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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.

The table below 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. Use "Section IX. Revisions to the IFSP/IEP to document the reason for revisions and sections revised.

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:	Name:	Relationship:
Date of Birth:	Age:	Address:	
EIX#:		City/State/Zip:	
Referral Date:		Phone (home):	Phone (cell):
Referral Source:		Phone (work):	Email:
Child's Address:		Name:	Relationship:
City/State/Zip:		Address:	
Phone #:		City/State/Zip:	
Primary Language:		Phone (home):	Phone (cell):
School District of Residence:		Phone (work):	Email:
County of Residence:		Primary Language:	
		Interpreter Needed: Yes	No
		School District of Residence	e:
		County of Residence:	
Members shall include: parent and others as requested by Representative (preschool) must be present for the meetir who will be providing services, as appropriate (infant/toddl	the parent (if feasible); the Cou g; a person directly involved wi	th evaluation and assessment res	sults who can interpret instructional implications; a person
Role	Printe	d 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. Infant/toddler and Preschool Early Intervention Team members excused from the planning meeting who participated: by providing written pertinent information to the planning team prior to the meeting; by phone; or by the attendance of another authorized representative.			
Role			Printed Name

Parent(s) received copy	of Procedural Safeguards/P	arents Rights Agreement:	Yes	] No
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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. This section is designed to link the evaluation information with the intervention plan. It should combine a synthesis of 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 <u>type of loss</u> (sensorineural, conductive, mixed, or other). For Preschool programs, if this is an IEP developed without a new ER, this section should include a summary of all new and updated information regarding the child's present performance from the re-evaluation review. This update should include the child's present performance in all early learning settings (i.e. home, child care, community, preschool, etc.).

#### **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 responsive to child and family activities and routines. For children who are deaf or hard of hearing, document whether or not the parent(s) and siblings are Hearing, Deaf, Hard of Hearing or Unknown. For children who are deaf or hard of hearing, document whether or not the parent(s) and siblings are Hearing, Deaf, Hard of Hearing or 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 programs, if this is an IEP developed without a new ER, 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 that the family is now participating in.

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

Information on community activities the child participates in and medical or other services that the child currently receives can be included here. These services are not required to be funded by the Early Intervention Program.

For infants/toddlers: 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 from the Service Coordinator (SC) to coordinate the service or assistance in identifying funding sources, write a brief description of the steps the SC or family may take in securing these services. This description may also be a part of the Service Coordination Plan. For children who are deaf or hard of hearing, include the Voluntary Release of Information with the Department of Health. For infants/toddlers and preschoolers: Inform families this section may include a wide range of supports such as: referrals to community agencies such as a child care resource and referral agency or a local recreation provider; direct support for strategies to enhance child independence at home; ways to select quality community/preschool programs; or ways to obtain needed equipment for use at home. Regardless of the support, all are intended to assist the family in supporting their young child's development. Resources and supports that strengthen the family will enhance their ability to successfully participate in the community. In some cases, support to the family may take the form of referrals to agencies that assist families with issues not directly related to education (e.g., housing, substance use). 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.

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# **III. Special Considerations**

	are special factors the IFSP/ IEP team must consider before developing the IFSP/ IEP. Each question must be answered. If YES is checked, the
	must address the child's needs related to any identified special factor. If you check yes to any of the considerations below, please explain where in the IFSP/IEP
	is addressed. As the IFSP/IEP is reviewed and updated across the year, if the decisions regarding these Special Considerations change, you may need to come
	check or uncheck an item on this page to accurately reflect the child's needs at that time.
	ne child blind or visually impaired?
	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.
	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 could 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.
2. Is th	e 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.
	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.
	s the child exhibit behaviors that impede the child's learning or that of others?
	YES - Team must base the use of positive behavior interventions and supports, and other strategies to address that behavior on a functional
	behavior assessment. This special consideration is met when a child's behavior is extreme compared to that of typical peers in form or intensity and the child
	is not responding to developmentally appropriate guidance. 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 should participate on the IFSP/IEP as someone "who has knowledge or special expertise regarding the child" to explain or evaluate the behavior.
4. Doe	s the child have limited English proficiency (e.g., the child's home language is not English)?
	YES - Team must consider the family and child's language needs as those needs relate to the development and implementation of the IFSP/IEP.
	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.
5. Doe	s the child have communication needs?
□ NO	YES - Team must consider the communication needs of the child in the development of the IFSP/IEP.
	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 assistive devices to assist in the development and use of meaningful communication. Family input

