

Kansas Infant Toddler Services

Individual Family Service Plan (IFSP)

Guidance Document



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INTRODUCTION

Kansas Infant Toddler Services has created this Individualized Family Service Plan (IFSP) Guidance Document to assist local tiny-k programs in completing the IFSP process using the statewide IFSP form. This guidance document promotes the purpose and mission of Kansas Infant Toddler Services.

PURPOSE:

- To enhance the development of infants and toddlers with disabilities, to minimize their potential for developmental delays and to recognize the significant brain development that occurs during the child's first three years.
- To enhance capacity of families to meet the special needs of their infants and toddlers with disabilities through partnerships with families and communities.

MISSION:

- Assure a statewide system of early intervention services
- Facilitate the coordination of payment for services
- Enhance quality and improvement in services
- Encourage expansion of service opportunities

This guidance document also promotes the core values of the program, which are:

- *Family Centered Practices*
- *Relationship as the Focus of Work*
- *Strengths-Based Approach*
- *Reflective Practices*
- *Ecological Framework*

The KANSAS INFANT TODDLER SERVICES Program believes:

- Parents are equal members of the IFSP team.
- The IFSP process is central to the delivery of early intervention supports and services.
- Families and teams of early intervention personnel come together to decide on child/family outcomes based on the concerns and priorities of the family and the abilities and needs of the child.
- This same team also decides on the supports, services, and specific strategies that are used to meet those outcomes.
- The whole team – not one individual, makes decisions; the IFSP document is the placeholder for those decisions.
- The IFSP is a dynamic document that changes over time as the needs of the child and/or family change.

The IFSP is MORE than just Paperwork! It is a process...

The IFSP form is a way to document the discussions made by the team, including the parents:

- Consider completing the 'Child and Family Information' with the family during the intake process – then review for accuracy with the family and the team at the IFSP meeting.
- Consider completing the "My Child's Story" with the family and the evaluation team and include information from the "Eligibility for Part C Services" section ahead of the meeting – then review for accuracy with the family and the team at the IFSP meeting.

- The team decides on the child and family outcomes to be addressed based on the concerns and priorities of the family and the developmental needs of the child. Strategies are then developed to address the chosen outcomes.
- The team decides what supports and services will be provided to help the family meet the outcomes.
- Transition plan and conference decisions are recorded at the appropriate times.
- The IFSP is reviewed at least every 6 months and amended as needed.
- A new IFSP is developed annually (some of the pages can be carried forward as appropriate).

**The IFSP is MORE than
just Paperwork!
It is a process...**

This Guidance Document and the Accompanying IFSP Form:

- Support effective working relationships between families and early intervention personnel as they promote the development of infants and toddlers;
- Promote recommended practices, including services and supports in everyday routines, activities, and places, and trans-disciplinary, team-based practices;
- Provide consistency for meeting regulatory requirements;
- Enhance consistent communication regarding expectations among IFSP team members, as well as among provider agencies; and
- Serve as a reference for ongoing training and professional development.

IFSP Updates:

- Periodically, Kansas Department of Health and Environment (KDHE) Infant-Toddler Services (ITS) will update the existing IFSP with policy or other relevant changes. Each time it is updated, the new date is placed in the upper right hand corner. KS ITS avoids changing the statewide IFSP as much as possible but please check the website periodically to make sure you are using the most current version. Notice of significant changes will be alerted via infant toddler services coordinator list serv.



Linking the IFSP with the Infant-Toddler Services Database: Dates and N/A

It is imperative that data be entered into the ITS Database no later than 2 weeks after the data is gathered.

For blanks occurring in the IFSP document, please use N/A when you are completing this information. For dates use 00/00/0000 for the date boxes if you do not know the date, the date is missing or you had no reason to record the date.

Each IFSP must be INDIVIDUALIZED. The examples provided can be used to stimulate your thinking and conversations with team members. The examples **CANNOT** be used as a formula or prescribed way to write that section of the IFSP

The guidance for each page or major section of the IFSP has been organized in the following manner as applicable:

1. Heading of Each IFSP Page

Describes what each page is intended to cover and accomplish.

2. Numbered Line by Line Guidance for Completing Each IFSP Page

This line-by-line guidance offers succinct, practical suggestions for completing each numbered item of the page as required.

3. Image of Line by Line Guidance Section

Provides a visual reference of the form to identify and locate the numbered items.

4. Tips




When appropriate, the “Tips” include examples of questions to ask families and other team members to elicit the required information as well as examples of ways to write these sections of the IFSP.

5. Kansas Shape

The Kansas shape highlights special considerations or examples of questions to ask families or other team members. Examples of ways to write these sections of the IFSP are also included.



IFSP COVER PAGE

	
Kansas Infant Toddler Services	
Individual Family Service Plan (IFSP)	
	
Child's Name: <u>Christopher Lee Horton</u>	
Date of Birth: <u>January 17, 2012</u>	
IFSP Date: <u>January 17, 2013</u>	

A page has been added so each local tiny-k program can design their own cover page. Child's name, date of birth and IFSP date as well as the name of your local network are included on the cover page. You may also include a photo of the child or family as desired.

LINE-BY-LINE GUIDANCE FOR THIS PAGE:

- 1. Child's name:** You must put the child's full name, first name, middle initial and last name.
- 2. Date of Birth:** You must put the child's full date of birth, month, day, and year.
- 3. IFSP Date:** You must put the child's IFSP date, month, day, and year.
- 4. Local tiny-k program:** You may also select to list the name of the local tiny-k program from which the child may receive services.

CHILD AND FAMILY INFORMATION

This IFSP page serves as the place to capture a variety of required demographic information about the child and family that will be entered into the KS ITS database system.

LINE-BY-LINE GUIDANCE FOR THIS PAGE:

1. **Child's Name.** List the legal last name, first name, and middle initial of child. If the child has no middle initial, indicate NMI so it matches with the KS ITS database system.
2. **Date of Birth.** List the child's date of birth in numerical form with two digits for the month and day and four digits for the year. For example, January 6, 2005 would be 01/06/2005.
3. **Gender.** List the child's gender as male, female, or unknown.
4. **County of Residence.** List the county where the child is living no matter with whom.
5. **Primary Language, Interpreter needed.** Record the family-identified primary language used in the home. If an outside agency, doctor, etc., has placed the telephone call, you need to ask what language is spoken in the home and whether an interpreter is needed. This is also helpful when sending out information and / or surveys. Note: The IFSP must be conducted in the family's native language except when unfeasible to do so.
6. **Parent/Guardian's Name.** List the parent or guardian's name. Space is available for more than one contact; e.g., if the parents are divorced /separated or for a grandparent or foster parent (may have to redact if biological parent cannot know who is the foster parent).
7. **Relationship.** Select relationship to child for the parent/guardian listed above.
8. **Child Resides at this address.** Indicate whether child resides at the address listed for the relevant parent/guardian.
9. **Mailing Address.** List the street address for relevant parent/guardian.
10. **City/State/Zip.** List city, state, zip for relevant parent/guardian.
11. **Phone Number(s).** List any phone numbers available for relevant parent/guardian and indicate whether the number is for a work, home, or cell phone.
12. **Parent Email Address.** If available, list email address for relevant parent/guardian.
13. **Race.** Select race according to what parent reports, or, if necessary, what provider observes. This is a federal reporting requirement that race be established for data collection purposes.

Much of the information on this page can be completed upon referral or at any time before the IFSP meeting. IF the information is recorded before the IFSP meeting, it should be reviewed with the family for accuracy at the meeting.

The IFSP must be conducted in the family's native language except when unfeasible to do so.

- 14. Ethnicity.** Select ethnicity according to what parent reports. This is a federal reporting requirement that ethnicity be established for data collection purposes. **Both fields (13 and 14) must be completed for every child.**
- 15. Resident School District (USD#).** List the school district where child currently lives, no matter with whom, as Resident School District. District should be listed by number.
- 16. Alternate Contact.** List name.
- 17. Alternate Contact Mailing Address.** List the street address for relevant alternate contact.
- 18. Alternate Contact Relationship to Child.** Choose the relationship of the alternate contact to the child from the drop-down box. If “other” applies, then list the relationship next to the name of the contact in # 16.
- 19. Alternate Contact City/State/Zip.** List city, state, zip for relevant alternate comment.
- 20. Alternate Contact Phone Number.** List any phone numbers available for relevant alternate contact and indicate whether the number is for a work, home, or cell phone.
- 21. Alternate Contact Email Address.** If available, list email address for relevant alternate contact.
- 22. Child Resides at this address.** Indicate whether or not child lives at this address.
- 23. Identification Number (KIDS ID).** Enter the child’s Kansas Individual Data on Students identification number. KIDS ID is assigned through the Outcomes Web System (OWS) and cannot be assigned until you have an IFSP date entered into the KS ITS database. Put pending if you do not have an ID number.
- 24. Case Number.** Enter your local identifying case number (the one that your local tiny-k program uses for identification of the child).
- 25. Interim/Initial/Annual/Review IFSP.** Check the meeting type.

Definitions:

- **Interim IFSP:** Developed as a temporary IFSP. Does not take the place of Initial IFSP nor does it extend the 45-day timeline requirement.
- **Initial IFSP:** Developed upon entry in to the system in Kansas. This date remains constant until exit, regardless of whether the child moves from one local tiny-k program to another or not.
- **Annual IFSP:** Written every year upon the anniversary of entry into system.
- **Review IFSP:** Date the IFSP was reviewed. This review could take place anytime between initial and annual IFSP or between annual IFSP’s. These reviews cannot be longer than 6 months but may be more frequent.

Tips for Child and Family Information:

Make certain:

- Information is accurately recorded (e.g., correct dates, spellings, etc.).
- Ethnicity/ race section is clearly explained to the parents regarding federal requirements.
- Information is written clearly (or typed) in order for family and other team members to read and the data entry staff to enter.
- Information is completed before the IFSP meeting and checked with the family.
- To fill in all the blanks.

