

Child's Name:
Local Program:

Date of Birth:
Local ID #:

Office of Child Development and Early Learning



Individualized Family Service Plan (IFSP) Individualized Education Program (IEP) – *with Annotations*

In all sections of the IFSP/IEP, use language that is understandable to all team members. Define words that may not be familiar to all team members

- The IFSP and IEP are plans that identify services and supports so that family members and early education programs are actively engaged in promoting the child's learning and development.
- The IFSP/IEP team determines the skills/abilities and appropriate supports and services either in the natural environment or the least restrictive environment to accomplish the established goals and outcomes.
- These decisions are not made by matching the child's areas of delay with a particular early intervention discipline. Rather, supports and strategies are individualized and build on the strengths and skills the child demonstrates in all areas of development.
- The IFSP and IEP are plans that consider: the strengths of the child; concerns of the parent/guardian; most recent evaluation results; academic, developmental and functional needs of the child; communication needs of the child; and will incorporate revisions to the plan to address lack of progress.

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Meetings for the IFSP/IEP	
Date meeting(s) held	Purpose Of Meeting(s) (Ex.: Initial IFSP/IEP, Annual, Revisions)

The table above is to be used by the team to document important IFSP/IEP meetings that have occurred. Write the actual date of the meeting. Beside each date, note the purpose of the meeting such as initial IFSP/IEP, Annual Review, Quarterly Update, Six Month Review, or Other Update. Revisions to the IFSP/IEP will be displayed in Section IX.

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I. Demographics and IFSP/IEP Team Membership

Child Information	
Child's Name:	Gender:
Date of Birth:	Age:
EIX00 #:	
Referral Date:	
Referral Source:	
Child's Address:	
City/State/Zip:	
Phone #:	
Primary Language: <i>If the family identifies a primary language other than English, you must offer an interpreter.</i>	
School District of Residence:	
County of Residence:	

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Family Information	
Name:	Relationship:
Address:	
City/State/Zip:	
Phone (home):	Phone (cell):
Phone (work):	Email:
Primary Language: <i>If the family identifies a primary language other than English, you must offer an interpreter.</i>	
Is Interpreter Needed? <i>If the family declines an interpreter, indicate 'No' in this section and document in the Family Information section of the record.</i>	
School District of Residence:	
County of Residence:	

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IFSP/IEP Team Membership:

Members shall include: parent and others as requested by the parent (if feasible); the County Designee/Service Coordinator (infant/toddler) or Local Education Agency Representative (preschool) must be present for the meeting; a person directly involved with evaluation and assessment results who can interpret instructional implications; a person who will be providing services, as appropriate (infant/toddler); a regular education and a special education teacher (preschool).

Role	Printed Name	Attendance Signature
Parent/Guardian		

The following individuals provided information to the IFSP/IEP team but did not attend or were excused from the meeting.

List Infant/Toddler and Preschool Early Intervention team members excused from the planning meeting who participated by providing written pertinent information to the meeting, by phone, or by the attendance of another authorized representative.

Role	Printed Name

Parent(s) received copy of Procedural Safeguards/Parental Rights Agreement:

Yes

☒

No

☐

Parent Signature:

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II. Child and Family Information

Summary of the Child's Present Performance

Provide a summary from the Evaluation Report, if current, or update with current information. This summary describes the child's strengths (including strengths that exist in areas of concern) and the child's needs. Include developmental, academic achievement (preschool), and functional performance. Describe how the child's developmental delay or disability affects the child's involvement in everyday routines and appropriate activities. Describe instructional strategies that have been successful and how they can be incorporated into the child's educational program and curriculum that will support the child. Describe the child's favorite activities and materials, and factors that motivate the child to participate and learn.

