, but with her hand held she will go up.

Because functional behaviors represent integrated skills across developmental domains, the three early childhood outcome areas are used to organize present levels of development rather than the five domains of development.

The following three functional areas represent the organizational structure for developing the IFSP functional abilities, strengths, and needs (present levels of development [PLOD]). These correspond with the three Outcomes being measured in early intervention programs across the nation (for more information see EDIS Measuring Outcomes at **www.edis.army.mil**).

Early Childhood Functional Outcome Areas

1. Social-Emotional Skills including Social Relationships
2. Acquiring and Using Knowledge and Skills
3. Taking Appropriate 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, or 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…
• Show a skill in a specific situation	• Use a skill in actions across settings and situations to accomplish something meaningful to the child
• Make eye contact, smile, give a hug	• Initiate affection toward caregivers and respond to others' affection
• Point at pictures in a book	• Engage in play with books by pointing to pictures and naming pictures
• Use a spoon	• 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 organizational framework for documenting present levels of development in the IFSP.

Prompts for Documenting Present Levels of Development

POSITIVE SOCIAL RELATIONS •Relating with adults •Relating with other children •Following rules related to groups or interacting with others	
Describe how the child…	***Consider how the child…across different settings?***
• 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	• 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

How does the child:		
☐ Attend to people? ☐ Display/communicate emotions? ☐ Respond to touch? ☐ Use greetings?	☐ Relate with family members? ☐ Relate with other adults? ☐ Relate with siblings/other kids? ☐ Engage others in play?	☐ React to changes in the environment? ☐ Adapt to changes in routines or settings?

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, building a fort) • Acquires & uses the precursor skills that will	• 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

allow them to begin to learn reading & mathematics in kindergarten • Shows imagination & creativity in play	• Demonstrates understanding of familiar scripts in play

How does the child:		
☐ Understand and respond to directions/requests? ☐ Understand language (e.g., prepositions)? ☐ Communicate (from cooing to using sentences)?	☐ Think, remember, reason, and problem solve? ☐ Interact with books, pictures, toys? ☐ Imitate what others do? ☐ Learn new skills and use these skills in play?	☐ Solve problems figure things out? ☐ Remember play routines and where things are? ☐ Engage in play (how elaborate)? ☐ Understand pre-academic concepts?

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

How does the child:		
☐ Move around to get things? ☐ Move his body? ☐ Use hands/ fingers to manipulate toys/things? ☐ Communicate wants/needs?	☐ Sleep? ☐ Use the potty? ☐ Take care of basic needs such as feeding, dressing, and potty training?	☐ Contribute to his own health and safety? ☐ Follow rules related to safety (hold hands, stop, understands hot)?

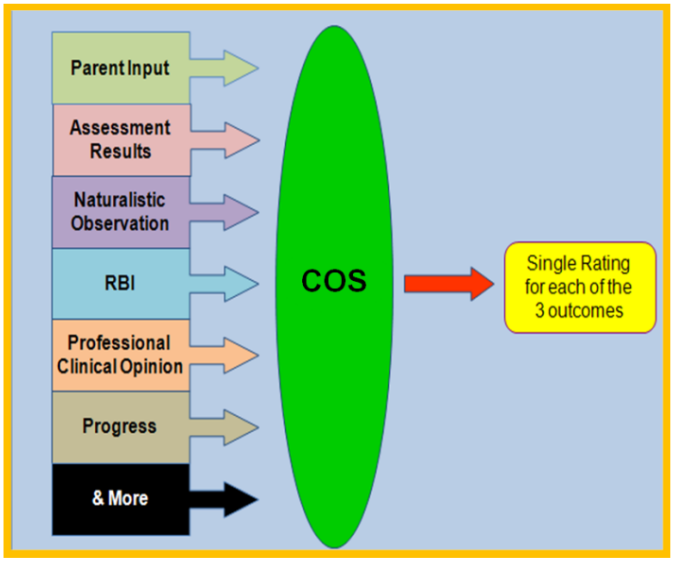
By embedding the child outcomes into the IFSP the rating is also incorporated into the IFSP process. Review the notes at the top of Section 7 of the IFSP to help the family understand how measuring child outcomes is integrated into the IFSP. It states:

As part of the evaluation we looked at five domains of development (adaptive, social/emotional, communication, physical/motor, and cognitive). To understand your child's functional abilities, strengths, and needs we gathered more information from you about your child and family's day to day routines and activities. Children's functional abilities overlap domains of development so we combine them into the following three functional outcome areas.

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

In addition to considering your child's functioning, relative to these three areas, we will identify with you how your child is functioning relative to other children his/her age. This information not only helps us help you support your child's development, it helps us understand how children benefit from participation in our early intervention services.

The Child Outcome Summary (COS) process was designed to reduce rich information about a child's functioning into a common metric allowing a summary of progress across children. Accordingly, information to complete the Child Outcomes Summary Form (COSF) must involve collecting and synthesizing input from many sources familiar with the child in many different settings and situations. The figure shown here illustrates the concept of taking rich information from a variety of sources, synthesizing the information and condensing it down into a rating on the 7 point COS scale.



The outcome rating process must include information from the family. The actual rating decision must be based on information available and include at least two EDIS providers. The rating must also be reviewed with the family and adjustments made as needed.

The rating is generally made as the providers review all the functional information they've collected and write the present levels of development organized by the three outcome

areas. At the end of each of the outcome areas the team enters a descriptive outcome rating statement using the standardized culminating statements from the "bucket list", which follows. For example, if the team decides, based on their careful review of information about the child's functioning, that the rating for outcome area one (positive social relationships) is a four, then the team selects from one of the three standard statements that match a rating of four. It is important that teams do not deviate from the available statements on the "bucket list." Doing so can decrease the reliability of the statements to the respective ratings.

Documentation in each of the three outcome areas should provide sufficient descriptive information about the child's functional skills and abilities to support the respective outcome rating. The Child Outcome Summary Form (form 810) is also completed for all initial and annual IFSPs and when a child exits the program after six months from IFSP development.