Child and Family Information			
1. Child's Name: <u>Marcus A. Renno</u>		2. Date of Birth <u>06/07/2010</u>	
3. Gender: <u>Male</u>			
4. County of Residence: <u>Coffey</u>		5. Primary Language: <u>Spanish</u> Interpreter needed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
6. Parent/Guardian's Name: <u>Leon Renno</u>		6. Parent/Guardian's Name: <u>Leah Makon</u>	
7. Relationship: <u>Father</u>		8. Child Resides at this address: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. Relationship: <u>Mother</u>		8. Child Resides at this address: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Mailing Address: <u>2212 Southeast Wall St.</u>		9. Mailing Address: <u>Unknown</u>	
10. City/State/Zip: <u>Burlington KS 78152</u>		10. City/State/Zip: <u>N/A N/ 0</u>	
11. Phone Number(s): (812)333-4460 Work <input type="checkbox"/> Home <input type="checkbox"/> Cell <input checked="" type="checkbox"/> (812)346-3670 Work <input checked="" type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> (812)645-7891 Work <input type="checkbox"/> Home <input checked="" type="checkbox"/> Cell <input type="checkbox"/>		11. Phone Number(s): (N/A) - Work <input checked="" type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> (N/A) - Work <input type="checkbox"/> Home <input type="checkbox"/> Cell <input checked="" type="checkbox"/> (N/A) - Work <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/>	
12. Parent Email Address: <u>lr@yahoo.com</u>		12. Parent Email Address: <u>N/A</u>	
13. Race: <u>Asian</u>		14. Ethnicity: <u>Hispanic</u>	
15. Resident School District (USD #): <u>352</u>			
16. Alternate contact: <u>Calle Noonie</u>		17. Mailing Address: <u>7423 SW Dingling St.</u>	
18. Relationship to child: <u>Step Parent</u>		19. City/State/Zip: <u>Burlington KS 78152</u>	
20. Phone Number: <u>(812)555-7630</u> Work <input type="checkbox"/> Home <input type="checkbox"/> Cell <input checked="" type="checkbox"/>			
21. Email Address: <u>calle@yahoo.com</u>		22. Child Resides at this address: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23. Identification Number (KIDS ID): <u>65613718</u>		24. Case Number: <u>44</u>	
25. Interim IFSP: <input type="checkbox"/> Initial IFSP: <input type="checkbox"/> Annual IFSP: <input type="checkbox"/> Review IFSP: <input checked="" type="checkbox"/>			

IMPORTANT DATES

The purpose of this section is to identify important dates to the child and the family related to the IFSP.

LINE-BY-LINE GUIDANCE FOR THIS PAGE:

- 26. Part C Referral Date.** Enter the date the intake/referral was received for Part C. The date the referring source contacts the local tiny-k program is the start of the 45-calendar day timeline for completion of the screening if applicable, evaluation, eligibility determination, and initial IFSP meeting (e.g., 06/22/2012). This date remains constant until exit.
- 27. 45-day timeline due date.** List date 45 days after initial referral date (the database will generate the 45-day timeline after you enter the referral date into the database). This date remains constant until exit.
- 28. Part C Referral Source.** Select the referral source's relationship to child. If the child transferred—enter the original referral source (for more information about transfers see “Tips” below). This information remains constant until exit. This data should be entered into the database within two weeks of receiving the referral.
- 29. Source Name.** List complete last name and then first name of person making referral, then list their phone number with the area code. This information remains constant until exit.
- 30. Initial Eligibility Date.** List the initial eligibility date of the child (e.g., 01/20/2012). This date remains constant until exit.
- 31. Initial IFSP Date.** List the initial IFSP date. This date will remain consistent across time, regardless of how many times the child moves from one local tiny-k program to another.
- The 6-month review does not require a new IFSP to be developed. Simply add to the existing IFSP. The annual IFSP does require a new form to be developed.
- 32. Current IFSP Date.** List date of most recent initial or annual IFSP meeting (e.g., 01/30/2012).
- 33. Six-month IFSP Review Due Date.** List the date of the IFSP review meeting six months after initial IFSP. At a minimum, the IFSP must be reviewed within 6 months from the date the initial IFSP or annual IFSP was written. If your local program has a policy of reviewing IFSPs more frequently than every six months, then you would put the appropriate date for that timeframe (e.g., quarterly).
- 34. Annual IFSP Review Due Date.** List the date of the IFSP review meeting one year after initial IFSP and one year after each annual IFSP thereafter. “Annual IFSP” requires that a new IFSP form be completed. Each year the IFSP must be reviewed and evaluated for effectiveness. It is the responsibility of the IFSP team to determine if progress is being made as expected on the outcomes, if the services are appropriate to the needs of the child in accordance with the outcomes, and if revisions to the outcomes or services are needed.
- 35. Part B Referral Date.** List the date of referral to Part B (e.g., 01/30/2012). This date is the actual date of referral to Part B. Your Part B partners need to recognize the method in which this referral is being made. **This date also must be entered into the database within two weeks of transition referral.** Prior to the time of the referral, this box will be marked 00/00/0000.

36. Child transferred from another tiny-k program. Mark Yes or No.

37. Date referred to our local tiny-k program. Actual date that your program learned of the child.

38. Date IFSP Accepted by our program. Enter the date that your team reviewed the IFSP and accepted the IFSP into your program. Further guidance regarding transfers is listed in “Tips” below.

39. Transition Conference Date. Enter date of Transition Conference (e.g., 01/30/2012). This is the actual date the conference is held. Prior to the time of the conference, this box will be marked N/A.

40. Transition Plan Required. Mark Yes or No. If marked yes, then page 14 and 15 (Part C Transition Planning Timelines and Procedures) must be started. Completion of the transition planning and documentation should occur at least 90 days prior to the child's third birthday.

Tips for Important Dates:

Make certain:

- *Information is accurately recorded (e.g., correct dates, spellings etc.).*
- *You have reviewed the guidance below regarding transfers.*

Transfers from One Local tiny-k Program to Another (In State):

- Receive the referral to your local tiny-k program.
- Look up the child in the Infant-Toddler Services Database (ITS) and find out what information already exists for this child and family. (This will save time when you re-enter in the ITS later.)
- Discuss the new referral at your team meeting and decide what team members are most appropriate to support this family based upon the existing IFSP.
- Designate a primary provider to support the family.
- Schedule an IFSP review meeting with the family, primary provider and other team members, as appropriate. THE PURPOSE OF THIS REVIEW IS NOT TO EVALUATE THE CHILD. IT IS TO GATHER ENOUGH INFORMATION TO UPDATE THE IFSP.
- Hold the IFSP review and make changes to the IFSP as appropriate (update services page, revise outcomes, etc.).
- The Part C referral date, initial IFSP, and initial eligibility dates stay the same. Fields #26-32 and #34 on IFSP form will retain the initial dates. Field #33 will change to 6 months from the date that the tiny-k program is reviewing the IFSP.
- Field #38 is the date that the IFSP review is held and the IFSP from the sending local tiny-k program is accepted. The IFSP review date is updated in the ITS database.

- The eligibility section stays the same because the child only needs to qualify for the early intervention program, not specific services within early intervention (e.g., speech, PT). **This is initial eligibility for early intervention services.**
- Review all sections to ensure accuracy of information. Gather all current information such as doctors, phone numbers, etc.
- Enter this data into the ITS.
 - Enter as child from your network.
 - Update the IFSP review date and any services that changed, using all dates as listed on the IFSP in the database.
- Enter this child into the OWS. A child who is transferring should have KIDS ID #. Look up the child in OWS to find this number. Please do not assign a new KIDS # for the child if they already have one.
 - Change circumstance, child is entering an organization.
 - Previous tiny-k program should have entered an organizational exit. If the previous tiny-k program has not entered a child or given him an organizational exit, please alert the previous program or Kansas Infant Toddler Services immediately so it is rectified.

Transfers From Out of State:

- Receive the referral from out of state. The 45-day timeline begins.
- If the child has an active IFSP, and is not from a state that serves “at-risk” children, the child would be considered eligible for Part C services in Kansas.
- Discuss the new referral at your team meeting and decide what team members are most appropriate to support this family based upon the existing IFSP.
- Designate a primary provider to support the family.
- Schedule an IFSP review meeting with the family, primary provider and other team members, as appropriate. THE PURPOSE OF THIS REVIEW IS NOT TO EVALUATE THE CHILD. IT IS TO GATHER ENOUGH INFORMATION TO UPDATE THE IFSP.

Important Dates		
26. Part C Referral Date: 03/07/2012	27. 45 day Timeline Due Date: 04/22/2012	
28. Part C Referral Source: Public Agencies/Child Welfare Systems		
29. Source Name: Danielle Barta, St. Francis	Phone Number: (785)966-4003	
30. Initial Eligibility Date: 04/17/2012	31. Initial IF SP Date: 04/20/2012	32. Current IF SP Date: 09/01/2012
33. Six-month IF SP Review Due Date: 03/01/2013	34. Annual IF SP Review Due Date: 04/20/2013	
35. Part B Referral Date: 09/01/2012 (actual date of referral, including call to Part B and ITS database entry)		
36. Child transferred from another tiny-k program: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
37. Date referred to our local tiny-k program: 08/09/2012		
38. Date IF SP Accepted by our program: 09/01/2012	39. Transition Conference Date: 00/00/0000	
40. Transition Plan Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (because the child is not within 9 months to 90 days of turning three)		

- If there is strong evidence that this child may not be eligible in the State of Kansas, (e.g., the child is from a state that serves “at-risk” children) complete the standard process of IFSP review, and then determine if re-evaluation is necessary. If the team decides to re-evaluate, this documentation must clearly show evidence of non- eligibility.
- The Part C referral date would be when the child was referred to Kansas. The initial IFSP date is when Kansas accepted the IFSP from the other state.
- The initial IFSP, initial eligibility, and current IFSP dates are the same as the date the IFSP is accepted by the local tiny-k program. **This differs from when the child transfers from within the State.**
- All data should be entered into the ITS database as a new child to Kansas.
- A new entry rating into the OWS system is required, even though the child may have a rating from another state.



ELIGIBILITY FOR PART C SERVICES AND FAMILY SERVICE COORDINATOR INFORMATION

This page records the eligibility of the child for Part C Services and the team members who determined eligibility. It also serves as an area to record Family Service Coordinator Information.

LINE-BY-LINE GUIDANCE FOR THIS PAGE:

1. **Your child was evaluated and is eligible for Part C for the following reason:** Check box that reflects eligibility decision. Then check reason for eligibility. If child has both known condition and delay, choose the Automatically Eligible due to established risk for developmental delay box as the reason for eligibility. Because informed clinical opinion is a required part of eligibility determination, you must always mark this box, unless the child is automatically eligible. The informed Clinical Opinion box may be marked alone or with the developmental delay option. A brief explanation explaining the established risk or basis for informed clinical opinion should be typed into text box.
2. **Team members determining eligibility.** List last name, first name, and discipline of team members who determined eligibility of child for Part C Services. At least two team members, from different disciplines, must be listed.
3. **Family Service Coordinator.** List complete name of the Service Coordinator who will collect the information for the IFSP team. Information received will be considered part of the official early intervention record, which includes the IFSP.
4. **Agency.** List the name of the agency with which the service coordinator is affiliated.
5. **Agency Address.** List the address of the agency affiliated with the service coordinator for contact information.
6. **City/State/Zip.** List the city, state, and zip code for the family service coordinator.
7. **Phone Number.** List the phone number, with area code, of the family service coordinator.
8. **Work/Cell.** Indicate whether the phone number listed is the work phone or cell phone of the service coordinator.
9. **Email Address.** List the email address of the family service coordinator.