This section is designed to link the evaluation information with the IFSP/IEP. It should combine a synthesis of information first shared by family about their child's development with the findings of the evaluation team. It should capture team priorities and provide contextual information to be addressed through the development of outcomes/goals and teaching strategies. If needed, medical and health considerations should be addressed here. For Newborn Hearing Screening (NBHS) results, documentation should be 'refer' rather than 'fail' or 'did not pass' and include the date and hearing test results from the audiogram and audiologist report in the Hearing section of the Health Summaries. This would include the type of loss (sensorineural, conductive, mixed, or other). For Preschool programs, if this is an IEP developed without a new evaluation, this section should include a summary of all new and updated information regarding the child's present performance. This update should include the child's present performance in all developmental domains across all early learning settings (i.e. home, child care, community, preschool, etc.).

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Summary of Family Information

Provide a summary from the Evaluation Report, if current, or update with current information.

This section is intended to provide an opportunity to review and highlight assessment information shared by families. Include family information that will be helpful in the design of Early Intervention supports and services that are respectful of and culturally responsive to the child and family and their activities and routines. For children who are deaf or hard of hearing, document whether or not the parent(s) and sibling(s) are hearing, have some degree of hearing loss, identify as culturally Deaf, or their hearing status is unknown. For children who are deaf or hard of hearing, documentation that the Communication Plan was discussed/developed with the family could be included here. For Preschool EI programs, if this is an IEP developed without a new evaluation, this section should include a summary of all new and updated family information comparable to what would be gathered when completing Section IV of the Evaluation Report. Be sure to include any updates from the family about new routines, areas of growth, interests and strengths, as well as needs and barriers to participation. Include any early learning opportunities or community activities in which the family participate, or wishes to participate in the future.

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**With parent consent, list assistance to the family in helping them access community, medical or other non-EI funded services.
If the parent does not want to address this item, document in the child's record.**

Inform families this section may include a wide range of supports such as referrals and access to community agencies such as Early Learning Resource Centers, local recreation providers, home health services, behavioral health services, housing, substance use services, etc. Families may or may not prefer to have these referral supports listed on an IFSP/IEP. In any case, these types of agency referrals can be an appropriate and needed component of Early Intervention services.

Information on community activities the child and/or family participates in and medical or other services that the child currently receives should be included here. These services are not required to be funded by the Early Intervention program. Resources and supports that strengthen the family will enhance their ability to successfully participate in the community.

Include community activities, medical or other services that the child needs but are not otherwise available or being provided. If there are services that are not currently provided and the family needs or requests assistance, write a brief description of the steps the Service Coordinator, family and/or team may take in securing these services.. For infants and toddlers who are deaf or hard of hearing, include the Voluntary Release of Information with the Department of Health

III. Special Considerations

Following are special factors the IFSP/ IEP team must consider before developing the IFSP/ IEP. Each question must be answered. If YES is checked, the IFSP/IEP must address the child's needs related to any identified special factor. *If you check yes to any of the considerations below, please indicate where in the IFSP/IEP this need is addressed. As the IFSP/IEP is reviewed and updated across the year, if the decisions regarding special considerations change, you may need to come back to check or uncheck an item on this page to accurately reflect the child's needs at that time.*

