
	EFFECTIVE DATE 7/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 1 of 49
DOCUMENT TITLE Individualized Family Service Plan (IFSP) Procedure			

Table of Contents

Subsection	Title	Page
1.0	PURPOSE AND SCOPE	2
2.0	REFERENCES	2
3.0	INSTRUCTIONS	3
3.1	Introduction and Overview	3
3.2	Child's Primary Health Care Provider Involvement with the IFSP	6
3.3	All IFSP Meetings	7
3.4	Interim IFSP	10
3.5	Initial IFSP	11
3.6	IFSP Review	12
3.7	Annual IFSP.....	14
3.8	Implementation of IFSP.....	15
3.9	Types of Service	15
4.0	REVISION HISTORY	15
	Attachment 1, Special Considerations	16
	Attachment 2, Step-by-Step Requirements on Completing Form 3-1, IFSP	22
	Attachment 3, Frequently Asked Questions	46

	EFFECTIVE DATE 7/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 2 of 49
DOCUMENT TITLE Individualized Family Service Plan (IFSP) Procedure			

1.0 PURPOSE AND SCOPE

- 1.1.1. This procedure provides instructions to complete Form 3-1, Individualized Family Service Plan (IFSP), and how to guide eligible children under three years of age and their families through the early intervention support and services offered by the Connecticut Birth to Three System under a high-quality IFSP, that meets state and federal requirements.
- 1.1.2. The mission of the Connecticut Birth to Three System is to strengthen the capacity of Connecticut's families to meet the developmental and health-related needs of their infants and toddlers who have delays or disabilities.


2.0 REFERENCES

2.1 Associated Documents

- 2.1.1. Assistive Technology Procedure
- 2.1.2. Connecticut Definitions and Acronym List
- 2.1.3. Form 1-6, Prior Written Notice
- 2.1.4. Form 3-1, Individualized Family Services Plan (IFSP)
- 2.1.5. Form 3-3, Authorization for Programs to Release Information
- 2.1.6. Form 3-19, Language & Communication Plan
- 2.1.7. Service Guideline #2: Natural Environments
- 2.1.8. Service Guideline #5: Children who are Deaf or Hard of Hearing
- 2.1.9. System of Payments Brochure
- 2.1.10. Insurance, Systems of Payments Procedure
- 2.1.11. Payment to Programs Procedure
- 2.1.12. Personnel Standards Procedure
- 2.1.13. Planning and Documenting Intervention Services Procedure
- 2.1.14. Remote Early Intervention Procedure
- 2.1.15. Supports and Services Procedure

2.2 Source Information

- 2.2.1. Connecticut Birth to Three Individualized Family Service Plan Procedure. Effective July 1, 1996. Revised June 16, 2021.

	EFFECTIVE DATE 7/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 3 of 49
DOCUMENT TITLE Individualized Family Service Plan (IFSP) Procedure			

3.0 INSTRUCTIONS


NOTE

The Individualized Family Service Plan (IFSP) is the beginning of the family's relationship with the Connecticut Birth to Three System and their understanding of how Birth to Three supports and services will help them achieve their outcomes.

3.1 Introduction and Overview

3.1.1. **UNDERSTAND** the following about Connecticut Individualized Family Service Plan (IFSP):

1. The Form 3-1, Individualized Family Services Plan (IFSP) is:
 - a document for the family that describes their desired outcomes for their child and family and the supports and services they will receive to achieve those outcomes.
 - a flexible and individualized plan for each child and family.
 - a legal document with parent active participation and signature.
 - a clear description of services and supports determined by the IFSP team members for child's health care providers.
 - a document that is solely created by the IFSP team members during the IFSP meeting based on the unique circumstances of the child and family and without predetermination of services and supports based on budget or staffing constraints.
2. The IFSP contents must comply with both:
 - The Individuals with Disabilities Education Act (IDEA), Part C — Early Intervention Program For Infants And Toddlers With Disabilities
 - State of Connecticut laws and regulations.
3. The IFSP may provide information to school districts and other community programs during the process of transition.
4. The IFSP may provide information to support the billing of private insurance and/or Medicaid.
5. The information from the IFSP is entered into Connecticut Birth to Three data system and is used in part to determine a Birth to Three program's compliance with state and federal requirements, and the system's quality assurance measures.

	EFFECTIVE DATE 7/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 4 of 49
DOCUMENT TITLE Individualized Family Service Plan (IFSP) Procedure			

3.1.1 (continued)


6. The IFSP is written, and the meeting is facilitated by the child's Service Coordinator who meets CT's personnel standards.
7. The child's Service Coordinator is responsible for ensuring that the IFSP document adheres to policies, regulations, procedures and procedural safeguards, and accurately describes the content of the IFSP meeting.