Tips for Eligibility and Family Service Coordinator Information:

Make certain:

- *Information is accurately recorded (e.g., correct dates, spellings etc.).*
- *Information is written clearly (or typed) in order for family and other team members to read, and the data entry staff to enter.*
- *You have reviewed the “Automatic Eligibility” section in the Kansas Infant Toddler Procedure Manual.*
- *Fill in all the blanks.*
- *Read the “Tips for Using Curriculum-based Assessments and Informed Clinical Opinion for Eligibility” carefully (see below).*

Tips for Using Curriculum-based Assessments and Informed Clinical Opinion for Eligibility:

- Anytime you use a curriculum-based assessment alone to determine eligibility, you would check "informed clinical opinion" as the basis for eligibility on the IFSP. These assessments are not designed to determine a percentage of developmental delay. The authors, however, have often adapted the assessment tools to correlate with scores developmental delay (e.g., AEPS). This allows you to make an estimate of the amount of developmental delay the child has, but not a specific percentage delay.
- Kansas Infant Toddler Services allows and highly recommends you use curriculum-based assessments in your eligibility determination rather than a standardized evaluation tool (e.g., Bailey Scales of Infant Development, Battelle Developmental Inventory etc...). Curriculum-based assessments (CBAs) are designed to assess functional skills in everyday settings and give a more complete picture of infant and toddlers. CBAs can be used for program planning and on-going assessment. **They are required for COSF ratings.** Utilizing a CBA reduces time requirements and the use of multiple tools.
- The additional information after you check the box gives evidence of how the process of eligibility was determined (e.g., Eligibility determined through use of AEPS, interview, observation, and record review).



Child's Name: Miguel "Mkey" Santos

DOB: 05/07/2010

IFSP Date: 09/01/2012

Eligibility for Part C Services

The evaluation and assessment of each child and the determination of the child's initial and ongoing eligibility for Part C Early Intervention services may include the use of informed clinical opinion. Eligibility determination is a team decision.

1. ☒ Your child was evaluated by a multidisciplinary team and is eligible for Part C Services for the following reason:

- ☐ A Developmental Delay of 25% in one developmental area or 20% delay in 2 or more developmental areas
☐ Automatically Eligible due to established risk for developmental delay (identify):
☒ Informed Clinical Opinion (check and provide explanation if this is the only method used for determining eligibility although clinical opinion must be used throughout evaluation and assessment): Use of AEPS, observation, and parent report.

2. Team members determining eligibility (at least two):

Name (1): Becky Patton

Discipline: SLP

Name (2): Marissa Leidel

Discipline: ECSE

Name (3):

Discipline:

Name (4):

Discipline:

Family Service Coordinator Information

Family Service Coordination is provided to all families enrolled in early intervention services. A Family Services Coordinator will help you identify and access community resources and supports that you and your child may need, based on your current priorities.

3. Family Service Coordinator: Marissa Leidel/ 9.1.12 Kathy Guy

4. Agency: KidLink/ 9.1.12 NWKWSC

5. Agency Address: 509 Main/ 9.1.12 703 W. 2nd St. Oakley, KS

6. City/State/Zip: Stockton KS

7. Phone Number: (785)426-3333 Ext:

8. Work ☐ Cell ☒

9. Email Address:

SUMMARY OF RELEVANT HEALTH STATUS

Use this page to record the primary care information, insurance information, and other general health information.

LINE-BY-LINE GUIDANCE FOR THIS PAGE:

1. **Primary Care Provider/Medical Home Name.** Complete the primary care provider's name, clinic, or practice name. The PCP may be a pediatrician, family practitioner, nurse practitioner, or physician's assistant.
2. **Primary Care Address:** Enter address of Primary Care Physician/Medical Home.
3. **City/State/Zip:** Enter this information for Primary Care Physician/Medical Home.
4. **Primary Care Phone Number:** Enter phone number for Physician's Office/Medical Home.
5. **Primary Care Fax Number:** Enter the fax number for Physician's Office/Medical Home.
6. **Physicians e-mail address:** Enter e-mail address for Physician, if known. If not known, enter N/A.
7. **Primary Insurance.** List the name of primary health insurance, KanCare or Medicaid for the child.
8. **Secondary Insurance.** List the name of secondary health insurance of child, if applicable.
9. **Signed Release to Bill Insurance.** Indicate, by marking Yes or No, whether a signed release to bill insurance, as applicable, has been provided.
10. **Signed Doctor's Orders.** Indicate, by marking Yes or No, whether a signed Doctor's Order has been obtained.
11. **Medicaid/KanCare ID#.** List KanCare or Medicaid Identification number, as applicable.
12. **Summary of child's health status based on review of pertinent records.** Provide a summary of the child's health. For infants this may include giving a summary of their birth history (birth weight, Apgar score, etc.). For all children it should summarize their present health status, including any current diagnosis and/or recurring issues (e.g., chronic ear infections, asthma, etc.). This section should also include information regarding medications. Document any health providers that were involved in or conducted health assessment. List any additional information or evaluation results that are not documented below. Check (Yes or No) when **Immunizations** are up to date or list any immunizations needed. Check (Yes or No) if **Kan-B-Healthy** is up to date.
13. **Nutrition Summary - Weight/Length.** List the child's weight and length.
14. **Nutrition Summary - Follow-up needed.** Indicate whether follow-up is needed with a yes or no. Report on mealtime

As with all information, it is important to note where you obtained the information. (i.e., Medical records, parent report, WIC, etc.)

behavior, weight gain or loss, difficulties with eating, special feeding equipment (e.g., feeding tube) or special diets (e.g., food intolerance or allergy).

15. Nutrition Summary – Results/Concerns. Document any results and/or concerns. For example, Jackie's Mom reports that she is a fussy eater and will only eat soft foods. It is difficult to get her to try different foods and she ends up crying. Parents are worried about her weight gain. Please indicate what information was used to assess nutrition (e.g., child is followed by WIC, doctor's records).

16. Vision Summary – Date tested/screened. Indicate the date(s) tested/screened.

17. Vision Summary – Results/Concerns. Indicate which medical provider and/or screening tool provided the information (e.g., photo screener, optometrist).

18. Vision Summary – Date re-tested/screened. Indicate the dates of re-test/screen.

19. Vision Summary – Results/Concerns. Indicate any results and/or concerns identified during the re-test/screen.

20. Hearing Summary – Date tested/screened. Indicate the date of the hearing screening and/or the screening tool used to obtain the information (e.g., newborn hearing screening, audiologist, tympanometry).

21. Hearing Summary – Results/Concerns. In the results area, indicate the results of the screening tool or medical provider exam.

22. Hearing Summary – Date re-tested/screened. Indicate the date of re-test/screen.

23. Hearing Summary – Results/Concerns. Indicate any results and/or concerns resulting from the retest/screen. If hearing test is more than one year old, schedule a hearing evaluation.



NOTE: For both vision and hearing screening, if information is obtained from outside your agency, records must be obtained by the 6-month review.

Tips for Summary of Relevant Health Status

Make certain:

- Information is accurately recorded (e.g., correct dates, spellings etc.).
- Information is written clearly (or typed) in order for family and other team members to read, and the data entry staff to enter.
- Fill in all the blanks.

Child's Name: Kicho Jung	DOB: 02/01/2011	IFSP Date: 02/03/2013
Summary of Relevant Health Status		
Primary Care Information		
1. Primary Care Provider/Medical Home Name: Dr. Garrett Rentier		
2. Address: 8897 SW 29 th St.		
3. City/State/Zip: Topeka KS 66614		
4. Phone Number: (785)222-8777 Ext:	5. Fax: (785)222-8778	6. Email Address: grentier@pediatricstopeka.com
Insurance Information		
7. Primary Insurance: Den and Ken Insurance		
8. Secondary Insurance: All Farm Insurance		
9. Signed Release to Bill Insurance: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
10. Signed Doctor's Orders: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
11. Medicaid/KanCare ID #: N/A		
Child Health Information		
12. Summary of child's health status based on review of pertinent records (please share pertinent information): <small>[Birth History (weight, gestational age, etc.), Medical Conditions or diagnoses (i.e. allergies), Illnesses, Hospitalizations, Medications, Oral Health, Health Precautions and Safety Issues, Family History, Other:]</small> Within the past 6 months Kicho has been diagnosed with Spinal muscular atrophy (SMA) based upon concerns about Popo and Lan's concerns about her developmental progress. She has been placed on a number of medications, lithium carbonate and morphine, to help manage the progress of her SMA.		
Immunization up-to-date: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Kan Be Healthy up-to-date: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Nutrition Summary: 13. Weight 18 lbs Length 20 inches 14. Follow-up Needed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 15. Results/Concerns: Kicho's weight is being followed by Children's Mercy as it relates to her diagnosis	Vision: 16. Date tested/screened: 8/16/2012 17. Results/Concerns: No concerns at this time 18. Date re-tested/screened: / / 19. Results/Concerns:	Hearing: 20. Date tested/screened: 08/16/2012 21. Results/Concerns: No concerns at this time 22. Date re-tested/screened: / / 23. Results/Concerns:

MY CHILD'S STORY (CHILD'S PRESENT LEVEL OF DEVELOPMENT)

This section of the IFSP provides a picture of how this child's current abilities and challenges in all areas of development affect his/her ability to participate in family and community life. The description of the child's present abilities, strengths, and needs serves as the link between the child's functional abilities in day-to-day life and the most recent comprehensive developmental evaluation report and/or ongoing assessment information and the plan to address the IFSP outcomes. This section also covers descriptions of the five required developmental domains. These pages should not only describe routines and activities that the child and family are finding difficult, but also the routines and activities that are going well so that the planning process can build on existing skills, strengths, and natural learning opportunities.

LINE-BY-LINE GUIDANCE FOR THIS PAGE:

- 1. Indicate the dates and types of information used to develop this summary.** List all the sources of information and dates the information was received (e.g., AEPS, parent reports, observations, tests/assessments).

The Family Service Coordinator can gather and record this information from conversations with the family. It must be reviewed for accuracy at the IFSP meeting.

Positive Social Relationships: This refers to how children relate to those around them.

For Example: Relating with adults; relating with other children; following rules related to groups or interacting with others; personal and social adjustment; and contribution and citizenship.

2. What is Child Doing...

List child's every day routines and activities related to positive social relationships.

3. What my Child Enjoys...

List activities the child enjoys related to positive social relationships.

4. What would we like to change...

List what parents and service providers would like to change regarding child's positive social relationship activities and routines.