1. Is the child blind or visually impaired?
NO YES - As developmentally appropriate for the infant, toddler and preschooler, the IFSP/IEP should evaluate the child's early literacy needs, including reading and writing media. The IFSP/IEP must consider the current and future needs of the child related to the use of Braille if the team decides that this is appropriate for the child. <i>A teacher of the blind and visually impaired can help the team determine the relative roles of vision, hearing and touch in the child's learning. The IFSP/IEP team should then incorporate the results of the learning media assessment, including the functional vision assessment, into the IFSP/IEP, documenting the child's present need for Braille and the likelihood of future need. The IFSP/IEP team should adopt a systematic method of documenting this information for all children with visual impairments, including children with multiple disabilities, when visual impairment is present.</i>
2. Is the child deaf or hard of hearing?
NO YES – Team must consider the infant's, toddler's or preschooler's language and communication needs, opportunities for direct communication with peers and professionals in the child's language and communication mode, academic level, and full range of needs including opportunities for direct instruction in the child's language and communication mode in the development of the IFSP/IEP. <i>Opportunities for direct interaction (without the need for an interpreter or transliterator) in the child's own language and communication mode must be considered. When children use communication methods such as American Sign Language, Listening and Spoken Language, Total Communication, or Cued Speech as their primary method of communication in typical early childhood programs, the teacher, other children, and the ancillary support service providers should be supported to understand and use the appropriate form of communication. The Communication Plan is a tool that identifies considerations that must be addressed during the planning process. The team may choose to embed the Communication Plan components into the IFSP/IEP; or the team may elect to use the Communication Plan and append it to the printed IFSP/IEP. Both options should be explained to the parents/caregivers.</i>
3. Does the child exhibit behaviors that impede the child's learning or that of others?
NO Yes – Team must base the use of positive behavior interventions and supports, and other strategies to address that behavior on a functional behavior assessment. <i>This special consideration is met when a child engages in behavior that is not developmentally appropriate in form or intensity and the child is not responding to typical interventions. There must be a functional behavior assessment, and either: (1) specific outcomes/goals and/or specially designed instruction related to the child's behavioral needs or, (2) a Positive Behavior Intervention Plan. Note: In the case of culturally or linguistically distinct children, a person of the child's cultural group who has knowledge or special expertise regarding the child should participate to explain or evaluate the behavior.</i>
4. Does the child have limited English proficiency (e.g., the child's home language is not English)?
NO YES – Team must consider the family and child's language needs as those need relate to the development and implementation of the IFSP/IEP. <i>Describe how the child's native language and the language needs of the family and child will be incorporated into the development and implementation of the IFSP/IEP. The team should consider evidence based practices related to dual language learning.</i>

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5. Does the child have communication needs?
NO YES – Team must consider the communication needs of the child in the development of the IFSP/IEP. <i>Communication needs are determined by observations of daily interactions with a variety of communication partners (parents, professionals and peers) in a variety of settings. Consideration should also be given to the mode(s) of communication used by the child to receive information and communicate with others, to determine what opportunities exist to foster communication with the general population, and to determine if the child's communication skills impact on learning. The team should also determine if the child requires augmentative and alternative communication to assist in the development and use of meaningful communication. Family input is critical to the comprehensive communication considerations. For children who are deaf or hard of hearing, select yes. The Communication Plan is a tool that identifies considerations that must be addressed during the planning process. The team may choose to embed the Communication Plan components into the IFSP/IEP; or the team may elect to use the Communication Plan and append it to the printed IFSP/IEP. Both options should be explained to the parents/caregivers.</i>
6. Does the child need assistive technology devices and/or services?
NO YES – Team must consider the infant, toddler or preschooler needs for assistive technology in the development of the IFSP/IEP. <i>Assistive technology device means any item, piece of equipment, or product system whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain or improve the functional capabilities of a child. Assistive technology is not a medical device that is surgically implanted. Assistive technology service means any service that directly assists a child, their family/caregivers or service providers in the selection, acquisition or use of a device. This includes any special equipment or technology that children may need to help them participate in everyday routines and activities across all settings. It also includes the services required for assessment and implementation of these devices. Be sure to include specific steps/timelines to identify, trial and obtain any needed service or device. For children who are deaf or hard of hearing, this would include hearing aids, microphones and FM systems. Check yes if the child is currently using low tech or high tech assistive technology to support participation in daily routines and activities, or if there is a potential need for assistive technology as identified in the ER. Please reference "Assistive Technology Devices and Services Defined" document for a clear definition and examples of AT (https://www.specialedconnection.com/LrpSecStoryTool/printDoc.jsp?docid=10004&chunkid=1000008966).</i>
7. Is it anticipated that the infant/toddler or preschooler will be transitioning from the early intervention program because of a transition in the life of the family and child?
NO YES – The IFSP/IEP should address the child's transition to future community programs and the needs of the family related to transition. <i>This consideration is for all children who are anticipated to be exiting the Early Intervention program because they have been successful in meeting their outcomes/goals, will be moving out of state, or for any other transition out of the current Early Intervention program. This includes children whose IEP is considered to be 'Monitor to Exit' from preschool, but not changes to a child's early learning program, such as moving from Pre-K Counts to a Head Start Classroom. Complete Section X. Transition Plan for this child. If they transitioning to further special education services (Part B or Kindergarten), see Special Considerations numbers 8 and 9.</i>
8. Is this an IFSP for a toddler who is at least 2 years 3 months of age?
NO YES – The IFSP must include a transition plan that addresses the child and family's needs related to the transition to the Part B program if eligible or to other community programs. <i>The development of the Transition Plan should be documented at the IFSP meeting or IFSP review after the child turns 2 years, 3 months. Complete Section X. Transition Plan for this child. If a child is referred after they are 2 years, 3 months old, the Transition Plan should be completed as part of the initial IFSP.</i>
9. Is this a preschooler within 1 year of transition to a program for Kindergarten age children?
NO YES – The IEP must include a transition plan that addresses the transition process. <i>Complete Section X. Transition Plan for this child. If the team checks 'no', the team should consider services and activities that will occur within the IEP year and document on Section X. Transition Plan as appropriate.</i>