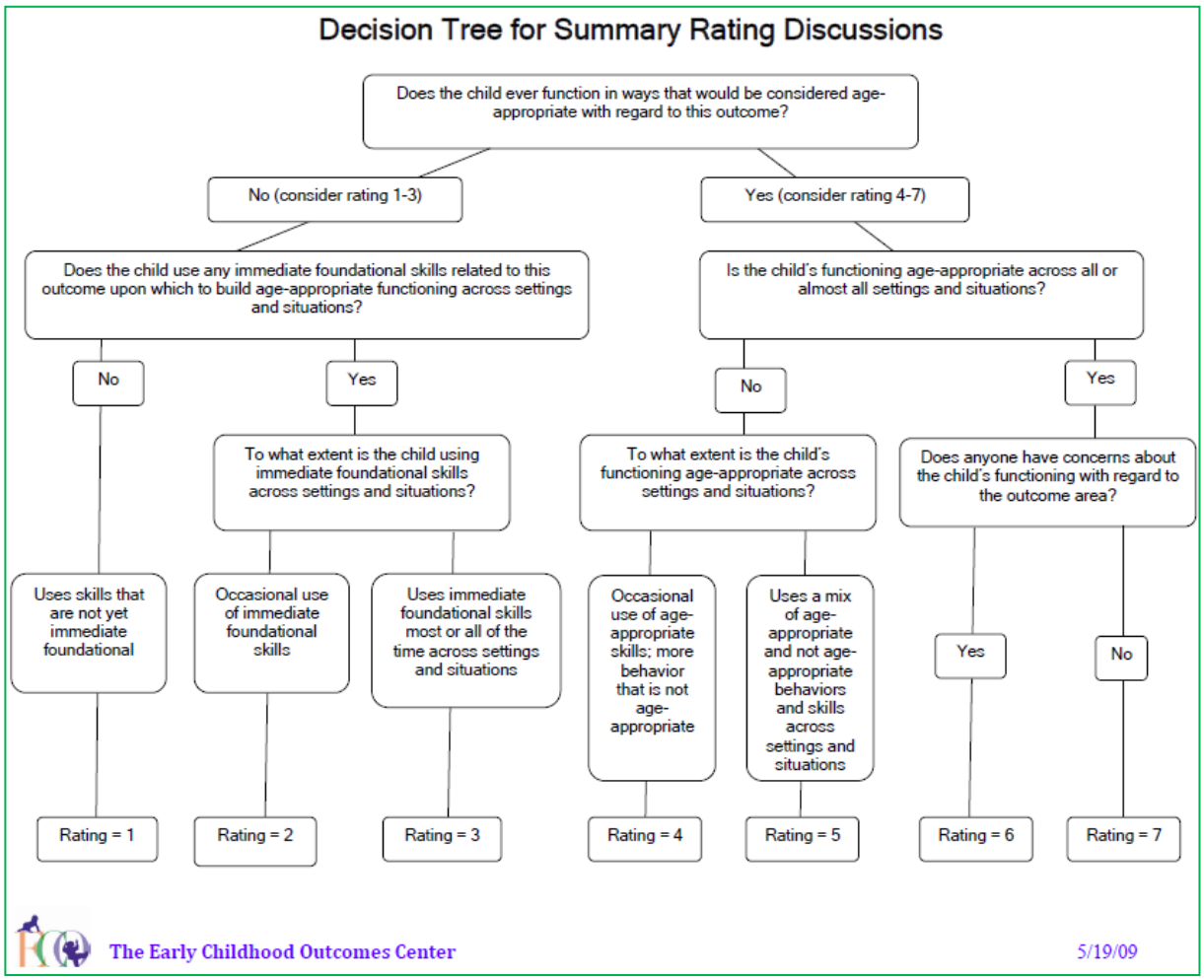
By embedding the outcomes rating in the IFSP process the initial and annual outcome ratings are generated in a timelier manner and the information is readily shared with the family.

EDIS - COSF Rating Scale Descriptor Statements

(for use as culminating statements of IFSP present levels of development [PLOD] descriptions in respective outcome areas)

COSF Rating			Culminating Statements
Age Expected Skills	7	AE	• Relative to other children Calvin's age, there are **no concerns**; he has **all of the skills that we would expect** of a child his age in the area of *(outcome [e.g., taking action to meet needs])*. • Calvin has **age expected skills**, with **no concerns**, in the area of *(outcome)*.
Age Expected Skills	6	AE	• Relative to same age peers, Calvin has the **skills that we would expect of his age** in regard to *(outcome)*; however, **there are concerns** with how he *(functional area of concern/quality/lacking skill)*. It will be good to watch this closely, because without continued progress he could fall behind. • Aside from **the concern** regarding Calvin's _____ he is demonstrating **skills expected of a child his age** in the area of *(outcome)*.
Decreasing Degree of Age Expected Skills	5	AE IF	• For an # month old child, Calvin has **many skills expected of his age** but he also demonstrates **some skills slightly below** what is expected at this age in the area of *(outcome)*. • Relative to same age peers, Calvin shows **many age expected skills**, but continues to show **some functioning that might be described like that of a slightly younger** child in the area of *(outcome)*. • Calvin is **somewhat** where we would expect him to be at this age. This means that Calvin has **many skills we would expect** at this age in regard to *(outcome)*, but he does **not yet have all of the age expected skills** *(it is possible to highlight a few of non-age expected functional skills)*.
Decreasing Degree of Age Expected Skills	4	AE IF	• At # months, Calvin shows **occasional** use of **some age expected skills**, but more of his skills are **not yet age expected** in the area of *(outcome)*. • At # months, Calvin shows **occasional use of some age expected skills**, but has **more skills that are younger** than those expected for a child his age in the area of *(outcome)*. • Calvin has **a few of the skills we would expect** in regard to *(outcome)*, but he shows **more skills that are not age appropriate**.
No Age Expected Skills and a Decreasing Degree of Immediate Foundational Skills	3	IF F	• Relative to same age peers, Calvin is **not yet using skills expected of his age**. He does however use **many** important and **immediate foundational skills** to build upon in the area of *(outcome)*. • In the area of *(outcome)*, Calvin has **nearly age expected skills**. This means that he does **not yet have the skills we would expect** of a child his age, but he **has the immediate foundational** skills that are necessary to build upon to achieve age appropriate skills *(it is possible to include a few functional skills as examples)*.
No Age Expected Skills and a Decreasing Degree of Immediate Foundational Skills	2	IF F	• At # months, Calvin shows occasional use of **some immediate foundational** skills, but **more** of his abilities represent **earlier skills** in the area of *(outcome)*. • Relative to same age peers, Calvin is showing **some nearly age expected or immediate foundational skills**, but has **more skills that developmentally come in earlier** in the area of *(outcome)*. • For a # month old little boy, Calvin **occasionally uses immediate foundational skills** but has a **greater mix of earlier skills** that he uses in the area of *(outcome)*. • Overall in this outcome area, Calvin is **just beginning to show some immediate foundational skills** which will help him to work toward age appropriate skills.
No Age Expected Skills and a Decreasing Degree of Immediate Foundational Skills	1	F	• Relative to same age peers, Calvin has the **very early skills** in the area of *(outcome)*. This means that Calvin has the skills we would expect of a **much younger** child in this outcome area. • For a # month old little boy, Calvin's functioning might be described **as like that of a much younger child**. He shows **early skills, but not yet immediate foundational** or age expected skill in the *(outcome)* area.

An additional and necessary tool to assist with outcome rating decisions is the "Decision Tree for Summary Rating Discussions" produced by the Early Childhood Outcomes Center (5/19/09). Included here is a copy of the Decision Tree. It is accessible online at:
http://projects.fpg.unc.edu/~eco/pages/outcomes.cfm#COSFormandInstructions



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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 (i.e., adaptive, cognitive, communication, motor, social/emotional) are assessed.

Check the box indicating that the Measuring Results tri-fold was reviewed with the family.

The developmental information should include a record of functional abilities and

needs of the child. Consider the examples noted earlier. 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 pertinent. The inclusion of progress made is also important for re-evaluations.

A standardized outcomes rating culminating statement must be included at the end of each of the three outcome areas.

The following excerpt from the Rubric describes best practice documentation expectations for the functional abilities, strengths and needs (PLOD) section of the IFSP-PD.