MY CHILD'S STORY (CHILD'S PRESENT LEVEL OF DEVELOPMENT)			
<p>A developmental eligibility evaluation was recently completed with your child and family and ongoing assessment information has been gathered. This information helps us understand your child's developmental strengths, as well as some of the things that are challenging for your child and may be affecting how he/she is able to participate in family and community activities. This is the summary of what we have discovered so that our plan fits well with your child's developmental strengths and interests. Sources of information for this summary may include conversations we have had with you, observations of your child in daily routines, eligibility evaluations, assessments, and outside reports.</p>			
<p>1. Indicate the dates and types of information used to develop this summary (e.g., AEPS, HELP, parent reports, etc.): AEPS, NICU discharge summary, Parent Report</p>			
<p>Positive Social Relationships: This refers to how children relate to those around them - their parents, caregivers, brothers and sisters, and other young children. This includes many different skills such as communicating, showing emotions appropriately and controlling their own behavior. Having positive social relationships also requires young children to follow rules for how to interact, such as waiting for one's turn or sharing.</p>			
<p>2. WHAT IS CHILD DOING DURING DAILY ROUTINES AND ACTIVITIES? WHO IS PART OF THESE ROUTINES/ACTIVITIES?</p> <p>Eden enjoys being held. She really always wants her mommy. She does like to look at people's faces and will smile at people talking to her. She turns her head toward people talking to her. She gets overwhelmed when her 3 year old sister, Julia, is in her face and trying to play with her. This can cause her to get fussy and turn away. Her favorite thing right now is being wrapped up and rocked. She will cry and fuss to make her needs known. Shelley says they can tell what she needs by her cries/behavior. She screams when Julia is too close, and when she needs her diaper changed.</p>	<p>3. WHAT MY CHILD ENJOYS ABOUT THESE ROUTINES/ACTIVITIES?</p> <p>Eden calms when she is rocked and held. She enjoys the closeness of being near her mother. She likes people to talk to her, but not overwhelm her. She likes being wrapped up and seems to like her fuzzy blanket the best.</p>	<p>4. WHAT WOULD WE LIKE TO CHANGE ABOUT THESE ROUTINES/ACTIVITIES?</p> <p>Shelley would like to not have to hold Eden all the time, as she feels she cannot get anything else done. She wants to take a shower! Shelley would like Eden to enjoy having daddy hold her as much as mommy. She would like Julia to learn not to be in Eden's face so much. She would like Julia to be able to enjoy being a big sister.</p>	

** All developmental domains including: Cognitive, Communication: Expressive and Receptive, Fine Motor, Gross Motor, Self Help and Social Emotional must be addressed within context of the three identified functional areas of development. **

LINE-BY-LINE GUIDANCE FOR THIS PAGE (2):

NOTE: There is no number “1” on this page.

Acquiring and Using Knowledge and Skills. This refers to the thinking, learning, reasoning, memory, and problem solving skills, general knowledge that children acquire about their world.

For Example: Thinking, reasoning, remembering, and problem solving; understanding symbols; understanding the physical and social worlds; and pre-academic and functional literacy.

2. What is Child Doing:

List the child's every day routines and activities related to acquiring and using knowledge and skills.

3. What my Child Enjoys:

List activities the child enjoys related to acquiring and using knowledge and skills.

4. What would we like to change:

List what parents and service providers would like to change regarding the child's ability to acquire and use knowledge and skills.

Child's Name: Eden Clark			DOB: 04/01/2012	IFSP Date: 07/21/2012
Acquiring & Using Knowledge & Skills: This refers to the thinking, learning, reasoning, memory, and problem solving skills, general knowledge that children acquire about their world, such as concepts of more and less, colors and shapes, stories, and books, and using this knowledge in everyday activities. This area is about early learning and how children come to understand their world and acquire the skills they need to be successful in school and beyond.				
2. WHAT IS CHILD DOING DURING DAILY ROUTINES AND ACTIVITIES? WHO IS PART OF THESE ROUTINES/ACTIVITIES?		3. WHAT MY CHILD ENJOYS ABOUT THESE ROUTINES/ACTIVITIES?		4. WHAT WOULD WE LIKE TO CHANGE ABOUT THESE ROUTINES/ACTIVITIES?
Eden is really starting to notice things going on around her. She likes looking at faces. She will watch Julia play, but gets fussy if Julia gets too close. She has a musical light up toy that she likes. She seems to have preferences for certain things like quieter music and voices, and her fuzzy blanket. She will bring her hand to her mouth and suck on it. She does not tolerate tummy time for very long before becoming fussy. She will grasp a bumpy ring if it is placed in her hand. She will turn her head when someone walks into room. Brandon can get her to stick out her tongue by making silly faces at her.		Eden seems to enjoy soft music and things that light up. She is happiest when being held. She will tolerate her tummy more if she is laying on Mom or Dad. She will watch Dad when he makes silly faces with her.		We want Eden too be more content in a bouncy seat or swing. We want her to enjoy playing when she isn't being held. We want Julia to be able to interact with Eden because Julia thinks Eden doesn't like her. We want to know if the PVL is going to cause any problems with Eden's development.
<i>**All developmental domains including: Cognitive, Communication: Expressive and Receptive, Fine Motor, Gross Motor, Self Help, and Social Emotional must be addressed within context of the three identified functional areas of development. **</i>				

LINE-BY-LINE GUIDANCE FOR THIS PAGE (3):

NOTE: There is no number “1” on this page.

Taking Action to Meet Needs. This refers to children being able to take care of themselves and to use appropriate ways to get what they need and want.

For Example: Taking care of basic needs, showing hunger, dressing, feeding, toileting, etc.; contributing to their own health and safety, following rules, assisting with hand washing, avoiding inedible objects; getting from place to place, mobility; using tools, forks, strings attached to objects; physical health; and responsibility and independence.

2. What is Child Doing:

List the child’s every day routines and activities related to taking action to meet his/her needs.

3. What my Child Enjoys:

List activities the child enjoys related to taking action to meet his/her needs.

4. What would we like to change:

List what parents and service providers would like to change regarding the child’s current routines and activities related to taking action to meet his/her needs.

Child's Name: Eden Clark			DOB: 04/01/2012			IFSP Date: 07/21/2012		
Taking Action To Meet Needs: This refers to children being able to take care of themselves and to use appropriate ways to get what they need and want. The key theme is emerging independence. This includes everyday activities like eating, dressing, playing with toys, making choices and getting from one place to another. It is important for children to be able to move around from place to place. There are many ways to move around and some children use wheelchairs, walkers or other assistive devices. This ultimately focuses on how children show increasing independence in meeting their own needs.								
2. WHAT IS CHILD DOING DURING DAILY ROUTINES AND ACTIVITIES WHO IS PART OF THESE ROUTINES/ACTIVITIES?			3. WHAT MY CHILD ENJOYS ABOUT THESE ROUTINES/ACTIVITIES?			4. WHAT WOULD WE LIKE TO CHANGE ABOUT THESE ROUTINES/ACTIVITIES?		
Eden is taking 2-3 oz. of formula at a time. She eats slowly, and it seems that she doesn't really act that interested in eating. It was observed during the evaluation that Eden does have a weak suck. Shelley is worried about her not eating enough, and her weight gain has been under what the doctors would like. Eden hates having wet and dirty diapers, and gets really mad until she is changed. Eden wakes up frequently at night, but Shelley thinks this will get better if she puts on weight. Eden definitely lets them know what she doesn't like, as she can scream! She does not like getting undressed, and she hates the bath. Shelley tries to keep her wrapped in a towel and wash just one part at a time. Baths are pretty quick to keep Eden from getting upset. Brandon is nervous about helping with bathing as Eden is so fussy and small. Brandon often keeps Julia busy so Shelley can deal with Eden.			Eden enjoys bottle feeding because she is being held. She eats better when Shelley feeds her than when Brandon does. Shelley has tried different nipples to see if Eden likes one better, but she is still eating pretty slow with both of them. She likes being rocked to sleep and she sleeps longer if she is held, than if she is put in her bassinet. Eden does not take a pacifier, but she does like to suck her hand to calm herself.			Brandon would like it if he could help more with feedings. They want Eden to be able to take enough food by mouth to not need the tube feedings at night. Shelley wants to figure out a way to help the feedings go faster. Julia tries to give Eden the bottle and that results in stress for everyone. Julia pokes the bottle in Eden's face, Eden starts crying, then Julia starts crying because Eden doesn't like her, and the parents are trying to calm both girls. This is particularly difficult when Brandon is not home to help.		
<i>**All developmental domains including: Cognitive, Communication: Expressive and Receptive, Fine Motor, Gross Motor, Self Help, and Social Emotional must be addressed within context of the three identified functional areas of development.**</i>								

Tips for My Child's Story

Make certain:

- You have focused on building a relationship with the child's caregivers.
- Developmental information is written in family-friendly language, avoiding the use of professional jargon.
- You have discussed functional skills that are meaningful to the child and family.
- The status of current abilities includes sufficient information on people, places, and things that interest and motivate the child to participate in everyday routines and activities.
- There is information on how the child's fears or dislikes impact successful participation in everyday routines and activities.
- This section is a summary of the story of the child that has unfolded from the evaluation/assessment process. This is not a list of discrete skills or scores from the CBA. The story should include the information most relevant to outcome development to include strengths and needs.
- This section should identify specific routines, identified ahead of time or during IFSP by the family. Think about separate routines. For example, instead of saying, Joe makes transitions without fussing, or Joe shares with his sister while playing. It should say Joe goes from his stroller to his car seat without fussing while mom is driving home from playing at the park. Most outcomes should capture a snap shot of part of the day for the family.
- Think about what happens most days. Routines do not happen every day or happen in the same way every time. Routines are more than events in the day. When you identify routines you ask about what the child does, who is there, what the child and parent enjoy about the interaction, and what change do the parents see in their child during the routine. As you go through this process, the specifics of each routine will become much clearer to you and will help the family identify what supports will be most appropriate within these routines.
- Discuss routines and then organize them into the outcomes that are of highest priority for the family.
- **Remember:** Families may have concerns in routines even if they indicate basic satisfaction with the routine when asked (e.g., rating of five on the SAFER). Families may have routines that are not designed to enhance the development of their child (e.g., the parent feeds his or her child so they can get out the door and not be late for work). The family may indicate they are okay with this routine, but they would still like him to be able to eat independently. In terms of satisfaction ratings, some people are very positive regardless of child functioning, and other people are less positive regardless of child functioning. Be sure to go as in-depth as possible to determine what is important to the family.



FAMILY CONCERNS, RESOURCES, PRIORITIES

In partnership with families, the IFSP must include a statement of the family's resources, priorities, and concerns related to enhancing the development of the child as identified through the assessment of the family. In Kansas, the belief is held that in order for a family to enhance the development of their child, their needs as a family must first be met. The identification of these resources, priorities, and concerns is the key in meeting family needs.

Family assessment is voluntary. In Kansas, we safeguard this right by making very clear that the parents have the right to not answer any question asked and to only give the information they are comfortable sharing. Families have the right to limit who sees the information collected. The goal of the IFSP is to support children to participate in the everyday routines, activities, and places that are important to them and their families.

- **Remember:** The family chooses the child and family goals. The team helps them do this by recapping the description of the information represented in "My Child's story." The team should be careful not to pull IFSP outcomes directly from the curriculum-based assessment, but to integrate this information into the description of the family's routines and activities.
- Family outcomes are not an add-on or a separate class of outcomes. Child and Family outcomes should be integrated. The child is part of the family unit and is not going to learn things without other family members. However, outcomes targeting a parent's desire to complete his or her GED or to learn to speak English so he or she can talk to their child's preschool teachers are also appropriate and necessary outcomes.