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IV. Measurable Result/Outcome/Goal

Activity/behavior/skill in everyday life, identified by the family and the IFSP/IEP team, that they would like to see happen. Includes information on the routine/activity of the family, community, or early childhood setting where the behavior/skills will be incorporated. Should address the child's needs identified in the evaluation and the priorities of the family. Be functional and measurable to provide a framework for ongoing progress monitoring. Goal should be developed in accordance with the PA Early Learning Standards and enable the child to be involved in and make progress in the general curriculum.

Outcome/Goal:	Date outcome/goal developed:	Date outcome/goal completed:
Outcome/Goal Statement: <i>A statement of the functional, measurable results or outcomes/goals expected to be achieved for the child (including pre-literacy and language skills, and social and emotional skills as developmentally appropriate for the child) and family. Outcomes/goals should be both measurable and functional. To be measurable, a skill or behavior is identified and a consequence for the skill/behavior is determined; measurement can be "seen" in real world contexts, not tested. To be functional, the skill/behavior should be meaningful within the child and family daily routines and activities and should reflect participation in the child's natural learning environments. The wording of an outcome/goal should be positive, precise and easily understood; the use of acronyms or jargon should be avoided. It should not be discipline-specific, and may be addressed by multiple team members, including the family, related service providers/therapists, special instructors/teachers, and early care providers.</i>		
What is happening now? What is child's current level of performance related to this outcome/goal? <i>For the outcome/goal listed above, give a description of current status of activity/behavior/skill stated in the outcome and how it impacts on the family's routines and activities. The description should be based on evaluation results and/or progress monitoring information, as well as other assessment information as appropriate. The description should serve as a baseline for measuring progress on individual outcomes/goals and should include dated periodic updates. Simply stating that the child cannot do what the goal says is not adequate. (Ex. Child is not walking.) Statement should include what the child IS doing. (Ex. how is the child moving around) For an annual IFSP/IEP, include progress specific to the outcome/goal and a summary statement.</i>		
What teaching strategies are needed to reach the outcome/goal? Include specially designed instruction, supplementary aids and program personnel supports, home or program modifications and training and materials needed by the family or team. Also include location and how all team members, including the family/caregivers/early childhood educators, will work on this. <i>All strategies should be individualized for the specific child and family based on their unique needs.</i> <i>Strategies which relate to this outcome/goal should consider the following:</i> <ol style="list-style-type: none"><i>1) Skills needed by the child for successful participation in the outcome/goal through the child's routines/activities: Include the setting(s) or portion of the child's daily routine and activities when the child will perform the behavior/activity, i.e. mealtime/snacks, play time, bath time, small/large group activities, playground, etc. Include pre-literacy and language skills and social and emotional skills as appropriate for the child.</i><i>2) Skills to be learned by the family/caregivers/early childhood educators to assist in the child's development and participation in everyday routines;</i><i>3) Steps to identify, trial and obtain Assistive technology or augmentative and alternative communication devices, adaptations to existing materials, or acquisition of other materials that will support the child's participation in everyday routines and activities;</i><i>4) Referrals or linkages to people and community resources that will assist the family in expanding their opportunities for involvement in community activities; and</i><i>5) Information to enhance the family's capacity to assist their child's development and enhance the family's participation in everyday activities.</i> <i>Include teaching strategies such as: modeling, imitating, cueing, prompting, guided practice, opportunity for practice, providing information, linking to resources & problem solving. Specify the needed specially designed instruction (SDI) and modifications as well as supports to program personnel. All services will be on an individual basis unless otherwise indicated within the plan here and/or the service page.</i>		
<i>With parental consent, ensure that all team members, including family/caregivers/early childhood educators, who have ongoing responsibilities for the child's plan have access to the IFSP/IEP.</i>		