7. Functional Abilities, Strengths, & Needs

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

0 *Unacceptable*	**1**	**2** *Getting There*	**3**	**4** *Best Practice*
☐ One or more of the functional areas are *not* completed or illegible. ☐ Technical jargon is used and *not* defined. ☐ Development is described as isolated evaluation tasks.		☐ All are areas completed & legible. ☐ Jargon *not* used or is clearly defined. ☐ Observations & reports of the child's functional abilities are described as they relate to family routines/activities. ☐ Information clearly comes from authentic assessment including RBI. ☐ 3 culminating statements are included.		☐ All items from response option 2 are checked. ☐ Information included in each of the three areas clearly relates to the associated area. ☐ Documentation in the functional areas clearly supports the associated COSF rating. ☐ Positive social relationships ☐ Acquiring and using knowledge/skills ☐ Taking action to meet needs

IFSP Outcomes, Criteria, Procedures, & Timelines

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, procedures and timelines.

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 through 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 draft the outcomes, based on family priorities, and consider outcomes measurement and inclusion of required elements.

Guidelines for entering time in SNPMIS:
After RBI - IFSP Outcome and present levels of development (PLOD) writing back in the office. Service Coordinator enters the time in Service Coordination sessions as "IFSP development."
Other providers involved capture time as "IFSP Development" in provider time.

The EDIS IFSP document includes space for two outcomes per page. For each outcome there is space for recording the outcome, specifying the measureable criteria to determine when the outcome has been achieved, documenting how progress will be measured, and stating when progress will be reviewed. The next few pages of this handbook provide greater detail and guidance for writing functional outcomes, measurable criteria, procedures, and timelines.

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 one's 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, acquiring and using knowledge and skills, and taking appropriate action to meet needs) 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 section of this handbook presents information about and examples of child and family outcomes. Criteria for measuring the achievement of outcomes are 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 occurs?
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.	Kiki will participate in play times by pretend playing with toys (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.	Leo will participate in bed and sleep time by sleeping through the night staying in his bed so we all can get a good night sleep.

The formula used to build these 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 desire. In some instances the statement "by participating in ___ " may be sufficient to describe what will be better.

Full example:
Marko will participate in <u>meal times</u> by <u>feeding himself with a spoon independently</u> so that <u>he does not have to be fed</u>.

This algorithm illustrates the preferred approach to writing outcomes. While it is not required for writing each child outcome it is a helpful and strongly recommended tool, as it 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. An additional perk to using the algorithm is that the child outcomes follow a predictable pattern making them easier to understand and follow.

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 examples of family outcomes that are based upon family priorities.

Family Desire/Concern	What's Happening Now	IFSP Outcome
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.
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.

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)*

Document the child and family outcomes ensuring they are functional and clear.

The following excerpts from the Rubric describe best practice documentation expectations for child and family outcomes. Note that there are separate rubric sections for child and family outcomes.

9. Outcomes

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

0 *Unacceptable*	**1**	**2** *Getting There*	**3**	**4** *Best Practice*
☐ Outcome is vague, too broadly stated, or includes *undefined* jargon. ☐ Not developmentally appropriate /realistically achievable. ☐ Has little or no relationship to present levels of development or family concerns & priorities. ☐ Outcome is to tolerate or only extinguish a behavior.		☐ Outcome is written in family-friendly language. ☐ It is clearly linked to family desire stated on section 8 of IFSP. ☐ Outcome answers 2 of the 3 following: • What would the family like to see happen? • Where, when, &/or with whom should it occur (i.e., routines-based)? • What will be better (so that, in order to, to…)?		☐ All items from response option 2 are checked. ☐ Outcome is specific & functional; it is necessary for successful functioning in routines. ☐ It clearly contains only one outcome. ☐ Outcome answers all of the following questions: • What would the family like to see happen? • Where, when, &/or with whom should it occur (i.e., routines-based)? • What will be better (so that, in order to, to…)?

9. Outcomes

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

0 *Unacceptable*	**1**	**2** *Getting There*	**3**	**4** *Best Practice*
☐ Outcome is vague or too broadly stated. ☐ Outcome includes *undefined* jargon. ☐ It is not linked to family concern.		☐ Outcome is written in family-friendly language. ☐ It is clearly linked to family desire stated on section 8 of IFSP. ☐ Outcome answers the following: • What would the family like to see happen?		☐ All items from response option 2 are checked. ☐ Outcome is specific. ☐ The outcome is not compound

Achievement of the Outcome Measurable Criteria, Procedures, & Timelines

The EDIS IFSP divides the outcome and criteria into separate statements. The outcomes are included in one box and the respective criteria to measure achievement of the outcome is stated in the box below the outcome on the outcome pages (section 9) of the IFSP. There are also separate sections to document procedures for measuring achievement of and progress toward the outcome, as well as the timeline for reviewing each outcome.

Criteria

Criteria statements are specific descriptions of what constitutes achievement of each outcome. They serve as a tool for the team to evaluate progress toward or achievement of each outcome. Teams also refer to the criteria to determine the need for modifications or revisions to outcomes, 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 presented earlier.

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.
Kiki will participate in play times by pretend playing with toys (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.
Leo will participate in bed and sleep time by sleeping through the night 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 demonstrating 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 define the observable measure of outcome achievement.

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

IFSP Outcome	Criteria
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.
Gina and Greg will have two date nights.	When Gina and Greg have gone out on one date night and have another scheduled.

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 excerpts from the Rubric describe best practice documentation expectations for writing child and family outcome criteria statements. Note that there are separate criteria rubrics for child and family criteria statements.

9. Outcomes (continued)

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

0 *Unacceptable*	**1**	**2** *Getting There*	**3**	**4** *Best Practice*
☐ Criterion is vague or not understandable. ☐ Appears to be a direct repeat of the outcome. ☐ Is not functional. ☐ It is not measurable.		☐ Criterion is functional. ☐ Criterion is a measure of achievement of the outcome. ☐ Criterion answers 2 of the following: • Can *it* (i.e., behavior, skill, event) be observed (seen or heard)? • Where or with whom will it occur? • When or how often will *it* occur (conditions, frequency, duration, distance, measure)?		☐ All items from response option 2 are checked. ☐ Criterion is obviously linked to the outcome, but is not a direct repeat of the outcome. ☐ Criterion answers all of the following questions: • Can *it* (i.e., behavior, skill, event) be observed (seen or heard)? • Where or with whom will it occur? • When or how often will *it* occur (conditions - by frequency, duration, distance, measure)?

9. Outcomes (continued)

Family CRITERIA: Criterion represents a functional measure of progress toward the outcome. A criterion includes a measurement.

0 *Unacceptable*	**1**	**2** *Getting There*	**3**	**4** *Best Practice*
☐ Criterion is vague or not understandable. ☐ Appears to be a direct repeat of the outcome. ☐ Is not realistic.		☐ Criterion is a measure of achievement of the outcome. ☐ Criterion answers 1 of the following: • Is the timeframe, date or family satisfaction measurement included? • Can *it* (i.e., event, receipt of information) be observed/reported?		☐ All items from response option 2 are checked. ☐ Criterion is obviously linked to the outcome, but is not a direct repeat of the outcome. ☐ Criterion answers all of the following: • Is the timeframe, date or family satisfaction measurement included? • Can *it* (i.e., event, receipt of information) be observed/reported?