This page will serve as a guide to conversations with the family as they participate in a voluntary process to identify their:

- **Concerns:** what the family is worried or wondering about.
- **Priorities:** what the family feels is most urgent and should be addressed first.
- **Resources:** what groups and/or organizations and who (e.g., grandparents, aunts) support the child and family in their day-to-day life.

First:
Build a positive relationship with each family. Take the time necessary to get to know the family on your first visit. Sometimes we get so focused on filling out the paperwork, we forget what is meaningful for the family.

LINE-BY-LINE GUIDANCE FOR THIS PAGE:

1. **Name of Assessment tool used to identify Family Concerns, Priorities, and Resources.** Indicate how the information regarding concerns, priorities, and resources was gathered. This page is **not** intended to be used solely as a checklist or to be handed to the family to complete on their own. **This should not be a tool designed to identify "deficits" of the family but to identify strengths and needs.** IDEA regulations require that this information be based on a personal interview with the family. This is the place where the Family Service Coordinator summarizes the concerns generated through the interview process. This will also help the IFSP team to focus the IFSP outcomes on the questions and concerns expressed here. Concerns identified through the interview can become the basis of the priorities used to develop outcomes for the IFSP by providing valuable information that informs the initial and ongoing assessment process to support functional intervention planning.
2. **Priorities of the Family.** The family is asked to prioritize their concerns. Record in this box what the family has indicated they would like to work on first.

3. **Strengths, Resources that Family has to meet their Child's Needs.** List the resources (e.g., family, groups, financial supports, friends, etc.) that support the family. For example, a family member may care for the child when parents cannot focus on the child's needs. This is a good place to put information gathered from the ECO Map process.
4. **What else would be helpful in planning supports and services?** This is the place where the coordinator can list any additional information the family feels is relevant to planning services for their child. Any additional information not previously listed can be summarized here.

Tips for Family Concerns, Priorities, and Resources

Make certain:

- *The families understand sharing concerns, priorities, and resources are voluntary. IDEA is clear that family interviews are voluntary. In Kansas, parents have the right NOT to answer any questions and to give us ONLY information they are comfortable sharing. We are also clear that they have the right to limit who sees the information we collect.*
- *If the family chooses NOT to share their concerns, priorities, and resources, you indicate that on the IFSP.*
- *The family's words are used as much as possible.*
- *The family understands that the information will be shared with other team members.*
- *You have used a routines-based interview or other family assessment tool (approved by KDHE) with the family to gather and record this information.*
- *The team understands what a typical day looks like for this family, their concerns, and what is most important for them to address in the IFSP.*

Child's Name: Eden Clark	DOB: 04/01/2012	IFSP Date: 07/21/2012
Family Concerns, Resources, Priorities		
Family's concerns and priorities drive the development of IFSP outcomes. Family resources and supports are critical for supporting and enhancing desired changes and children's functioning and learning.		
Summary of Family Concerns: <small>(based on challenges in everyday routines and activities and on the assessment tool list)</small>		
1. Name of Assessment tool used to identify Family Concerns, Priorities and Resources: RBI		
2. Priorities of the Family: Eden to gain weight, feed better and get off tube feedings. Eden will not need to be held so much. She will enjoy playing with her dad and sister, and not always need Mom.		
3. Strengths, Resources that Family has to Meet their Child's Needs: <small>(includes family, friends, community groups, financial supports, etc. that are helpful to you)</small> They are using lots of medical support from the NICU. They have Eden weighed weekly by the home health nurse. Grandma is living nearby and can help out with needed. Brandon is self employed as a farmer, so has some flexibility to help with medical appointments and to support Shelley. Brandon's sister lives in a nearby town, and they have friends from church who can be supports. Shelley did have to give up her part-time job due to the medical issues with the premature birth, and Eden being in NICU. She was working mainly for health insurance, so they now have the girls on Medicaid.		
4. What else would be helpful in planning supports and services? <small>(What is important? What have we forgotten?)</small> A playgroup or preschool for Julia. Shelley feels also, that she needs to find some one on one time for Julia, as Eden has taken up so much of the family's attention. Brandon needs confidence in feeding Eden. They also need to find out if there is any insurance they could qualify for.		

OTHER SERVICES

To provide a simple picture of the family's supports not related to Part C, and discover what supports would be useful for the family that they are currently not receiving.

LINE-BY-LINE GUIDANCE FOR THIS PAGE:

- 1. Do you or your child currently receive any of the following services?** Indicate whether the family receives any of the following services. If service is not listed, check empty box in appropriate column and list the service.
- 2. Comments.** List any relevant and useful information regarding services received or information regarding services the family would like to learn more about. Information regarding contact information for the above services and funding information may also be included in this field. Do not use this chart to ask every single question. Collect information through interview and be very clear parent only need offer information they are comfortable offering.

Child's Name: Miguel "Mikey" Santos		DOB: 05/07/2010		IFSP Date: 09/01/2012	
Other Services					
<p>These are additional services that your child and family are currently accessing or would like information about, but are not part of services under Part C. Such additional services may include medical services such as well-baby checks, follow-up with specialists for medical purposes, etc.</p>					
1. Do you or your child currently receive any of the following services?					
Check if applicable	<u>Financial & Other Basic Assistance</u>	Check if applicable	<u>Health & Medical Services</u>	Check if applicable	<u>General Services</u>
<input type="checkbox"/>	Child Care Subsidies	<input type="checkbox"/>	Children with Special Health Care Needs Program	<input type="checkbox"/>	Child Care
<input type="checkbox"/>	Child Support	<input type="checkbox"/>	Deaf/Blind Services	<input type="checkbox"/>	Domestic Violence Support
<input type="checkbox"/>	Financial Assistance (needy family cash, etc.)	<input type="checkbox"/>	Family Planning Clinic	<input type="checkbox"/>	Early Head Start/Head Start
<input type="checkbox"/>	Health Insurance - child	<input checked="" type="checkbox"/>	Immunizations (Baby Shots)	<input type="checkbox"/>	Families Together
<input checked="" type="checkbox"/>	Medicaid/KanCare - child	<input type="checkbox"/>	Indian Health Services	<input checked="" type="checkbox"/>	Family Preservation
<input type="checkbox"/>	Medicaid/KanCare - parent	<input checked="" type="checkbox"/>	KAN Be Healthy	<input checked="" type="checkbox"/>	Foster Care/DCF
<input type="checkbox"/>	SSI	<input type="checkbox"/>	Kansas Instructional Network (KISN)	<input type="checkbox"/>	MR/DD Services through CDDO
<input type="checkbox"/>	Vision Card	<input type="checkbox"/>	Medical Specialist (i.e. cardiology, neurology, etc.)	<input type="checkbox"/>	Parents As Teachers
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Mental Health Services	<input type="checkbox"/>	Preschool
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Nutrition Services	<input type="checkbox"/>	Sound Beginnings
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Oral Health	<input type="checkbox"/>	Sound Start
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Well Child Care	<input type="checkbox"/>	TA Waiver/Autism Waiver
<input type="checkbox"/>	Other: _____	<input checked="" type="checkbox"/>	WIC Nutrition Program	<input type="checkbox"/>	Transportation
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Other: _____
<p>2. Comments (includes names, contact information and funding sources for above services as appropriate): Mark Daily is the contact at DCF. His number is 785-496-2100 XT 631. Danielle Barta is the family preservation worker from St. Francis.</p>					

OUTCOMES FOR CHILDREN AND FAMILIES

This page supports the IFSP team to pull together all of the information the family has shared so far, along with the expertise of the other team members. The initial IFSP development is a process that evolves over time, starting with the first contact with a family and is finalized at the IFSP meeting.

LINE-BY-LINE GUIDANCE FOR THIS PAGE:

- 1. Outcome #.** The Service Coordinator provides the number of the outcome.
- 2. Start Date.** List the established start date for the outcome (e.g., 01/22/2012).
- 3. Target Date.** List the target date for finishing the outcome (e.g., 04/22/2012).
- 4. What would your family like to see happen for your child/family?** Document the child or family outcome here, based on family priorities. Use **Family Concerns, Resources, and Priorities** together with the **My Child's Story** section to assist in the development of outcomes. Take one concern that the family has identified and write a positive statement of the change the family wants to see. This statement should be functional and meaningful to the family. The family's words should be used as much as possible. It is fine to suggest wording to the family (e.g., "what I hear you saying is that you both would like Sam to be able to adjust to transitions such as when you want him to stop playing and come to the dinner table – is that right...?").

Outcomes address the hopes, dreams, concerns, priorities, and resources that the family has reported; supports and services are assigned to address these outcomes.
- 5. What's happening now related to this outcome?** Provide additional information related to the outcome, including daily activities or routines. Include things the family has already tried, what has been successful in the past, promising practices that have worked for the family. This will give the team positive things to build upon. This is where you would list if there is a specific accommodation or adaptation being made for the child or if a specific piece of equipment is being used to increase participation in daily routines.
- 6. How will we know we've made progress or if revisions are needed to outcomes or services?** Describe what progress will look like. What will team members see, hear, or feel that will let them know the outcome has been met? Indicate who will observe/report the progress. Document what methods will be used to help achieve the outcome or those needed to modify the outcome to achieve completion (e.g., observation, functional assessment, video tape, progress monitoring). Choose a date or preferably an event that is meaningful for the family, not OUR timeline.
- 7. How did we do?** Enter the date outcome was reviewed. Document the progress made toward achieving the outcome, how the process went and how you will proceed. Remember to document the criteria used to measure progress. (Johnny now uses word approximations to indicate he wants more snack.)
- 8. What Happens Next?** Enter the date and choose if the outcome should be continued as planned, discontinued or revised. Describe any changes in the child's or family's situation. Explain why outcome is being discontinued (outcome met, or no longer relevant to child or family). If outcome is being revised, indicate what revisions are being made.

As the team plans the intervention strategies, you are encouraged to address the following factors:

- **Accommodations:** How can we make slight changes to the activity, what's asked of the child or the interaction of caregivers to support the child's optimal participation?
- **Adaptations:** What physical changes could be made to the setting, toys and other objects, or the use of assistive technology that would support the child's optimal participation?
- **Change in Behavior:** What behavior could be developed in the child and/or his interaction partners (adults and peers) to support the child's participation?

NOTE: These specific strategies do not need to be listed in the outcomes statement, but rather are things to consider during your visits and joint planning with the family at the end of each visit. These would be documented in your on-going visit notes.