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How will we as a team measure progress and collect data for this outcome/goal? Include what is going to be measured, how it will be measured, when it will be measured and by whom. Describe when periodic reports on progress will be provided to the parent.

Include criteria, procedures and timelines, such as:

WHAT – What change will we see in the activity/behavior/skill, stated in the outcome/goal as a result of the intervention?

HOW - What data collection strategies will be used to evaluate and record progress?

WHEN - What is the recommended frequency/timeline for collecting the information? When will it be reviewed and used for decision making?

BY WHOM - Who on the team, including the family, is going to be responsible to collect data?

At IFSP/IEP reviews, this information should be used to determine:

- The degree to which progress toward achieving the results or outcomes/goals identified in the IFSP/IEP is being made*
- Whether modifications or revisions of the expected results or outcomes/goals, instruction/teaching strategies or Early Intervention services identified in the IFSP/IEP, are necessary.*

Data should be presented in a manner that is understandable to parents/caregivers and describes progress in specific, functional terms.

After reviewing the outcome/goal and progress monitoring data, we, the team, have decided: (Check one)

- ☐ **We still need to work toward this outcome/goal. Let's continue with what we have been doing.**
- ☐ **We still need to work toward this outcome/goal. Let's discuss new ways to get there.**
- ☐ **Our situation has changed; we no longer need to work on this outcome/goal.**
- ☐ **We are satisfied that we have finished this outcome/goal.** *Fill in "Date Outcome/Goal Completed" above.*
- ☐ **Other:**

Use this section to update child progress and provide families with periodic updates. Any revisions to the Outcome/Goal can be made to the appropriate sections.

Date of review: _____

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V. Early Intervention Services

Location ²	Start Date ³	Delivered Date Needed	Actual Delivered Date	Service End Date	Frequency up to a Maximum	Session Duration ⁴	Unit Cost ⁵	Estimated Total Cost ⁵
Infant/Toddler list "Home", "Community" or "Other" For preschool, list where EI services will be provided	The date the IFSP/IEP is developed and parent has provided consent. Exception: for a child transitioning from the Infant/Toddler program, the preschool should use the 3 rd birthday.	YES NO	The date the child received the service. If actual delivered date is more than 14 days from start date, document the reason for the delay.		Frequency of service per 7 days, per 14 days, per 30 days, per 60 days or per 90 days.	Length of session – reflect in units; 1 unit = 15 minutes	Cost per unit of this service	Total Cost of this service per year
Service Comments: Document the person responsible for collecting ECO data; list the location address where the service will be provided; document professional-to-professional time if the service is not directly provided to the child – (e.g. the therapist discussing with the teacher how to try a new teaching strategy); phone extension; included regularly scheduled times of service (e.g., Tues & Thurs 10-11am); additional service setting details, if needed/relevant; for larger providers, the name of an alternate or another service person if there is a "team" providing the service; and the cell/alternate phone number for the service person (this would be needed if the parent would need to cancel or reschedule directly with the provider of the service)								

¹All services will be on an individual basis unless otherwise indicated within the plan here and/or in the service page.