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 be agreed upon by the team and feasible for the family. Procedures should have the following characteristics.

- ☑ Procedures match the criteria and refer to the outcome.
- ☑ Procedures 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 for each IFSP outcome 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 accurate adherence to the timelines.

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 2014)
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 2014)
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 2014)
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 2014)
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 2014)

IFSP Outcome	Criteria	Procedures	Timelines
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 2014)
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 2014)
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 2014)
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 2014)
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 2014)

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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. The Rubric for procedures and timelines is the same for both child and family outcomes.

9. Outcomes (continued)

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*
☐ Procedures don't match criterion. ☐ Do not indicate who will carry out the procedure/s. ☐ Review timeline is greater than 6 months from IFSP development.		☐ Both sections are completed. ☐ Procedures identified are appropriate for measuring the criterion. ☐ Review timeline is within 6 months of IFSP development.		☐ All items from response option 2 are checked. ☐ Identify who will carry out each procedure. ☐ Procedures involve parents/caregivers.

Strategies

Within the EDIS IFSP-PD, intervention strategies are no longer specifically included in the IFSP. Rather, providers are required to explicitly document the strategies discussed and applied to the IFSP outcomes as part of ongoing intervention documentation. Previously providers documented intervention sessions in a variety of ways. With the implementation of this IFSP there is now a standardized means that EDIS early intervention providers will document their sessions using "SIP" notes. Early intervention progress notes must address three functions for each IFSP outcome covered during a home visit. First is the status (S) of progress toward the IFSP outcomes addressed, next is the actual intervention strategy discussed/implemented (I), and third is the plan (P) of who will do what relative to each outcome addressed. The reader is directed to the EDIS Handbook Quality Components of Early Intervention Visits for more information on quality home visits and how strategies are identified and implemented in partnership with parents and caregivers.

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 or discontinue) 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 or discontinuing an outcome and do not result in changes to the frequency, intensity, duration, model, or location of early intervention services.

If an outcome is changed or modified and needs to be re-written it is considered a new outcome. When adding new outcomes they should be numbered sequentially from the last numbered outcome on the plan. For example, if there are six outcomes on the initial IFSP and the team decides to add an additional two outcomes at a periodic review the additional outcomes would be numbered seven and eight. This is so even if prior outcomes are discontinued (e.g., if the initial outcomes two and three were discontinued and new outcomes were added outcomes are still numbers sequentially from the last numbered outcome on the plan). On the IFSP Change/Review form document which services will address the new outcomes. It is not necessary to write a new services page if services will not change but the service/services addressing the additional outcomes should be clearly documented on the IFSP Change/Review form.

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, specifically SIP notes discussed earlier. It is therefore not necessary to document on the IFSP outcome review section 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.

9. Outcomes (continued)

OUTCOME REVIEW: Procedures are appropriate and timely for reviewing outcomes.

0 *Unacceptable*	**1**	**2** *Getting There*	**3**	**4** *Best Practice*
☐ Review is not completed in time. ☐ One or more area *not* completed or illegible.		☐ One of the 3 review options is indicated. ☐ One of the 2 plan options is indicated. ☐ The date is included.		☐ All items from response option 2 are checked. ☐ Review is completed within the timeline documented in the timeline section above.

Remaining IFSP Components

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

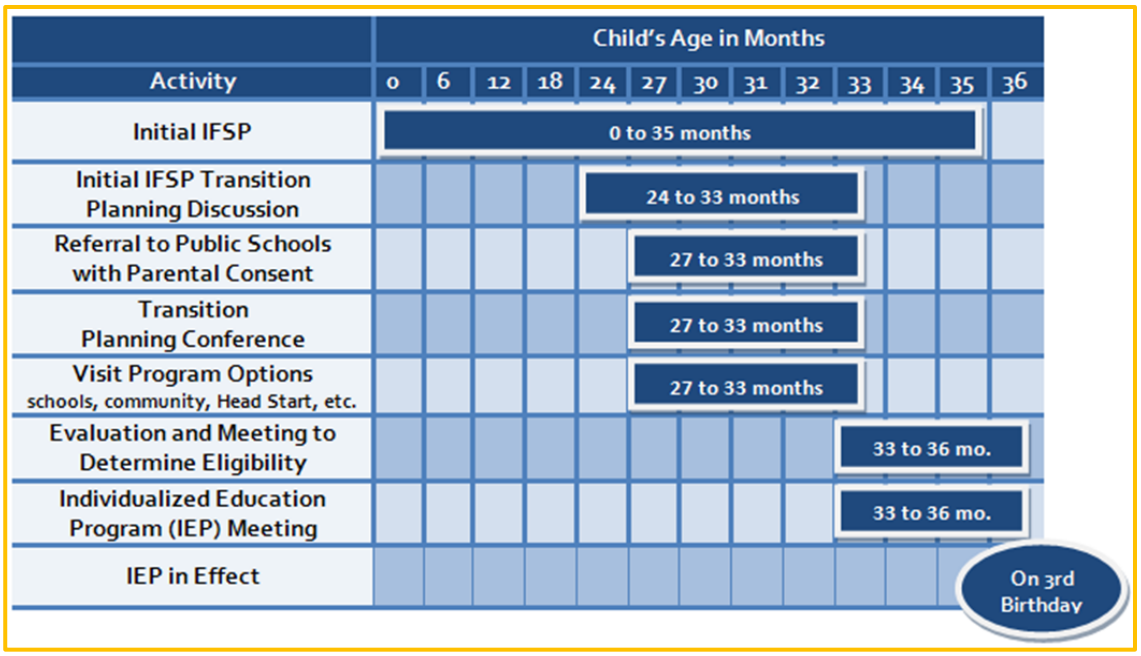
Transition

Transition is the movement of families out of the current early intervention program. It includes children 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. The IFSP-PD includes the four transition possibilities 1) moving from the catchment area, 2) other (explain), 3) Transition at age 3 years of age, and 4) transition discussed and no known transitions are anticipated within the next 12 months. For each family one of the four options must be checked and carefully completed as applicable.

As children transition to special education/preschool (Part B), or Preschool Services for Children with Disabilities (PSCD) as it is referred to in the Department of Defense Education Activity (DODEA) system, it is imperative that the family and both the sending and gaining agencies are involved in the transition planning process and that required timelines are adhered to. Following is a table of general timelines for children transitioning from EDIS early intervention to DoDEA PSCD.



In addition to these general timelines there are special circumstances for children with summer birthdays and children referred to EDIS within 90 days of their third birthday.

Summer birthdays: If the child turns 3 within the last 6 weeks of school, the team (EDIS, School, and Family) must convene a transition meeting. Based upon the team decision and if the child is eligible, early intervention services may be extended until the start of the new school year. An IEP would be developed before the summer break with a beginning date set for the start of the new school year. EDIS early intervention services would continue in accordance with the IFSP.

Referrals within 90 days of child turning three years of age: When children are referred to EDIS within 90 days of turning three years of age EDIS and the school will work cooperatively in planning assessment activities to determine eligibility.