Outcomes for Children and Families	
Outcomes must reflect the changes families would like to see happen for themselves and their children and be based on family priorities and needs in relation to support of the developmental needs of the child, including accessing community resources and supports	
1. Outcome # 2	
2. Start Date: 07/21/2012	3. Target Date: 01/21/2013
4. What would your family like to see happen for your child/family? <i>(The outcome must be functional, measurable and in the context of everyday routines and activities.)</i> Shelley and Julia will have time together and Julia will enjoy being a Big Sister.	
5. What's happening now related to this outcome? <i>(Describe your child and/or family's functioning related to the desired change/outcome.)</i> Shelley spends a great deal of time holding and feeding Eden. Shelley feels like she can get nothing done around the house or have time for Julia. Julia feels Eden doesn't like her because she cries when Julia tries to interact with her. Julia tries to "help" which often results in everyone becoming frustrated. Brandon often takes Julia out of the way, so Eden isn't distracted when she is eating.	
6. How will we know we've made progress or if revisions are needed to outcomes or services? <i>(What is the observable action or behavior that shows progress is being made?)</i> <i>What is/are procedure(s) we are going to use to measure progress? (i.e., observation, report, chart)</i> <i>What are the realistic timelines that will be used?</i> Julia and Shelley will have a one on one activity that they do together. Brandon will be more comfortable in dealing with Eden so that Shelley can spend time with Julia. Eden will be happy in a swing or bouncy seat, and not constantly need to be held for a period long enough for Shelley to read a story or do a puzzle with Julia. Julia will be able to show Eden a toy or sing a song to her, without Eden becoming so fussy and upset.	
7. How did we do? <i>(Review of progress statement/Criteria for Success)</i> Date: / / Comments:	
8. What happens next?: Date: / / Continue as planned: Date: / / Discontinue this outcome: Date: / / Revise this outcome: <i>(If outcome achieved, discontinued, added or revised, please go to IFSP review page.)</i>	

Tips for Writing Outcomes for Children and Families

Make Certain:

- *You have focused on building a relationship with the child's caregivers.*
- *You have listened to the parents describe what they want for their child.*
- *Outcomes are written in clear language, using the parent/caregiver's words as much as possible.*
- *Information relates to the family's **Concerns, Priorities, and Resources** section and in **My Child's Story** section of the IFSP.*
- *Outcomes and strategies build on child and family strengths.*
- *Outcomes are implemented in natural environments.*
- *Outcomes are functional and related to participation in everyday routines.*



SUMMARY OF SERVICES

These pages document services and supports needed to achieve functional IFSP outcomes. They are designed to enhance the capacity of the family in supporting their child's development and to promote the child's learning and development through functional participation in family and community activities. This section will keep track of the specific information regarding these services and list the team members involved.

For each service listed, a statement must include the following:

- The *dates* projected for initiation of services (within 30 days after consent to implement the IFSP is given) and the anticipated length, duration, frequency, intensity, and method of delivering the services.
- *Length* means the length of time the service is provided during each session of that service (such as on a quarterly, monthly, hourly basis).
- *Duration* means a projection of when a given service will no longer be provided (such as when the infant or toddler is expected to achieve the results or outcomes in his or her IFSP).
- *Frequency* and *intensity* means the number of days or sessions that a service will be provided.
- *Method* means how a service is provided (face-to-face, joint visits, consultative, team meetings, other).

Child's Name: Kcho Jung DOB: 02/01/2011 IFSP Date: 02/03/2013									
Summary of Services									
Services and supports are determined following the development of functional IFSP outcomes. They are designed to enhance the capacity of the family in supporting their child's development and to promote the child's learning and development through functional participation in family and community activities. Each child will be teamed, at a minimum, quarterly with the entire intervention team (which may include team members not listed below) with the Primary Provider taking the lead. The services listed below reflect the specific team members directly involved with your child and family either through joint visits, consultation, team meetings and face-to-face visits.									
1. Primary Provider	2. Family Services Coordinator	3. Provider Name	4. Early Intervention Services	5. Methods	6. Number of visits in the Natural Environment	7. How long are visits?	8. Natural Environment where services will take place	9. Start Date	10. End Date
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Jade Bell	Physical Therapy	Face-to-Face Visits	9 visits per quarter	60 minutes	Home	2/3/2013	8/3/2013
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Steven Lang	Family Services Coordination	Team Meetings	1 meeting per quarter	90 minutes	Home	2/3/2013	8/3/2013
<input type="checkbox"/>	<input type="checkbox"/>	Lori Reed-Rogers	Special Instruction	Joint Visits	1 visit per quarter	60 minutes	Home	2/3/2013	8/3/2013
<input type="checkbox"/>	<input type="checkbox"/>	Steven Lange	Social Work	Consultants	4 visits per quarter	60 minutes	Home	2/3/2013	8/3/2013
<input type="checkbox"/>	<input type="checkbox"/>	Jade Bell	Physical Therapy	Team Meetings	1 meeting per quarter	90 minutes	Home	2/3/2013	8/3/2013
<input type="checkbox"/>	<input type="checkbox"/>		Choose an item.	Choose an item.					
<input type="checkbox"/>	<input type="checkbox"/>		Choose an item.	Choose an item.					

*If setting is not a natural environment, complete the justification.

11. Description of services and how they are going to be delivered: Services will be delivered in the home. Steven will be coordinating services by making phone calls, researching resources from his office.

12. Funding Statement (include statement of local funding sources including Medicaid/KanCare, and Categorical Aid. Part C funding must always be payor of last resort for all services): The local tiny-k program will access Medicaid, Categorical Aid, and grant funding. Part C funding is used as payor of last resort.

13. Natural Environment Justification needed: ☐ Yes (Complete page 11) ☒ No (All Early Intervention Services are occurring in the Natural Environment)

LINE BY LINE GUIDANCE FOR THIS PAGE:

1. **Primary provider.** Indicate if service will be provided by primary provider. Per the required service delivery model in Kansas, each child must have a primary provider indicated on the IFSP.
2. **Family Services Coordinator.** Indicate what will be provided by family services coordinator by filling in the services grid. This may be the same person as the primary provider.
3. **Provider Name.** List the first and last name of provider. You must list a provider more than once if he/she is providing service by more than one method, or in more than one setting. (For example, the primary provider should be listed, at a minimum, for primary provider, service coordination, and team meetings).
4. **Early Intervention Services.** Choose which services the child will be receiving. Service Coordination should be the first service listed for each child.
5. **Methods.** Choose the method of the service (e.g., joint visits, consultation, team meetings, and face-to-face visits). You must list each team member on the IFSP team and indicate how he or she will be involved with the child/family. For example, if the physical therapist will do joint visits and be at the team meeting, please complete a separate line for each method. If you are unsure about a team member's role, indicate they will be at the team meeting only, unless you are certain you will not be using their expertise. The fine print at the top of the IFSP indicates the entire team will discuss each child at least quarterly.

NOTE: Not every child needs to have your entire team on the IFSP. This is a judgment call between the primary provider, the family, as well as the other team members based on who is needed to complete outcomes for the child and family. **THIS CAN CHANGE AT ANY TIME.**

6. **Number of visits in the natural environment.** List how many visits will occur in a given period (10 visits in a quarter, 2 visits per month). In a primary provider approach to teaming, it is important to give you and your team flexibility in meeting the needs of the family. In this case, a quarterly approach to monitoring home visits might be most appropriate. Therefore, if you need more visits when initially meeting with the family and less visits two months later you do not have to change the IFSP until it is time to review it. Additionally, in a quarterly timeframe, you can give yourself and the family some space in that timeline (e.g., nine not 12 visits in the quarter) so you are not trying to make up for missed visits.
7. **How long are visits?** Indicate length of visits. The length of visits should be flexible to meet the needs of the family. If the family indicates that an hour and half would work best for them every other week, then on the IFSP you write 90 minutes 5 times a quarter. **Please note: Not every family needs or wants an hour visit every other week. IFSPs are designed to meet the individual needs of each family.**
8. **Natural Environments where services will take place.** List the natural environment where service will take place (e.g., child's home, childcare, Early Head Start). If the service is provided in more than one location, choose where the majority of service is provided unless the time is equal, then, both locations should be indicated, and an additional line added to the summary of services.
9. **Start Date.** List the same date as IFSP meeting/consent for services. If parent(s) sign consent after the meeting date (e.g., they want a few days to think it over) then use the date that consent for services was signed.

- 10. End Date.** List estimated end date. This date is intended to inform parents of how long **services are needed to achieve short and long-term outcomes** and not the duration of the plan. This end date can be written in intervals most appropriate for the family as well as other team members (e.g., quarterly, every six months).
- 11. Description of Services and how they are going to be delivered.** Provide more information regarding services as necessary. (e.g., Mary is going to receive services at home and Early Head Start until the new baby comes; our initial plan is to have Charlene provide services in the home with support from Barbara so both Charlene and Sam have additional strategies to getting Jason to communicate without getting frustrated). Put a N/A here if no additional information is needed.
- 12. Funding Statement.** Provide information about the funding of services. Include statement of local funding sources including Medicaid and Categorical Aid. Part C funding must always be payor of last resort for all services. This statement should also indicate if the tiny-k program is billing private insurance. **THIS FUNDING STATEMENT SHOULD NOT BE MARKED N/A UNDER ANY CIRCUMSTANCE.**
- 13. Natural Environments Justification Needed.** Mark the appropriate box, Yes or No. If No, then you must complete the next page (Natural Environment Justification).



NATURAL ENVIRONMENT JUSTIFICATION

LINE-BY-LINE GUIDANCE FOR THIS PAGE:

1. **Service(s) Support(s).** List all services not occurring in natural environment.
2. **Setting.** List the settings for the services not occurring in natural environment.
3. **Explanation of Why Outcomes Cannot be Achieved in a Natural Environment.** If the team decided a service cannot be provided in a natural environment, a justification is written here.
4. **Plan for Moving Service(s) and/or Supports(s) into Natural Environments.** If the outcome cannot be met in a natural environment, you will also include a plan and a timeline on how you will provide supports and services in order to move supports and services to a natural environment. If this box is marked No on page 10, then printing page 11 is optional.

Tips for Summary of Services and Natural Environments Justification

Make Certain:

- *This section is to be rarely used.*
- *It is not used for services such as audiology visits, medical evaluations, or making phone calls from your office.*

Natural Environment Justification	
Children learn best through natural learning opportunities that occur in settings where the child and family normally participate. Early intervention supports and services must be provided in settings that are natural or typical for children of the same age who do not have disabilities (i.e., natural environments). If the team decides that the outcome cannot be achieved in a natural environment, a justification must be provided including why that decision was made and what will we do to move services and supports into natural environments as soon as possible.	
1. Service(s)/Support(s)	2. Setting (Non-Natural Environment Setting Where Service(s)/Support(s) Will be Provided)
Physical therapy	Hospital
3. Explanation of Why Outcomes Cannot be Achieved in a Natural Environment: Jordan will receive her physical therapy at the hospital (Children's Mercy) while she is recovering from her surgery. The orthopedist believes she will be at Children's Mercy for approximately three weeks post-surgery to avoid any further complications.	
4. Plan for Moving Service(s) and/or Support(s) into Natural Environments: Once Jordan returns to Manhattan, Riley County tiny-k services will continue to provide her physical therapy needs and work closely with the physical therapist at Children's Mercy to make it a smooth transition.	