² If IFSP/IEP services/supports are not being provided in a natural environment or an inclusive environment, complete the sections titled "Participation with Typically Developing Children".

³ If an early intervention service is projected to start later than 14 calendar days after the Start Date, a justification of the later date must be documented in the Service Comments section.

⁴A unit is equal to 15 minutes.

⁵Only completed by Infant/Toddler Programs: This child's Infant/Toddler early intervention services may be funded through state, Medical Assistance or Infant/Toddler and Family Waiver funds.

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VI. Participation in Regular Early Childhood Programs

Is the child currently attending a regular early care and education program?

(Early care and education programs include, but are not limited to: Early Head Start, Head Start, preschools, or child care. Attendance at an early childhood program need not be funded by early intervention funds.)

If Yes, how many hours per week does the child spend in the regular early childhood program?

hrs/wk

Enter the time the child is in a regular education/early childhood setting including time the child is receiving any special education/Early Intervention services in the regular education/early childhood setting. If the child attends an early childhood setting but is pulled out of regular classroom routines or activities to receive Early Intervention/special education services, then include the time pulled out separately when answering the question "Is the child receiving special education in a specialized setting?" or "Is the child receiving special education and related services in other settings?" on this page. For more information on how to answer these questions, see the Decision Tree for Reporting Educational Environments for children Ages 3-5 with IEPs at https://ideadata.org/sites/default/files/media/documents/2018-06/B6_Toolkit.pdf

Where does the child receive the majority of hours of special education and related services?

☐ In the regular education program *El services are provided at least 50% of the time or greater in an early childhood setting: Head Start, Pre-K, reverse mainstream classroom (with at least 50% non-El eligible children), private preschools, or group childcare. Attendance at an early childhood program does not need to be funded by Early Intervention.*

☐ In some other location *Less than 50% of the El services are in a setting other than an early childhood setting*

Is the child receiving special education in a specialized setting? *Refers to the total time the child spends receiving Early Intervention/Special Education and related services outside of a regular education program.*

☐ NO

☐ YES

If yes, how many hours per week does the child spend in a specialized setting? _____ hr/wk

☐ Special Education Class

☐ Separate School

☐ Residential Facility

Is the child receiving special education and related services in other settings? *Refers to the child receiving special education and related services in their home or a provider service location or outside of their regular classroom routines or activities*

El Preschool Location of Intervention (LRE):

VII. Participation with Typically Developing Children

For infants and toddlers: Explain why and to what extent the eligible child does not receive Early Intervention services in their natural environment.
For preschool age children: Explain why and to what extent the eligible child will not participate with typically developing peers in appropriate preschool activities.
For eligible infants, toddlers and preschool children: Include in what environment the child will receive Early Intervention services, the reason for this placement, and ways to maximize the opportunities for the child to participate with typically developing peers in natural/inclusive environments.

For infants and toddlers: If all services are provided in the natural environment, include a statement that all Early Intervention services are provided in the natural environment. If services/supports are not being provided in natural environments, include the justification for the determination that services/supports not be provided in the natural environment. Additional information is needed to describe the plan that will allow the child's and family's outcomes to be satisfactorily achieved in his/her natural environments. **For preschoolers:** If a preschool age child will not participate with typically developing peers in appropriate preschool activities then the IEP must include an explanation and a description of those activities in which the child will not participate with typically developing children. The explanation should be based on current assessments and evaluations that have been performed with full consideration of the least restrictive environment intent, including the provision of the full range of supplemental aids and services within appropriate preschool activities. **For all infants, toddlers and preschoolers:** The availability of services, child's disability, or program issues are not an appropriate rationale for not providing services/supports in natural/least restrictive environments.