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 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 should occur by the time the child is 2 years and 6 months old.
- ☐ 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 carefully coordinated with the Part B program. Decisions about services, frequency, and intensity must be individualized and made through the local school team meeting process (i.e., the Case Study Committee - CSC - in the DoDEA system).

Remember that transition plans and activities will vary depending upon the individual child and family and the type of transition.

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10. Transition

Type of Transition

Be certain to check one of the four listed transition types and the anticipated date of that transition as applicable.

☐ (1) Moving from Catchment area

If the family is anticipating a move from the area check this box and indicate the anticipated transition date. Also document the steps to be taken to support the transition. Include who will do what.

☐ (2) Other

If the family is transitioning, but the type of transition does not meet one of the other transition types then enter the type of transition, indicate the anticipated transition date, and document the steps to support the transition including who will do what.

☐ (3) Transition at 3 years of age

By the time a child is 2 years 6 months of age a transition plan for moving out of early intervention must be in place. Include the anticipate date of the transition as the child's third birthday, unless team (Family, EDIS, and School) decisions are already in place to have an early or extended transition.
Check the applicable transition planning boxes included and explain any additional transition steps needed, including who will do what.

☐ (4) Transition discussed and no known transitions are expected in 12 months

At times the family may not be expecting any transitions so no specific planning is possible. Under these circumstances check this option and revisit transition as applicable for the family.

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

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*
☐ One of the 4 transition options is not checked. ☐ Transition option (3) is not completed for a child 2 years 6 months or older.		☐ One of the 4 transition options is completed. ☐ Anticipated date is included with the exception of option (4). **As applicable:** ☐ Transition option (3) is included for a child 30 months or older. *It may be included for a 2 year old as well.*		☐ All applicable items from response option 2 are checked. **As applicable:** ☐ If option (1), (2),or (3) is selected steps taken to support the transition are described including who will do what.

Other Services

Other services addressed on each IFSP are transportation, assistive technology, and support services. These services 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. Because early intervention is provided in natural environments, except under extremely rare child specific circumstances, the need for transportation is rarely necessary.

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 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.

On the IFSP-PD there are different categories of AT, 1) AT that is needed for a child to achieve an outcome, 2) AT that may be tried to assist a child with achievement of an outcome, and 3) no AT needed at this time. It is important to note the different possibilities.

1) AT devices that are known to be needed for a child to achieve an IFSP outcome must be documented and include the specific AT needs and the actual IFSP outcome. Under these circumstances, EDIS will facilitate the purchase of the appropriate device or materials. 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 __." *(Depending on the item or piece of equipment, EDIS may be able to loan or provide the item to the family.)*

2) Another AT option that teams may exercise is considering the use of an AT device as part of an IFSP without yet knowing if it is truly needed for the child to achieve the outcome. Under these circumstances, the team checks the box that "AT may be tried with outcomes ____." The actual trial of the AT for the specific outcomes is then documented in ongoing intervention progress notes (i.e., SIP notes).

3) Under other circumstances no AT needs may be identified. Then simply check the box that there are "No AT needs at this time."

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11. Other Services

☐ **Transportation**

Indicate by checking the box "no" or "yes" if transportation is needed for the family to participate in early intervention services. If yes, specify what is needed and who will do what.

☐ **Assistive Technology**

1) Determine first if AT is needed to achieve any of the outcomes included on the

IFSP. If so, check the first box stating which outcomes and what AT is needed. Explain who will do what to help secure the needed AT.

2) If the team does not know if the AT is needed to achieve a particular outcome, but they would like to explore the use of AT then check the second box indicating which outcomes AT will be applied to and then document in SIP notes what is being tried.
3) If there are no known AT needs at the time the IFSP is developed indicate this by checking the third box.

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

11. Other Services

▪ Transportation & assistive technology needs are addressed.

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

Support Services

Support services include two sub-sets of services. 1) those that the family is already receiving and 2) those that are needed or anticipated to be needed.

These are non EDIS services and may 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.

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12. Support Services
Identify services the child/family is receiving…
List other non EDIS services the family currently receives. Include the frequency and duration if known.
Identify other non EDIS services the child/family need…
List any other services the child/family needs. Identify who will do what to help the family to access the service.

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

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 that are derived from the family's concerns, priorities, and desires and are 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. EDIS 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	☐ Initial/Annual ☐ Addition
☐ Individual ☐ Consultation ☐ Group ☐ Monitor	Frequency (how often) For a minimum of____sessions	Intensity (time/session)	Location
Start Date:	End Date:	☐ 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 that 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 Service Coordinator 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.

*See the "Early Intervention Service Coordination EDIS Roles and Responsibilities" Handbook for detailed information. The handbook is available online at www.edis.army.mil

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 early intervention 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 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 provider approach is evident & frequency, intensity & duration of each service are documented accurately.

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

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 you 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 typically developing 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. 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*
☐ Services are provided in a non-natural environment without justification. ☐ Justification is based solely on provider or parent preference.		☐ All services (beyond consultation) are provided in natural environments or justification is documented. **As applicable** ☐ Justification is based on the child and child outcomes versus provider or parent preferences alone.		☐ All applicable items from response option 2 are checked. ** **As applicable justification includes:** ☐ Why a service can't be provided in a natural environment is based on the child's needs. ☐ How the intervention will be generalized into the child's & family's routines & activities ☐ Plan for moving intervention to a natural setting.

IFSP-PD Signature Page

Developing the IFSP-PD is a process and not simply a form to be completed. The steps in the process are important foundations for providing high quality family-centered early intervention support and services. The process of developing the IFSP cannot be effectively accomplished in a single meeting with the family. It should also not be an overly lengthy process. In accordance with DoD and Service regulations an IFSP development meeting must occur within 45 calendar days of receiving the referral to early intervention.

The IFSP development meeting is the day the IFSP is finished and team members sign the IFSP. This is also the day the parent gives consent. However, on rare occasions a family may desire more time to review the IFSP after it is written. When this happens they may elect to sign it after they have had time to review it further. Typically, this will not take more than a week (7 calendar days).

Beyond meeting the 45 day timeline, teams must also assure that services are provided in a timely manner following IFSP development and parent consent for implementation. "Timely" is defined as 21 calendar days from parent consent (IFSP implementation date on the IFSP – section 14).

Timeline Review (Calendar days)

Referral to initial contact	7 days	Maximum number of days from referral to services = 66
Referral to IFSP development meeting including parent consent on the IFSP *(the day the IFSP is finished and signed)*	45 days	
Parent consent (i.e., parent signature on IFSP) to initiation of early intervention services	21 days	

For example, if the referral were on 1 January, 45 days from that would be 14 February. If the full 45 days was taken and the parent signs the IFSP on 14 February then services would need to start by 7 March (21 days from the signing of the IFSP-parent consent).

The IFSP-PD signature page documents the IFSP development date, the projected review date, the ongoing service coordinator, the next service plan date, parent consent statements, IFSP team signatures and implementation (parent consent) date.

Following the IFSP development the service coordinator facilitates initiation of services.

"IFSP-PD" *Form 721*

14. IFSP Agreement

Date IFSP Developed

This is the meeting date when the team completed development of the IFSP and all sections of the document are completed.

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

Date of the next service plan (no later than 12 months from IFSP development).

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 five statements.