IFSP AGREEMENT

This page documents:

- The informed written consent of the parents/guardian, agreeing to the services as described on the IFSP.
- Who participated in the IFSP development and meeting.
- How each person participated.

Parents/guardians must be informed of their rights regarding the IFSP process and other aspects of their participation.

LINE-BY-LINE GUIDANCE FOR THIS PAGE:

- 1. Waive Rights to 10-day written prior notice.** Parents initial if they waive their right to 10-day written notice prior to services.
- 2. Action Refused (if any).** If the box is checked indicating parent does not give consent for the IFSP as written, use this section to indicate which service(s) they are declining.
- 3. Reasons for Refusal (if action refused).** List parents' reason(s) for refusing the action, if action was refused.
- 4. Signature of Parent, Legal Guardian, or Child Advocate.** Check appropriate box - parent, legal guardian or child advocate. Obtain signature(s). Print name under signature. List date signed.
- 5. Signature of Parent, Legal Guardian, or Child Advocate.** Check appropriate box - parent, legal guardian or child advocate. Obtain signature(s). Print name under signature. List date signed.

All team members, including subcontractors and those from other agencies, need to be informed of IFSP meetings. Input should be sought from all team members so that an integrated approach to service delivery is maintained. If a team member cannot attend the IFSP meeting, his/her input should be sought before the meeting. All team members should receive information about any changes to the IFSP.

IFSP Agreement

Written Prior Notice and Parental Consent for Provision of Early Intervention Services

1. Waive Right to 10-day Written Prior Notice (Initial): ☐

Written Prior Notice:

Written prior notice must be provided to parents of an eligible child a reasonable time before the program proposes or refuses to initiate or change the identification, evaluation or placement of the child or the provision of appropriate early intervention service to the child and the child's family.

Action Proposed:

To initiate the services listed on the IFSP for which consent is provided, according to the Summary of Services.

Reasons for Taking the Action:

After discussing all assessment information, including family observations and their concerns, priorities and resources, the IFSP team, including the family, agreed on the early intervention services and other supports to be provided to achieve desired outcomes.

☐ I do not give consent for the proposed Action

2. Action Refused (if any): ☐

3. Reasons for Refusal (if action refused): ☐

Consent:

I participated in the development of this IFSP and I give informed consent for the Local *tiny-k* program, *Kansas Infant/Toddler Services* and service providers to carry out the activities listed on this IFSP.

Consent means I have been fully informed of all information about the activities for which consent is sought, in my native language or other mode of communication; that I understand and agree in writing to the carrying out of the activities for which consent is sought; the consent describes the activities and lists of records (if any) that will be released and to whom; and the granting of my consent is voluntary and may be revoked in writing at any time.

I understand that I may accept or decline any early intervention service (except the required procedural functions under the regulations for Family Resources Coordination) and may decline such a service after first accepting it without jeopardizing any other early intervention service(s) my child or family receives through the Local *tiny-k* Program, *Kansas Infant/Toddler Services* (NOTE: Complete the "Declining One or More Early Intervention Services or Declining Participation in the *tiny-k* program" form)

I understand that my IFSP will be shared among the early intervention providers and program administrators responsible for implementing this IFSP.

I have received a copy of the *tiny-k* program and *Kansas Infant/Toddler Services, Individuals with Disabilities Education Act (IDEA) Part C Procedural Safeguards (Child and Family Rights and ITS Complaints Process)* along with this IFSP. This information includes the complaint procedures and timelines I may use if I decide later that I disagree with any decisions. These rights have been explained to me and I understand them. I also understand that I can contact KDHE at 785.296.6135 or 1.800.332.6262 and make an informal complaint, request mediation and/or an impartial due process hearing should you disagree with the proposed actions. For more information, you may consult the *Kansas Infant/Toddler Services* website at <http://ksits.org/families.htm>.

☐ I do give consent for the proposed Action

4. Signature(s) of (check one): ☐ Parent(s) ☐ Legal Guardian ☐ Child Advocate Date

5. Signature(s) of (check one): ☐ Parent(s) ☐ Legal Guardian ☐ Child Advocate Date

LINE-BY-LINE GUIDANCE FOR THIS PAGE:

- 1. IFSP Participants that attended the IFSP Meeting.** List the full name, credentials, and role or organization of each person who attended the IFSP meeting. Obtain a signature from participants and enter the date that the person participated.
- 2. IFSP Participants that did not attend the meeting.** List the full name, credentials, and role or organization of each person who did not attend the IFSP meeting but who participated in the meeting through a conference call or in writing. Indicate if the person participated via conference call or writing.

Tips for IFSP Agreement

Make certain:

- *You have clearly printed the names, roles, and titles of all individuals who have participated in the development of the IFSP and will assist in carrying it out.*
- *The team, including the family, has a clear record of the personnel providing services, agencies and contact information.*
- *You have given to the parents/caregivers a written copy and verbal explanation of the Family Rights.*
- *The parents/caregivers have signed and dated the IFSP if they agree with the services as listed.*

1. IFSP Participants that attended the IFSP Meeting:			
Printed name and Credentials	Role/organization	Signature	Date

2. The following individuals did not attend the meeting but participated in the meeting through conference call or in writing. (specify which):		
Printed name and Credentials	Role/organization	Conference Call/In Writing

PART C TRANSITION PLANNING TIMELINES AND PROCEDURES

The Transition Plan will help the team ensure that each child and family experience a smooth and effective transition. Careful plans and informed decision-making are the key to success during this process. Through discussions with the family, specific steps and actions are determined that facilitate the family's transition from early intervention to other needed supports and services. The family's service coordinator is responsible to guide, coordinate, and facilitate this process. The transition plan is a "to do list" – who will do what by when in order to make sure transition happens smoothly and effectively. The IFSP transition pages must be included and attached to the rest of the IFSP.

Child's Name: Marcus Reno	DOB: 05/07/2010	IFSP Date: 9/17/2012
Part C Transition Planning Timelines and Procedures		
Develop the transition plan with the family not fewer than 90 days, and at the discretion of all parties, not more than 3 months prior to the child's third birthday.		
The Transition Plan outlines steps and activities to support children and families leaving early intervention and transitioning to other community or school services.		
Note: Specific Guidance for Late Referrals to Part C, Summer Birthdays and Uninterrupted Services are found in the Procedure Manual and in the Transition MOA between KDMC and KSDE. The procedures specific to these issues may vary slightly. Refer to guidance before proceeding.		
1. Date of Transition Plan 09/20/12 (no more than 3 months or less than 90 days prior to child's third birthday)		
2. Family Priorities for child's transition:		
Leon wants Marcus to stay at Happy Kids Child Care and receive preschool services there. He knows Marcus already has to make a transition to another classroom at Happy Kids so he doesn't want Marcus yet another transition to a different school.		
Early Childhood Program Contact Information/School District		
3. School District: USD355	4. Name of Program: Preschool	
5. Contact's Name: Lily Reed	6. Address: 4234 33rd St.	
7. Phone Number: (234)768-8287 Ext:	Work <input checked="" type="checkbox"/> Cell <input type="checkbox"/>	8. Email Address: Lily@csd.net
8. Transition Planning Requirements and Activities		
a) Discuss with parents what "transition" from early intervention means, including steps for the child to exit from Part C program.	BM	05/03/2013
b) Help parents to understand meaning of "potentially eligible". Explain the referral process for children "potentially eligible" from referral to possible IEP.	BM	07/13/2013
c) Assist parents to understand their rights and to develop advocacy skills. Review Child and Family Rights Document.	BM	06/24/2013
d) Discuss with parents possible program options (including early childhood special education services; Head Start; child care and other community services) that may be available when child is ready for transition at age 3. List options here as appropriate: Leon understands that the preschool services could be delivered in the classroom at Houston Elementary but getting Marcus there during the day would be difficult. He wants to minimize the number of transitions Marcus has through the day.	BM	06/05/2013
e) Provide opportunity to parents to meet and receive information from local education agency or other community program representatives as appropriate.	BM	09/17/2013

LINE-BY-LINE GUIDANCE FOR THIS PAGE:

1. **Date of Transition Plan.** If you have marked “yes” on page 1, this should be the date the family service coordinator and the family write the transition plan together. This would typically occur at an IFSP review. While it is allowable to wait until the 90-day mark to develop the transition plan, it is not advisable. Planning allows both the family and the family service coordinator to be ready for the transition conference and to complete the needed steps prior to the conference.
2. **Family Priorities for Child’s Transition.** Write a summary of the family’s priorities and goals for their child’s transition; e.g., “I want Brittany to be ready for Kindergarten;” “Our family does not want Roberto to have to travel back and forth between child care and a special school.”
3. **School District.** List the USD Number.
4. **Name of Program.** List the name of the school district program (e.g., sunshine preschool program).
5. **Contact’s Name.** List the name of the contact at the school district to whom the referral is made.
6. **Address.** List the school district address where the referral is sent.
7. **Phone number.** List the phone number of the contact listed above who will have information for follow-up regarding the referral.
8. **Email.** List the email address of the contact listed above.

NOTE: this information must match what is entered into the ITS Database!

9. **Transition Planning Requirements and Activities.** Document activities for the transition-planning meeting or attempts to engage the family in the meeting. Indicate person responsible to assure completion of this section and indicate date when all activities for this section are completed. If a family chooses not to have a transition conference, document your plan for imparting information from the LEA that is required at the conference in section “j” of the plan. An example is “the LEA will provide information about their evaluation process, parental rights available services, etc... through the mail directly to the parents.” Alternatively, “the LEA has provided our local tiny-k program with a brochure that explains the eligibility process and parental rights, etc... that was shared with the family.” Anticipated completion dates are to be listed in the “activity” boxes. The completion dates must be documented in the “date completed” box.

NOTE: Box “j” is where you would document other transition activities/plans if it is determined there will be no transition conference with school district.

Tips for Completing the Transition Plan Page

Make Certain:

- The team has enabled the family to make informed decisions about transition.
- The team has addressed all the activities that will need to occur in order to ensure a smooth and effective transition.
- Specific action steps are described for each transition planning requirement.
- Team members know who is responsible for which activities.
- The target dates to complete the activities are established and completed dates are documented.