VIII. Early Intervention Services during Scheduled Breaks - **PRESCHOOL ONLY**

All services are based upon the preschool early intervention calendar. If the IEP team determines that this child is eligible for preschool special education services during scheduled breaks based on the educational needs of child, specify the services below.

The IEP team has considered and discussed services during scheduled breaks and determined that: This

☐ child does NOT need services during scheduled breaks based on:

☐ This child needs services during scheduled breaks based on:

The IEP team must specify on the IEP whether the child is eligible for preschool Early Intervention services during scheduled breaks. If the child is eligible, the IEP must specify the services that will be provided during the scheduled break.

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IX. Revisions to the IFSP/IEP

Date of Revision(s)	Name and Role of Team members involved in the Revision	IFSP/IEP Section(s) Amended	Reasons For Revision

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X. Transition Plan

A transition plan should be completed for children as identified in the Special Considerations section.

This plan should be written in conjunction with the team as part of an IFSP/IEP team meeting. It should be reviewed and updated as needed, and will be reviewed at the required transition meeting. For children at the age to transition, the parent should be made aware that basic child information is transmitted to the receiving program for child find purposes. With parental permission, further information is exchanged between the programs to ensure a smooth transition for the child, including the most recent evaluation and assessment of the child, and the IFSP/IEP.

Transition Outcome/Goal:

Team should develop an overall outcome/goal based on the individual child and family needs for transition; both between programs and/or out of Early Intervention. This outcome should meet the criteria of an IFSP/IEP outcome. It should describe an activity, behavior or skill that is identified by the family and team. The transition outcome will include the routines, activities and unique needs of the child and the priorities of the family within their natural learning environments, whether it is at home, in the community, or in an early learning setting. What type of programs or experiences would the family consider if the child did not have a developmental delay or disability? In what programs and activities do the child's siblings and neighbors participate?

Transition Document Dates

Date transition notification Sent(MM/DD/YYYY):

Transition plan initially developed on(MM/DD/YYYY):

Transition meeting held on(MM/DD/YYYY):

Transition plan updated on(MM/DD/YYYY):

What is happening now?

What information and child and family considerations should be shared with the team in order to better prepare for transition?

Specifically related to this transition outcome/goal, give a description of current status of activity/behavior/skill stated in the outcome and how it impacts on the child/family/caregiver/early childhood educator/early learning practitioner's routines and/or activities. In what community programs, activities or early childhood programs does the child currently participate? How are services delivered? What makes these experiences successful for the child? Are there any challenges?

Activities/Services Designed to Ensure a Smooth Transition In Early Intervention

The plan should include at least the following:

1. Discussions with the parent regarding future support and other matters related to transition;
2. Steps to prepare the toddler/young child for changes based on developmental needs, including activities to help the adjustment to and participation in new settings;
3. Steps to ensure a smooth transition, including sharing of information, and convening a meeting with the family, preschool EI program and/or community provider, or school district at least 90 days and up to 9 months prior to the child's 3rd birthday (infant/toddler) or by February 28 of the current program year for preschool EI.

Person Responsible

Date
To be Completed

Actual Completion Date

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Include both the steps to exit the Early Intervention program, as well as the supports identified as needed. Steps to exit the Program include:

- Child Find information transmitted to the receiving program
- Transmission of additional information to the receiving program, such as the most recent evaluation, assessments, IFSP/IEP (with parental consent)
- Gathering child progress measurement information, reviewing with family, and completing all required data entry
- Other steps which will vary depending on the program to which the child is transitioning:

Supports include things such as:

- Activities to support the transition of the child as identified by the IFSP/IEP team
- Strategies/supports needed by the toddler or preschooler and his or her family
- Discussions with families/parents regarding future program options and other matters related to the transition of their child
- Training of early learning practitioners that will be receiving the child

Information should be specific to the child and family, and should document the sharing of information, as well as all activities and specific steps that occur related to transition. It should include information related to all aspects of transition, not just the transmission of information or skills needed by the child.