IFSP Team Signatures and Parent Consent Date (Implementation Date)

All attendees print and sign their names. Team involvement must include the parents and multidisciplinary EDIS participation. The date listed in this section is the parent consent date (in SNPMIS this is listed as the "start date").

Discussion

Document additional information as needed. If the family is receiving services on a space available basis, be sure to document that here and include the restrictions of space available services that services may discontinue at any time space is no longer available.

Other Contributors As needed list other person/s that provided some input into developing the IFSP in the "Discussion" section. For example, information shared by a child care provider or input from a particular doctor. Other contributors are people only partially involved and not present for the IFSP development. Include their names and discipline or relationship to the family; their signatures are not necessary.

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*
☐ One or more section/question *not* completed or illegible. ☐ MD team participation is not evident.		☐ All required documentation sections are completed & accurate. ☐ MD team involvement is evident. ☐ All parent statements are checked.		☐ All items from response option 2 are checked. ☐ The projected review date is within 6 month of the date the IFSP was developed. ☐ 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 of the initial or annual IFSP. This may occur more frequently if conditions warrant or if the family or other team members requests such a review. At a minimum, the review must 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 the formal 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.

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. Examples of service and outcome changes are described below.

Changes to Services

Changes to IFSP services require prior notification (Notice of Proposed Action) 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 documentation on a new 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-language therapy) is discontinued, the current end date corresponding with that model on the IFSP remains and the revised end date is entered under the "Discontinued Date." The new model is added on a new IFSP services page. The change must also be described on the "IFSP Review/Change" form. The documentation on the Change/Review form must include detail describing the change and why the change was made. 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 and copies of all changes are provided to the family.

Changed Service Method: *Discontinue individual speech and change to consultation*

Service: Speech therapy	Provided by Speech Therapist	Outcome 1, 3, 6	☒ Initial/Annual ☐ Addition
☒ Individual ☐ Consultation ☐ Group ☐ Monitor	Frequency (how often) 2 times per month For a minimum of_20_sessions	Intensity (time/session) 60 minutes	Location home
Start Date: 1 Oct 2013	End Date: 1 Oct 2014	☒ Discontinued Date: 15 January 2014	

New Service Method

Service: Speech therapy	Provided by Speech Therapist	Outcome 3 & 6	☐ Initial/Annual ☒ Addition
☐ Individual ☒ Consultation ☐ Group ☐ Monitor	Frequency (how often) 1 times per month For a minimum of_8_sessions	Intensity (time/session) 15 minutes	Location EDIS
Start Date:15 Jan 2014	End Date: 1 Oct 2014	☐ Discontinued Date:	
Additional information: Including justification if services are not provided in the natural environment and description of any co-visits. Consultation will be provided to the primary provider (ESCS)			

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 is entered under "Discontinued Date." The new frequency, intensity or location for the service model is documented on a new IFSP services page and the new start and end date is entered. For example, if the frequency of physical therapy monitoring is decreased from 1 time a month to every other month, the end date under the physical therapy monitoring (1 time a month) remains and the revised end date is entered under "Discontinued Date." The new service frequency is then entered on a new IFSP services page. The change must also be described on the "IFSP Review/Change" form. The documentation on the Change/Review form must include detail describing the change and why the change was made. 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 and copies of all changes are provided to the family.

Discontinued Service Frequency:

Service Physical Therapy	Provided by Physical Therapist	Outcome 1, 2, 4, 5	☒ Initial/Annual ☐ Addition
☐ Individual ☐ Consultation ☐ Group ☒ Monitor	Frequency (how often) 1 time per month For a minimum of_12_sessions	Intensity (time/session) 45 minutes	Location Family's home
Start Date: 1 Jun 2013	End Date: 1 Jun 2014	☒ Discontinued Date: 30 Sep 2013	

Revised Service Frequency:

Service Physical Therapy	Provided by Physical Therapist	Outcome 2, 4	☐ Initial/Annual ☒ Addition
☐ Individual ☐ Consultation ☐ Group ☒ Monitor	Frequency (how often) Every other month For a minimum of_4__sessions	Intensity (time/session) 45 minutes	Location Family's home
Start Date: 30 Sep 2013	End Date: 1 Jun 2014	☐ Discontinued Date:	

Adding a new Service

Complete a new IFSP services page and service box and enter the new service. The change must also be described on the "IFSP Review/Change" form. The documentation on the

Change/Review form must include detail describing the change and why the change was made. 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 and copies of all changes are provided to the family.

All service changes on the IFSP-PD must also be entered into SNPMIS using the Addenda button the Update Service Plan window in IDEA Processes.

Changes to Outcomes

The team must make the outcome change with the family, involve the service coordinator, and describe what the change was and why it was made on an "IFSP Review/Change" 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 a new outcome	• Document date of Change/Review on the last page of the IFSP.	• Document that a new outcome was added and describe why. • Identify which current service/s will address the outcome. It is not necessary to write a new services page. • Complete new outcome page.	• Family • Service Coordinator • Providers that will address the outcome.
Modifying a current outcome	• *A modified outcome is regarded as a new outcome. Follow procedures for adding a new outcome.*		*Follow procedures for adding a new outcome.*
Discontinuing an outcome for a reason ***other than*** met outcome	• Check the applicable progress box on outcome page (no change, making progress) • Check discontinue box & date • Document date of Change/Review on the last page of the IFSP.	• Document that an outcome was discontinued and describe why.	• Family • Service Coordinator • Providers that will address the outcome.
Discontinuing an outcome *because the* outcome is met	• Check the applicable progress box on outcome page (i.e., met). • Enter the date.	• Not needed. • All met outcomes will be reviewed at the next formal review (i.e., 6 month, annual, or other requested review).	• Family • Service Coordinator • Providers involved with addressing the outcome.

Annual IFSP Review

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

IFSP-PD

The IFSP serves as the team's umbrella plan for intervention and its functional outcomes will define a family's individualized curriculum for early intervention. The IFSP outcomes should be at the core of every intervention visit and be used to guide the discussion and activities that happen during the course of the visit. By explicitly using the outcomes to focus each visit you ensure that the family's priorities are being addressed. There will be times when outcomes need revision or new ones need to be added. By addressing IFSP outcomes regularly as part of each visit the team is able to stay abreast of needed changes, which yields a dynamic IFSP that transforms with the family as changes occur in their life. It is likely that there is not enough time in a home visit to address every outcome at each visit. Sometimes an entire visit might be spent on just one outcome, while at other visits more outcomes may be addressed and on other occasions the family may need to address something else that has come up. Of course if the latter happens too frequently you'll want to revisit the IFSP to be sure that the outcomes included are still the family's priorities. Using the IFSP and the outcomes to guide the visit helps interventionists and families keep track of the outcomes and progress toward them.

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 A

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

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

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

IFSP Rubric Completion

Reviewer Considerations

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

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

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

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

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

Scoring Procedures

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

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

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

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

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

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

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

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

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

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

AREA 2: Assessment (sections 4 – 8)

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

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

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

AREA 4: Services (sections 10 – 4)

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

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

EDIS Early Intervention IFSP *Quality* RUBRIC

IFSP Identifier:	Reviewer:	Date:

AREA 1: General Information & Screening

1. General Information

▪ Demographic information is complete & accurate.