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	is critical to comprehensive communication considerations. For children who are deaf or hard of hearing, select yes.
	The EI Communication Plan is an optional tool that identifies considerations that should be addressed during the planning process. The team may choose to use
	this tool as an aid to the team discussion and embed the communication plan components into the IFSP/IEP; or the team may select to complete the EI
	Communication Plan and append it to the printed IFSP/IEP. Both options should be explained to the parents/caregivers.
6. Doe	s the child need assistive technology devices and/or services?
🗌 NO	YES - Team must consider the infant's, toddler's or preschooler's assistive technology needs in the development of the IFSP/IEP.
	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 with a disability. Assistive technology is not a medical device that is surgically
	implanted. Assistive technology service means any service that directly assists a child with a disability 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 and preschool activities and the services required for
	assessment and implementation of these devices. For children who are deaf or hard of hearing, this would include hearing aids, microphones and FM systems.
	anticipated that the infant/toddler or preschooler will be transitioning from the Early Intervention program because of a transition in the life of
	family and child?
	YES - The IFSP/IEP should address the child's transition to future community programs and the needs of the family related to the transition.
	Check "yes" 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 the county or state, or for any other transition out of the current Early Intervention program. Complete Section X.
	Transition Plan for this child.
	is 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.
	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.
	is 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.
	Complete Section X. Transition Plan for this child.

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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: # goes here	Date outcome/goal developed:	Date outcome/goal completed:
Measurable Results/Outcome/Goal Statement:		
A statement of the functional, measurable results or ou	tcomes/goals expected to be achieved for the child (in	cluding pre-literacy and language skills, as developmentally
appropriate for the child) and family. Outcomes/goals s	should be <b>both</b> measurable and functional. To be measu	rable, a skill or behavior is identified and a consequence for
the skill/behavior is determined; measurement can be "s	een" in real world contexts, not tested. To be function	nal, the skill/behavior should be meaningful within the child's
and family's daily routines and activities and should refle	ect participation in the child's natural learning environn	nents. The wording of an outcome/goal should be precise and
		ay be addressed by multiple team members, including family,

related service providers/therapists, special instructors/teachers, and early care providers. What is happening now? What is the child's current level of performance related to this outcome/goal?

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. 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, include progress specific to the outcome/goal and a summary statement.

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.

All strategies should be individualized for the specific child and family based on their unique needs.

Strategies which relate to this outcome/goal should consider the following:

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 as appropriate for the child.

2) Skills to be learned by the family/caregivers/early childhood educators to assist in the child's development and participation in everyday routines;

3) Assistive technology devices, adaptations to existing materials, or acquisition of other materials that will support the child's participation in everyday routines and activities;

4) Referrals or linkages to people and community resources that will assist the family in expanding their opportunities for involvement in community activities; and 5) Information to enhance the family's capacity to assist their child's development and enhance the family's participation in everyday activities.

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.

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.

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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. 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 and
documented in Section IX.
Date of review:

Local Program:

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ID#:\_\_\_\_\_

#### V. Early Intervention Services

Early Intervention	Location <sup>2</sup>	Start Date <sup>3</sup>	Actual	Service End	Frequency up	Session	Unit Cost <sup>5</sup>	Estimated
Service <sup>1</sup>	<mark>Infant/toddler,</mark>	<mark>The date the</mark>	Delivered	Date	to a Maximum	Duration <sup>4</sup>	<mark>Cost per unit of</mark>	Total Cost <sup>5</sup>
Any Early Intervention	list "home"	<mark>IFSP/IEP is</mark>	Date	<mark>Infant/Toddler</mark>	Frequency of	<mark>Length of session</mark>	<mark>this service</mark>	<mark>Total Cost of this</mark>
service that is provided must	"community" or	developed and	The date child		service per 7	<mark>- reflect in units,</mark>		<mark>service per year</mark>
be linked to at least one	<mark>"other"</mark>	<mark>parent has</mark>	received the		days, per 14 days,	<mark>1 unit= 15 minutes</mark>		
<mark>outcome/goal.</mark>	For preschool, list	provided consent;	<mark>service. If</mark>		per 30 days, per			
	where EI service	Exception: for	<mark>actual</mark> delivered date	Anticipated	<mark>60 days, or per 90</mark> days			
	will be provided	a child	is more than	Service End Date	ouys			
		transitioning	14 days from	Preschool				
		from the	start date,	rreschoor				
		<mark>Infant/Toddler</mark>	<mark>document the</mark>					
		<mark>program, the</mark>	<mark>reason for</mark>					
		preschool	<mark>delay.</mark>					
		<mark>should use the</mark> 3 <sup>rd</sup> birthday.						
		S <sup>ar</sup> Dirthday.						
Contact Person & Phone N				<b>A a a b a i i</b>				
Contact Person & Phone N	iumper:			Agency:				
Service Comments:								
Document the person respor	sible for collecting	FCO data: list th	e location addr	ess where the se	rvice will be provid	ed: document profe	ssional-to-professi	onal time if the
service is not directly provid								
scheduled times of service (								
service person if there is a								
cancel or reschedule directl					T the service perso		eded if the parent	would need to
Contact Person & Phone N	lumbor:			Agency:				
Contact Person & Phone N	umber.			Agency.				
Service Comments:								
Corviou Commonto.								
<sup>1</sup> All services will be on an individu	al basis unless otherwi	se indicated within t	he plan here and/o	or in the service page	е.			

<sup>2</sup>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".

