

Child's Name: _____
Local Program: _____

Date of Birth: _____
ID#: _____

Office of Child Development and Early Learning



Individualized Family Service Plan (IFSP) Individualized Education Program (IEP)

- 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.

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

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I. Demographics and IFSP/IEP Team Membership

Child Information	Family Information
Child's Name: _____	Gender: _____
Date of Birth: _____	Age: _____
EIX#: _____	Name: _____ Relationship: _____
Referral Date: _____	Address: _____
Referral Source: _____	City/State/Zip: _____
Child's Address: _____	Phone (home): _____ Phone (cell): _____
City/State/Zip: _____	Phone (work): _____ Email: _____
Phone #: _____	Name: _____ Relationship: _____
Primary Language: _____	Address: _____
School District of Residence: _____	City/State/Zip: _____
County of Residence: _____	Phone (home): _____ Phone (cell): _____
	Phone (work): _____ Email: _____
	Primary Language: _____
	Interpreter Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No
	School District of Residence: _____
	County of Residence: _____

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		
Parent/Guardian		

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

Role	Printed Name

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

Parent/Guardian 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.

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.**

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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.

1. Is the child blind or visually impaired?	
<input type="checkbox"/> NO	<input type="checkbox"/> YES - As developmentally appropriate for the infant, toddler, and preschooler, the IFSP/IEP team 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.
2. Is the child deaf or hard of hearing?	
<input type="checkbox"/> NO	<input type="checkbox"/> 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.
3. Does the child exhibit behaviors that impede the child's learning or that of others?	
<input type="checkbox"/> NO	<input type="checkbox"/> YES - Team must base the use of positive behavior interventions and supports, and other strategies to address that behavior on a functional behavior assessment.
4. Does the child have limited English proficiency (e.g., the child's home language is not English)?	
<input type="checkbox"/> NO	<input type="checkbox"/> YES - Team must consider the family and child's language needs as those needs relate to the development and implementation of the IFSP/IEP.
5. Does the child have communication needs?	
<input type="checkbox"/> NO	<input type="checkbox"/> YES - Team must consider the communication needs of the child in the development of the IFSP/IEP.
6. Does the child need assistive technology devices and/or services?	
<input type="checkbox"/> NO	<input type="checkbox"/> YES - Team must consider the infant's, toddler's or preschooler's assistive technology needs in the development of the IFSP/IEP.
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?	
<input type="checkbox"/> NO	<input type="checkbox"/> YES - The IFSP/IEP should address the child's transition to future community programs and the needs of the family related to the transition.
8. Is this an IFSP for a toddler who is at least 2 years 3 months of age?	
<input type="checkbox"/> NO	<input type="checkbox"/> 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.
9. Is this a preschooler within 1 year of transition to a program for Kindergarten age children?	
<input type="checkbox"/> NO	<input type="checkbox"/> YES - The IEP must include a transition plan that addresses the transition process.

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IV. Measurable Results/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 accord with the PA Early Learning Standards and enable the child to be involved in and make progress in the general curriculum.

Measurable Results/Outcome/Goal: Measurable Results/Outcome/Goal Statement:	Date outcome/goal developed: _____	Date outcome/goal completed: _____
What is happening now? What is the child's current level of performance related to this outcome/goal?		
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.		
How will we as a team measure progress and collect data for this outcome/goal? Include <u>what</u> is going to be measured, <u>how</u> it will be measured, <u>when</u> it will be measured and by <u>whom</u> . 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)		
<input type="checkbox"/> We still need to work toward this outcome/goal. Let's continue with what we have been doing. <input type="checkbox"/> We still need to work toward this outcome/goal. Let's discuss new ways to get there. <input type="checkbox"/> Our situation has changed; we no longer need to work on this outcome/goal. <input type="checkbox"/> We are satisfied that we have finished this outcome/goal. <input type="checkbox"/> Other: _____		
Date of review: _____		

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V. Early Intervention Services

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

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

²If 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".

³If 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

P R E S C H O O L O N L Y	Is the child currently attending a regular early childhood program? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(Early care and education programs include, but are not limited to: Early Head Start, Head Start, preschools, or child care; including reverse mainstreaming. Attendance at an early childhood program need not be funded by Early Intervention funds.)</small>
	If yes, how many hours per week does the child spend in the regular early childhood program? _____ hrs/wk
	Where does the child receive the majority of hours of special education and related services? <input type="checkbox"/> In the regular education program <input type="checkbox"/> In some other location
	Is the child receiving special education in a specialized setting? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, how many hours per week does the child spend in a specialized setting? _____ hrs/wk <input type="checkbox"/> Special Education Class <input type="checkbox"/> Separate School <input type="checkbox"/> Residential facility
	Is the child receiving the majority special education and related services in the residence of the child's family or caregiver? <input type="checkbox"/> Yes - Home <input type="checkbox"/> No - Service Provider Location or some other location not in any other category
	EI Preschool Location of Intervention (LRE): _____

VII. Participation with Typically Developing Children

<p>For infants and toddlers: Explain why and to what extent the eligible child does not receive Early Intervention services in their natural environment.</p> <p>For preschool age children: Explain why and to what extent the eligible child will not participate with typically developing peers in appropriate preschool activities.</p> <p>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.</p>

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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:

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.

Transition Outcome/Goal:			
Transition Document Dates: Infant/Toddler: Date transition notification sent: Transition meeting held on: Transition plan initially developed on: Transition plan updated on:		Preschool: Date Intent to Register sent/given to Parent/Guardian: Date Intent to Register received from Parent/Guardian: Date Intent to Register sent/given to School District:	
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:			
<ol style="list-style-type: none"> Discussions with the parent regarding future support and other matters related to transition; 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; 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