Child's Name: Marcus Renno		DOB: 06/07/2010	IFSP Date: 9/17/2012
9. Transition Planning Requirements and Activities (continued)		Person Responsible	Date Completed
f) At least 90 days and not more than 9 months prior to child's third birthday, make referral to the SEA and LEA. Explain to parents what the process looks like once a referral is made. Discuss the following: <ul style="list-style-type: none"> • Part B will send procedural safeguards. • Decision to schedule a transition conference and who will be in attendance if transition conference occurs 		SM	02/30/2013
g) With parental agreement, schedule and hold the transition conference (at least 90 days and, at the discretion of all parties, not more than 9 months before the child's third birthday) and discuss required participants (Part B/619, parents, Part C staff) and discuss possible invited participants including advocates, extended family, Head Start and other community providers as appropriate Parental Agreement <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Target Date for the Conference: 11/20/2012 Who will attend: (list) LR, SM, Dad, Additional school district personnel		SM	05/4/2013
h) With parental consent, transfer records information (including evaluation and assessments and the IFSP.) Parents may provide this consent at anytime to include before and after the transition conference.		SM	10/6 /23/2013
i) When invited, the local tiny-k network family service coordinator and appropriate early intervention staff make every effort to participate in the IEP meeting conducted by the LEA. Does the family want the tiny-k network family service coordinator and/or other appropriate early intervention staff to attend the IEP meeting: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Names of those the family wants to attend:		SM	06/3/2013
j) Other transition planning activities Required if parents don't give permission to hold the Transition Conference. _____		_____	_____

TRANSITION CONFERENCE DOCUMENTATION

This page, which documents the decisions made at the Transition Conference, must be completed by the Family Service Coordinator, the family, and all parties involved in the child's transition. It is encouraged that all IFSP team members participate in the Transition Conference. If the child is referred to Part B, a representative from the Local Education Agency (LEA) must be invited.

LINE-BY-LINE GUIDANCE FOR THIS PAGE:

The Transition Conference Date at top of page should match date on the bottom of Page 1, Field # 39.

Agenda Item refers to the required activities that must be addressed at the transition conference by the multi-agency team, including the parents.

TRANSITION
Offer CHOICES, Explore POSSIBILITIES
Make sure parents understand terms,
such as Local Education Agency (LEA)
(public school district) &
Individualized Education Plan (IEP).

Discussion/Plan/Timeline Use this part to take notes and document what will be done, the plan and by when during the conference. This should make it clear to everyone what is going to happen.

- a. Have the parents share information about their child and family. This sets the tone of the meeting that this is a child in the context of a family.
- b. Part B shares information about eligibility. This is different from Part C. Make sure you have prepared the family for this and let them know that it is different, not better or worse.
- c. Part B must provide information about the availability of Special Education Services.
- d. Talk about the process that this individual child will go through to determine eligibility.
- e. Talk about and outline other activities that need to take place to ensure the transition happens smoothly, like enrollment, medical needs, etc.
- f. Make a plan for services if the child has a summer birthday or during a school break.
- g. List any activities that the child/family may participate in to prepare for the change in services and service delivery.
- h. Describe the follow-up activities that may be needed based on the family's needs. Follow-up may include service coordination to see how transition is going and/or direct service consultation for the new staff working with the child.
- i. Other – This section is for anything that didn't get covered above. Like the anticipated date of the Eligibility meeting/IEP meeting. Describe if and when the family will be contacted to determine the effectiveness of the transition process.

Remember to include future supports for the parents, such as, Child Care, Respite; DD waiver; parent support groups; Case Management

Child's Name: _____

DOB: / /

IFSP Date: / /

Transition Conference Documentation

* Note: Transition Conference is considered IFSP meeting and will include prior written notice.

* Note: The Transition Conference may be combined with the IFSP meeting to develop the transition plan. All IFSP meeting procedures would apply.

Conference Date: / /**AGENDA**

Agenda Item	Discussion/Plan/Timeline	Who is Responsible?
a) Tell us about your child:		Parent(s)/Guardian(s)
b) Discussion of Part B eligibility definitions		
c) Availability of special education and related services:		
d) Steps to determine eligibility for Part B services (including: review of current evaluation and assessment information), discussion of timelines and processes for consenting to an evaluation and conducting an eligibility determination under Part B/619. Indicate if further evaluations are needed to determine eligibility to Part B or other programs prior to transition.		
e) Other activities that need to be completed before the child moves into the new service setting (including enrollment; immunizations; transportation issues; medical needs, etc.).		
f) Plan for the child from the child's third birthday through the remainder of the school year and/or Summer.		

Agenda Item	Discussion/Plan/Timeline	Who is Responsible?
g) Procedures to prepare the child for changes in service delivery, including steps to help the child adjust to and function in a new setting (i.e. visit the new program, meet with program staff prior to the child's first day, help family secure materials and supplies that will be needed such as a backpack.)		
h) Post transition follow-up (including service coordination, consultation with new staff).		
i) Other Activities/Discussion Topics.		

Indicate Who Is Responsible: list who will carry out the specific action steps and activities. Activities may be shared between the early intervention provider, the LEA or other community organizations and the family.

Tips for Completing the Transition Conference Documentation

Support the family to make decisions about what is best for their child and family during the transition process... Families will have to be strong advocates for their child in the school system.

Make Certain:

- *The team has addressed all the activities that will need to occur in order to ensure a smooth and effective transition.*
- *Specific action steps are described for each transition-planning requirement.*
- *Team members know who is responsible for which activities.*
- *The target dates to complete the activities are established.*



IFSP REVIEW

This page provides a place for the IFSP team to document the decisions made because of each periodic review conducted between initial and annual IFSPs. Federal and state regulations require that the IFSP be reviewed for effectiveness **at least every six months**. This review should include the Family Service Coordinator, parents/guardians and other appropriate family members and caregivers, as well as appropriate service providers. The periodic review **MUST** include revisions to outcomes, and/or services if the expected progress is not occurring and/or if one or more of the outcomes is no longer applicable. IFSP must be reviewed any time change is made.

This page documents:

- The informed written consent of the parents/guardian, agreeing to the services as described on the IFSP.
- Who participated in the IFSP development and meeting.
- How each person participated.

Parents/guardians must be informed of their rights regarding the IFSP process and other aspects of their participation.

LINE-BY-LINE GUIDANCE FOR THIS PAGE:

1. **Date of Review.** List date IFSP is being reviewed.
2. **Summary of Review Results.** Provide a summary of review of the IFSP (e.g., Is outcome being met. Have family's concerns changed?).

IFSP Review
The IFSP is a fluid, flexible document that can be updated as you or your child's and family's needs change. Reviews of the IFSP must occur every six months, and additional reviews can be held whenever changes are needed to the IFSP. This page will summarize the changes being made to your child's IFSP at each review.
Anytime you change any part of the IFSP you must complete the IFSP Review Section
<div><div>1. Date of Review: <input type="text"/></div><div>2. Summary of Review Results <i>(i.e., progress made towards outcomes or new outcomes developed; changes in the family's concerns, resources and priorities; changes to service provision; plans until next review, etc).</i> Any changes to services and outcomes noted in this review must also be updated in the appropriate section of the current IFSP.</div><div><input type="text"/></div></div>

IFSP REVIEW AGREEMENT

LINE-BY-LINE GUIDANCE FOR THIS PAGE:

- 1. Waive Rights to 10-day written prior notice.** Parents initial if they waive their right to 10-day written notice prior to services.
- 2. Action Refused (if any).** If the box is checked indicating parent does not give consent for the IFSP as written, use this section to indicate which service(s) they are declining.
- 3. Reasons for Refusal (if action refused).** List parents' reason(s) for refusing the action, if action was refused.
- 4. Signature of Parent, Legal Guardian, or Child Advocate.** Check appropriate box - parent, legal guardian or child advocate. Obtain signature(s). Print name under signature. List date signed.
- 5. Signature of Parent, Legal Guardian, or Child Advocate.** Check appropriate box - parent, legal guardian or child advocate. Obtain signature(s). Print name under signature. List date signed.



Child's Name: _____

DOB: / /

IFSP Date: / /

IFSP Review Agreement

Written Prior Notice and Parental Consent for Provision of Early Intervention Services

1. Waive Right to 10-day Written Prior Notice (Initial): _____

Written Prior Notice:

Written prior notice must be provided to parents of an eligible child a reasonable time before the program proposes or refuses to initiate or change the identification, evaluation or placement of the child or the provision of appropriate early intervention services to the child and the child's family.

Action Proposed:

To initiate the services and implement the IFSP plan for which consent is provided.

Reasons for Taking the Action:

After discussing all assessment information, including family observations and their concerns, priorities and resources, the IFSP team, including the family, agreed on the early intervention services and other supports to be provided to achieve desired outcomes.

☐ I do not give consent for the proposed Action

2. Action Refused (if any): _____

3. Reasons for Refusal (if action refused): _____

Consent:

I participated in the development of this IFSP and I give informed consent for the Local *tiny-k* program, Kansas Infant/Toddler Services and service providers to carry out the activities listed on this IFSP.

Consent means I have been fully informed of all information about the activities for which consent is sought, in my native language or other mode of communication; that I understand and agree in writing to the carrying out of the activities for which consent is sought; the consent describes the activities and lists of records (if any) that will be released and to whom; and the granting of my consent is voluntary and may be revoked in writing at any time.

I understand that I may accept or decline any early intervention service (except the required procedural functions under the regulations for Family Resources Coordination) and may decline such a service after first accepting it without jeopardizing any other early intervention service(s) my child or family receives through the Local *tiny-k* Program, Kansas Infant/Toddler Services
(NOTE: Complete the "Declining One or More Early Intervention Services or Declining Participation in the *tiny-k* program" form)

I understand that my IFSP will be shared among early intervention providers and program administrators responsible for implementing the IFSP.

I have received a copy of the *tiny-k* program and Kansas Infant/Toddler Services, Individuals with Disabilities Education Act (IDEA) Part C Procedural Safeguards (Child and Family Rights and ITS Complaints Process) along with this IFSP. This information includes the complaint procedures and timelines I may use if I decide later that I disagree with any decisions. These rights have been explained to me and I understand them. I also understand that I contact KDHE at 785.296.6135 or 1.800.332.6262 and make an informal complaint, request mediation and/or an impartial due process hearing should you disagree with the proposed actions. For more information, you may consult the Kansas Infant/Toddler Services website at <http://its.kansas.gov/families.htm>.

☐ I do give consent for the proposed Action

4. Signature(s) of (check one): ☐ Parent(s) ☐ Legal Guardian ☐ Child Advocate

Date: / /

5. Signature(s) of (check one): ☐ Parent(s) ☐ Legal Guardian ☐ Child Advocate

Date: / /

1. IFSP Participants that attended the IFSP Review Meeting.

List the full name, credentials, and role or organization of each person who attended the IFSP review meeting. Obtain a signature from participants and enter the date that the person participated.

2. IFSP Participants that did not attend the meeting.

List the full name, credentials, and role or organization of each person that did not attend the IFSP review meeting but who participated in the meeting through a conference call or writing. Indicate if the person participated via conference call or in writing.

1. IFSP Participants that attended the Review IFSP Meeting:			
Printed name and Credentials	Role/Organization	Signature	Date

2. The following individuals did not attend the review meeting but participated in the meeting through conference call or in writing. (specify which):		
Printed name and Credentials	Role/Organization	Conference Call/In Writing

Sample IFSPs