<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>Only 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 childhood program? 🗌 YES 🗌 NO
(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.)
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 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.
P Where does the child receive the majority of hours of special education and related services?
R In the regular education program EI services are provided at least 50% of the time or greater in an early childhood setting: Head Start, PreK, reverse
E mainstream classroom (with at least 50% nondisabled children), private preschools, or group child care. Attendance at an early childhood program does not need to be
G funded by Early Intervention or have Early Intervention services provided on site.
H In some other location Less than 50% of the EI services are in a setting other than an early childhood setting
$^{\circ}$ Is the child receiving special education in a specialized setting? $\Box$ YES $\Box$ NO Refers to the total time the child spends receiving Early
U Intervention/special education and related services outside of a regular education program.
<sup>L</sup> If Yes, how many hours per week does the child spend in a specialized setting? hrs/wk
O Special Education Class
N Separate School
L Residential facility
Y   Is the child receiving special education and related services in other settings? 🗌 YES 🗌 NO Refers to the child receiving special education and related
services in their home or a provider service location.
Yes - Home
No - Service Provider Location or some other location not in any other category
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. 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

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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.

#### 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

This section is to be used for any changes to the IFSP/IEP made after the initial plan development meeting. Parents must be in agreement with any revisions made without a team meeting. Include the date of the revision and the names and roles of team members included in the revision in the appropriate columns (signatures are not required). In the final column, include which sections were revised in the IFSP/IEP by referencing the section number (i.e. Section IV). Include the reason for the revision (i.e. underlying child or family issue, change needed based on updated progress monitoring information, or new assessment information, etc.). For infant/toddler programs, changes to or addition of services must be supported by the completion of a new PRA.

Chi	ld's	Name:	
-			

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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:				
Team should develop an overall outcome/goal based on the individual child and	l family needs for transition out of Early Interve	<mark>ntion, or other t</mark>	ransition in the	<mark>e life of the</mark>
child/family. This outcome should meet the criteria of an IFSP/IEP outcome.	. It should describe an activity, behavior or skill	that is identifie	ed by the family	<mark>/ and team.</mark>
The transition outcome will include the routines, activities and unique needs o	f the child and the priorities of the family within	n their natural le	arning environn	nents,
whether it is at home, in the community, or in an early learning setting. What	type of programs or experiences would the famil	y consider if the	e child did not h	nave a
developmental delay or disability? In what programs and activities do the chi				
Transition Document Dates:				
Infant/Toddler:	Preschool:			
Date transition notification sent:	Date Intent to Register sent/given to	Date Intent to Register sent/given to Parent/Guardian:		
Transition meeting held on:	Date Intent to Register received from	Date Intent to Register received from Parent/Guardian:		
Transition plan initially developed on:	Date Intent to Register sent/given to School District:			
Transition plan updated on:				
What is happening now? What information and child and family cons	siderations should be shared with the team	in order to bet	ter prepare fo	or
transition? Specifically related to this transition outcome/goal, give a descr	iption of current status of activity/behavior/ski	<mark>ll stated in the c</mark>	outcome and how	<mark>w it impacts</mark>
on the child/family/caregiver/early childhood educator/early learning practit	ioner's routines and/or activities. In what commu	<mark>inity programs,</mark> a	<mark>activities or ear</mark>	<mark>ly childhood</mark>
programs does the child currently participate? How are services delivered? W	Vhat makes these experiences successful for the	child? Are the	re any challenge	<mark>.s?</mark>
Activities/Services Designed to Ensure a Smooth T	ransition In Early Intervention			
The plan should include at least the following:	•			
1. Discussions with the parent regarding future support and other matters related to transi				
<ol> <li>Steps to prepare the toddler/young child for changes based on developmental needs, in participation in new settings;</li> </ol>	ncluding activities to help the adjustment to and	_	Date	Actual
<ol> <li>Steps to ensure a smooth transition, including sharing of information, and convening a l community provider, or school district at least 90 days and up to 9 months prior to the c the current program year for preschool EI.</li> </ol>		Person Responsible	To be Completed	Completion Date

Child's Name:	Date of Birth:
Local Program:	ID#:

Include both the steps to exit the Early Intervention Program, as well as the supports identified as needed. Steps to exit
he 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
and 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:
<ul> <li>Activities to support the transition of the child as identified by the IFSP/IEP team</li> </ul>
• 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 transition of their
child.
• Training of early learning practitioners who 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
nctivities and specific steps that occur related to transition. It should include information related to all aspects of
ransition, not just the transmission of information or skills needed by the child.
Fhis plan should be written in conjunction with the team as part of an IFSP or IEP team meeting. It should be reviewed and updated as needed, and will be reviewed at
he required transition meeting. For children at the age to transition from Infant/Toddler to Preschool Early Intervention, the parent should be made aware that basic
hild information is transmitted to the Preschool for child find purposes. With parental permission, further information is exchanged between the programs to ensure a
mooth transition for the child, including the most recent evaluation and assessment of the child, and the IFSP.