



## Individualized Family Service Plan (IFSP)

- The IFSP is a plan that identifies services and supports so that family members and early education programs are actively engaged in promoting the child's learning and development.
- The IFSP 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 is a plan that considers: 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.

**Meetings for the IFSP**

<b>Date meeting(s) held</b>	<b>Purpose Of Meeting(s)</b> (Ex.: Initial IFSP, Annual, Revisions)

## I. Demographics and IFSP 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:	
School District of Residence:	
County of Residence:	

### Family Information

Name:	Relationship:
Address:	
City/State/Zip:	
Phone (home):	Phone (cell):
Phone (work):	Email:
Primary Language:	
Is Interpreter Needed?	
School District of Residence:	
County of Residence:	

**IFSP Team Membership:**

Members shall include: parent and others as requested by the parent (if feasible); the County Designee/Service Coordinator 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.

Role	Printed Name	Attendance Signature

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

Role	Printed Name

Parent(s) received copy of Procedural Safeguards/Parental Rights Agreement:      Yes       No

Parent Signature: \_\_\_\_\_

## 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 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.

### Summary of Family Information

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

**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.**

### III. Special Considerations

Following are special factors the IFSP team must consider before developing the IFSP. Each question must be answered. If YES is checked, the IFSP must address the child's needs related to any identified special factor.

<b>1. Is the child blind or visually impaired?</b>
NO YES - As developmentally appropriate for the infant, toddler and preschooler, the IFSP should evaluate the child's early literacy needs, including reading and writing media. The IFSP 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.
<b>2. Is the child deaf or hard of hearing?</b>
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.
<b>3. Does the child exhibit behaviors that impede the child's learning or that of others?</b>
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.
<b>4. Does the child have limited English proficiency (e.g., the child's home language is not English)?</b>
NO YES – Team must consider the family and child's language needs as those need relate to the development and implementation of the IFSP.

<b>5. Does the child have communication needs?</b>
NO YES – Team must consider the communication needs of the child in the development of the IFSP.
<b>6. Does the child need assistive technology devices and/or services?</b>
NO YES – Team must consider the infant, toddler or preschooler needs for assistive technology in the development of the IFSP.
<b>7. Is it anticipated that the infant/toddler will be transitioning from the early intervention program because of a transition in the life of the family and child?</b>
NO YES – The IFSP should address the child’s transition to future community programs and the needs of the family related to transition.
<b>8. Is this an IFSP for a toddler who is at least 2 years 3 months of age?</b>
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.



## IV. Measurable Result/Outcome/Goal

Activity/behavior/skill in everyday life, identified by the family and the IFSP 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.

<b>Outcome/Goal:</b>	<b>Date outcome/goal developed:</b>	<b>Date outcome/goal completed:</b>
<b>Outcome/Goal Statement:</b>		
<b>What is happening now?</b> What is child's current level of performance related to this outcome/goal?		
<b>What teaching strategies are needed to reach the outcome/goal?</b> 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.		

**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.

**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.**
- Other:**

**Date of review:** \_\_\_\_\_

## Measurable Result/Outcome/Goal

Activity/behavior/skill in everyday life, identified by the family and the Tracking 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.

<b>Outcome/Goal:</b>	<b>Date outcome/goal developed:</b>	<b>Date outcome/goal completed:</b>
<b>Outcome/Goal Statement:</b>		
<b>What will occur to reach the outcome/goal?</b>		

<b>After reviewing the outcome/goal and progress monitoring data, we, the team, have decided:</b>
<b>We still need to work toward this outcome/goal. Let's continue with what we have been doing.</b> <b>We still need to work toward this outcome/goal. Let's discuss new ways to get there.</b> <b>Our situation has changed; we no longer need to work on this outcome/goal.</b> <b>We are satisfied that we have finished this outcome/goal.</b> <b>Other:</b>
<b>Date of review:</b> _____

### V. Early Intervention Services

Early Intervention Service <sup>1</sup>	Location <sup>2</sup>	Start Date <sup>3</sup>	Delivered Date Needed	Actual Delivered Date	Service End Date	Frequency up to a Maximum	Session Duration <sup>4</sup>	Unit Costs <sup>5</sup>	Estimated Total Costs
Contact Person & Phone Number:					Agency:				
Service Comments:									

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

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

<sup>3</sup> 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.

<sup>4</sup>A unit is equal to 15 minutes.

<sup>5</sup>This child's Infant/Toddler early intervention services may be funded through state, Medical Assistance or Infant/Toddler and Family Waiver funds.

## VI. Participation in Early Childhood Environment

**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?**

## VII. Participation with Typically Developing Children

Explain why and to what extent the eligible child does not receive early intervention services in their natural environment. 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.

### VIII. Revisions to the IFSP

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

## IX. Transition Plan

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

**Transition Outcome/Goal:**

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

**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 at least 90 days and up to 9 months prior to the child's 3rd birthday.



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<b>Transition Plan Dates</b> Transition plan initially developed on (MM/DD/YYYY): Date transition notification letter sent (MM/DD/YYYY): Transition meeting held on (MM/DD/YYYY):
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