0 *Unacceptable*	1	2 *Getting There*	3	4 *Best Practice*
☐ One or more information sections/questions *not* completed or illegible.		☐ All applicable sections are filled in. ☐ All applicable information is accurate & legible.		☐ All items from response option 2 are checked. ☐ 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*
☐ Concern/reason for referral is vague or unclear. ☐ Responses include only what the child is not or cannot do.		☐ The concern/reason for referral is stated in descriptive terms. ☐ Includes a functional example/s of what is happening now.		☐ All items from response option 2 are checked. ☐ Documentation includes what the family wishes/thinks the child should do.
Comments:				

3. Screening

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

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

AREA 2: Assessment

4. Health Information

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

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

5. Developmental Evaluation and Eligibility Status

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

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

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

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

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

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

6. Family & Child Strengths & Resources

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

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

7. Functional Abilities, Strengths, and Needs

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

0 *Unacceptable*	**1**	**2** *Getting There*	**3**	**4** *Best Practice*
☐ One or more of the functional areas are *not* completed or illegible. ☐ Technical jargon is used and *not* defined. ☐ Development is described as isolated evaluation tasks.		☐ All are areas completed & legible. ☐ Jargon *not* used or is clearly defined. ☐ Observations & reports of the child's functional abilities are described as they relate to family routines/activities. ☐ Information clearly comes from authentic assessment including RBI. ☐ 3 culminating statements are included.		☐ All items from response option 2 are checked. ☐ Information included in each of the three areas clearly relates to the associated area. ☐ Documentation in the functional areas clearly supports the associated COS ratings. ☐ Positive social relationships ☐ Acquiring and using knowledge/skills ☐ Taking action to meet needs
Comments:				

8. Family Concerns & Priorities

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

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

AREA 3: Child Outcomes

9. Outcomes

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

OUTCOME NUMBER: _____

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

0 *Unacceptable*	**1**	**2** *Getting There*	**3**	**4** *Best Practice*
☐ Outcome is vague, too broadly stated, or includes undefined jargon. ☐ Not developmentally appropriate /realistically achievable. ☐ Has little or no relationship to present levels of development or family concerns & priorities. ☐ Outcome is to tolerate or only extinguish a behavior.		☐ Outcome is written in family-friendly language. ☐ It is clearly linked to family desire stated on section 8 of IFSP. ☐ Outcome answers 2 of the 3 following: • What would the family like to see happen? • Where, when, &/or with whom should it occur (i.e., routines-based)? • What will be better (so that, in order to, to…)?		☐ All items from response option 2 are checked. ☐ Outcome is specific & functional; it is necessary for successful functioning in routines. ☐ It clearly contains only one outcome. ☐ Outcome answers all of the following questions: • What would the family like to see happen? • Where, when, &/or with whom should it occur (i.e., routines-based)? • What will be better (so that, in order to, to…)?
Comments:				

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

0 *Unacceptable*	**1**	**2** *Getting There*	**3**	**4** *Best Practice*
☐ Criteria are vague or not understandable. ☐ Appears to be a direct repeat of the outcome. ☐ Is not functional. ☐ It is not measurable.		☐ Criteria are functional. ☐ Criteria are the measure of achievement of the outcome. ☐ Criteria answers 2 of the following: • Can *it* (i.e., behavior, skill, event) be observed (seen or heard)? • Where or with whom will it occur? • When or how often will *it* occur (conditions, frequency, duration, distance, measure)?		☐ All items from response option 2 are checked. ☐ Criteria are obviously linked to the outcome, but are not a direct repeat of the outcome. ☐ Criteria answers all of the following questions: • Can *it* (i.e., behavior, skill, event) be observed (seen or heard)? • Where or with whom will it occur? • When or how often will *it* occur (conditions - by frequency, duration, distance, measure)?
Comments:				

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

0 *Unacceptable*	**1**	**2** *Getting There*	**3**	**4** *Best Practice*
☐ Procedures don't match criterion. ☐ Do not indicate who will carry out the procedure/s. ☐ Review timeline is greater than 6 months from IFSP development.		☐ Both sections are completed. ☐ Procedures identified are appropriate for measuring the criterion. ☐ Review timeline is within 6 months of IFSP development.		☐ All items from response option 2 are checked. ☐ Identify who will carry out each procedure. ☐ 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*
☐ Review is not completed in time. ☐ One or more area *not* completed or illegible.		☐ One of the 3 review options is indicated. ☐ One of the 2 plan options is indicated. ☐ The date is included.		☐ All items from response option 2 are checked. ☐ Review is completed within the timeline documented in the timeline section above.
Comments:				

AREA 3: Family Outcomes

9. Outcomes

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

OUTCOME NUMBER: _____

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

0 *Unacceptable*	**1**	**2** *Getting There*	**3**	**4** *Best Practice*
☐ Outcome is vague or too broadly stated. ☐ Outcome includes undefined jargon. ☐ It is not linked to family concern.		☐ Outcome is written in family-friendly language. ☐ It is clearly linked to family desire stated on section 8 of IFSP. ☐ Outcome answers the following: • What would the family like to see happen?		☐ All items from response option 2 are checked. ☐ Outcome is specific. ☐ The outcome is not compound
Comments:				

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

0 *Unacceptable*	**1**	**2** *Getting There*	**3**	**4** *Best Practice*
☐ Criteria are vague or not understandable. ☐ Appears to be a direct repeat of the outcome. ☐ Is not realistic.		☐ Criteria are a measure of achievement of the outcome. ☐ Criteria answer 1 of the following: • Is the timeframe, date or family satisfaction measurement included? • Can *it* (i.e., event, receipt of information) be observed/reported?		☐ All items from response option 2 are checked. ☐ Criteria are obviously linked to the outcome, but is not a direct repeat of the outcome. ☐ Criteria answer all of the following: • Is the timeframe, date or family satisfaction measurement included? • Can *it* (i.e., event, receipt of information) be observed/reported?
Comments:				

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

0 *Unacceptable*	**1**	**2** *Getting There*	**3**	**4** *Best Practice*
☐ Procedures don't match criterion. ☐ Do not indicate who will carry out the procedure/s. ☐ Review timeline is greater than 6 months from IFSP development.		☐ Both sections are completed. ☐ Procedures identified are appropriate for measuring the criterion. ☐ Review timeline is within 6 months of IFSP development.		☐ All items from response option 2 are checked. ☐ Identify who will carry out each procedure. ☐ 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*
☐ Review is not completed in time. ☐ One or more area *not* completed or illegible.		☐ One of the 3 review options is indicated. ☐ One of the 2 plan options is indicated. ☐ The date is entered.		☐ All items from response option 2 are checked. ☐ 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*
☐ One of the 4 transition options is not checked. ☐ Transition option (3) is not completed for a child 2 years 6 months or older.		☐ One of the 4 transition options is completed. ☐ Anticipated date is included with the exception of option (4). **As applicable:** ☐ Transition option (3) is included for a child 30 months or older. *It may be included for a 2 year old as well.*		☐ All applicable items from response option 2 are checked. **As applicable:** ☐ If option (1), (2),or (3) is selected steps taken to support the transition are described including who will do what.
Comments:				

11. Other Services

- Transportation & assistive technology needs are addressed.

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

12. Support Services

- Support service needs are addressed.

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

13. Services

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

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

13. Services continued

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

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

14. IFSP Agreement

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

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

Overall Analysis

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

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

AREA 2: Assessment (sections 4-8)

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

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

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

AREA 4: Services (sections 10 – 14)

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

APPENDIX B

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; Landstuhl, 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 the child's gender (boy or girl).*

- Date of Birth: Enter date as *DDMMMYYYY*

- Age: *Enter child's chronological age at the time of referral*

- If born early enter Gestational Age: *As appropriate, enter the week at which the child was born for a child born at or before 36 weeks gestation.* If the child was full term (over 36 weeks) it is sufficient to enter "not applicable" or "full term" in the box "If born early enter gestational age."

- 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 family and child are unavailable for an extended period of time , enter the date that the family re-contacts EDIS to report that they are available. Enter the individual/agency who actually contacted EDIS to make the referral as the referral source.*

- Annual Re-evaluation: *Check the box to identify that this is an annual re-evaluation. No further information is needed in this box. Leave it blank if it is an initial referral.*

- 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.*

- EDIS Early Intervention Services tri-fold review. *By checking the box on the form you are verifying that you have reviewed these important points with the family.*

- 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 family's current concerns and questions using a sufficient amount of detail. Include answers to both questions.*

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" or "s" or "n/a" next to each skill to indicate if the child demonstrates the skill ("y"),does not demonstrate the skill ("n"), sometimes demonstrates the skill ("s"), or not applicable ("n/a"). 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 screenings and initial and annual evaluations.*

- Functional Hearing Screening: *Enter a "y" or "n" or "s" or "n/a" next to each skill to indicate if the child demonstrates the skill ("y"),does not demonstrate the skill ("n"), sometimes demonstrates the skill ("s"), or not*

applicable ("n/a"). 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, but must 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 in descriptive terms. 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 describe how the team made 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 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, or 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, learning disability, or mental health information that would be useful for us to know?: *This may include family history of special education, hearing loss, speech-language 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 a question about the child's continued eligibility or if standardized evaluation is needed for transition purposes. Criterion-referenced measures and report of age ranges may be used for annual re-evaluations.*

- Results: *Include the name of the instrument, spelled out the first time, scores stated as standard deviation, and enter date of testing.*
- Methods: *Check the applicable boxes indicating the different assessment methods used.*

- Summary: *The summary should include developmental information for each of the five domains. This descriptive information should go beyond broad listing of developmental domains and general statements about level of functioning. Someone reading the summary should get a picture of the child and clear information about why the child is or is not eligible*.

- Eligibility Status: *Check the box to indicate if it is the initial or annual.*

- Initial Eligibility Determination: *Complete this section for determining initial eligibility. Enter the child's name and indicate by checking the appropriate box if the child is or is not eligible for early intervention services.*

  ***If eligible**, indicate if the child is eligible under developmental delay or biological risk. As applicable indicate if Informed Opinion was used.*

  ***If not eligible**, indicate if the family is interested in tracking and notate the frequency of tracking. Tracking is an option for families who are not eligible for early intervention services. Tracking should occur infrequently (i.e., every other month) unless the family initiates the contact.*

- Annual IFSP Eligibility Status: *Complete this section as part of annual re-evaluation enter the child's name and check the appropriate box to indicate if the child ☐ is not or ☐ continues to be eligible for early intervention.*

- Team Members and Meeting Date: *Include the names and signatures of those involved. At a minimum the parent/s and the multidisciplinary EDIS team members should sign this section. Enter the date of the eligibility meeting using the DDMMMYYYY format.*

- Parent(s) Statements: *Parents check the yes/no boxes at the bottom of the form. Be sure to review each statement with the parents and highlight the privacy act statement at the bottom of the page.*

6 Family and Child Strengths and Resources

- 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.*

The 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).

- 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: F*amily 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. List any concerns they identify or state none at this time.*

- 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.*

- Please tell me about work or any current/pending deployments or events that may affect your family. *Document information about past, current, future deployments or other events.*

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.*

One of the standardized outcomes rating culminating statement must be included at the end of each of the three outcome areas.

Check the box indicating that the Measuring Results tri-fold was reviewed with the family.

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

- Concerns: Relative to each desire indicate what is happening now.
- Priority: Use this column for the family to prioritize the concerns/desires listed.
- Desire: List what the family would like to see happen. This is the list of informal IFSP outcomes that the family generates through the RBI process.
- 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. For each outcome indicate if it is an initial/annual or addition. If it is an addition indicate the date.*
- Outcome*: Enter the outcomes.*
- 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"). Include the date for each review.*

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.

- Type of Transition: *Be certain to check one of the four listed transition types and the anticipated date of that transition as applicable.*

- (1) Moving from Catchment area: *If the family is anticipating a move from the area check this box and indicate the anticipated transition date. Also document the steps to be taken to support the transition. Include who will do what.*

- (2) Other: *If the family is transitioning, but the type of transition is not one of the other transition types then enter the type of transition, indicate the anticipated transition date, and document the steps to support the transition including who will do what.*

- (3) Transition at 3 years of age: *By the time a child is 2 years 6 months of age a plan for transition out of early intervention must be in place. Include the anticipate date of the transition as the child's third birthday, unless team (Family, EDIS, and School) decisions are already in place to have an early or extended transition. Check the applicable transition planning boxes included and explain any additional transition steps needed, including who will do what.*

- (4) Transition discussed and no transitions are expected in 12 months: *At times the family may not be expecting any transitions so no specific planning is possible. Under these circumstances check this option and revisit transition as applicable for the family.*

11. Other Services

- Transportation*: Indicate by checking the box "yes" if transportation is needed for the family to participate in early intervention services. Specify what is needed and who will do what. If no, check the appropriate box.*

- Assistive Technology:
  1) Determine first if AT is needed to achieve any of the outcomes included on the IFSP. If so check the first box stating which outcomes and what AT is needed. Explain who will do what to help secure the needed AT.
  2) If the team does not know if the AT is needed to achieve a particular outcome, but they would like to explore the use of AT then check the second box indicating which outcomes AT will be applied to and then document in SIP notes what is being tried.
  3) If there are no known AT needs at the time the IFSP is developed indicate this by checking the third box.

12. Support Services

- *Identify services the child/family is receiving…*: *List other non EDIS services the family currently receives. Include the frequency and duration if know.*

- *Identify other non EDIS services the child/family need…: List any other services the child/family needs. Identify who will do what to help the family to access the service.*

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: *DDMMMYYYY*

- End Date*: Enter the projected end date (DDMMMYYYY) 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

- 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*

- 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 five statements.*

- IFSP Team Signatures and Parent Consent Date: *All attendees print and sign their names. Team involvement must include the parents and multidisciplinary EDIS participation.*

- *The date listed in this section is the parent consent date (in SNPMIS this is listed as the "start date").*
- Other Contributors: *List other person/s that provided some input into developing the IFSP. For example, information shared by a child care provider or input from a particular doctor. Other contributors are people only partially involved and not present for the IFSP development. Include their names and discipline or relationship to the family; their signatures are not necessary.*

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.*