3.1.2. **REFER TO** the following additional information, as needed:

- Attachment 1, Special Considerations
- Attachment 2, Step-by-Step Requirements on Completing Form 3-1, IFSP
- Attachment 3, Frequently Asked Questions

3.1.3. **KNOW** the individualized family service planning process is designed to develop a plan for appropriate Early Intervention (EI) supports and services for an infant or toddler with disabilities and his or her family.


1. Connecticut Birth to Three System **PROVIDES** all families with equal access to supports and services that:
 - Supports the family and other caregivers to increase their confidence and competence in meeting their child's goals.
 - Fosters collaborative partnerships.
 - Is family centered and culturally responsive.
 - Occurs in natural environments and during the everyday activities and routines of the family.
 - Utilizes coaching as a style of interaction to support the adults in the child's life.
 - Encourages use of a Primary Service Provider approach to teaming to best support the family.

	EFFECTIVE DATE 7/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 5 of 49
DOCUMENT TITLE Individualized Family Service Plan (IFSP) Procedure			

3.1.3 (continued)

2. Working together as an IFSP team, both professionals and parents **IDENTIFY** the family's concerns and priorities, facilitated by:
 - Reviewing results of current assessments.
 - Identifying the family's resources and supports including the important people in their lives.
 - Reviewing the family's priorities.
 - Exploring which of the family's everyday activities will best support working on those priorities.

3. IFSP team **DETERMINES** the activities, strategies and supports that will best result in achievement of the outcomes.
 - a. **KNOW** only the IFSP team members (which include the family), can determine the services and supports that are listed on the IFSP.
 - b. Outcomes should **SUPPORT** multiple settings and caregivers, as appropriate, based on the child and family's routine and priorities.
 - c. **KNOW** outcomes should be/have:
 - (1) necessary/functional
 - (2) real-life context
 - (3) discipline/jargon free
 - (4) positive and active
 - (5) measurable
 - (6) variety of learning opportunities across domains

	EFFECTIVE DATE 7/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 6 of 49
DOCUMENT TITLE Individualized Family Service Plan (IFSP) Procedure			


3.2 Child's Primary Health Care Provider Involvement with the IFSP

3.2.1. Individualized Family Service Plan (IFSP) Team **CONSULT** with the child's Primary Health Care Provider while developing the IFSP per Connecticut General Statute 17a-248e(c).

3.2.2. Birth to Three System or Lead Agency **INTERPRET**:

1. The following professionals as Primary Health Care Providers (PHCPs):
 - Pediatrician
 - Primary Care Physician
 - Advanced Practice Registered Nurse (APRN)
 - Physician Assistant (PA)
 - a. **USE** name of clinic if PHCP is **NOT** identified.
2. Consultation to mean that with parent consent on Form 3-3, Authorization for Programs to Release Information, the Early Intervention Services (EIS) shares the following with PHCP for review:
 - Evaluation and may share assessment reports or conversations.
 - All IFSP's.


3.2.3. **DOCUMENT** consultation of child's Primary Health Care Providers (PHCPs) during development of IFSP using one of the following approved methods:

	EFFECTIVE DATE 7/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 7 of 49
DOCUMENT TITLE Individualized Family Service Plan (IFSP) Procedure			

3.3 All IFSP Meetings

3.3.1. Service Coordinator **CONDUCT** an Individualized Family Service Plan (IFSP) meeting and **DEVELOP** an IFSP using Form 3-1, Individualized Family Services Plan (IFSP) as follows:

1. **PROVIDE** prior written notice to parents involved, using Form 1-6, Prior Written Notice, within a reasonable time before IFSP meeting date.
2. **CONDUCT** IFSP meeting during times and in settings convenient to the family and with whomever the family asks to be included.
3. **HOLD** IFSP meeting in any of the following methods:
 - a. In person
 - b. Remote
 - c. Acceptable means for parents and other participants.
4. **HOLD** IFSP meeting in native language or other mode of communication used by family.
5. **INCLUDE** the following individuals for Initial IFSP meeting to participate IFSP per Section 303.343(a)(1) of the Part C Regulations under IDEA:
 - a. Parents of the child.
 - b. Other family members, as requested by parent.
 - c. An advocate or person outside of the family, per parent request.
 - d. A person or persons directly involved in conducting evaluations and assessments.
 - e. Two or more individuals from separate disciplines or professions (multi-disciplinary team) and one must be the Service Coordinator.
 - f. Persons providing early intervention services under this part to the child or family, as appropriate.


	EFFECTIVE DATE 7/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 8 of 49
DOCUMENT TITLE Individualized Family Service Plan (IFSP) Procedure			

3.3.1 (continued)

6. **IF** any of the following person(s) are unable to attend a IFSP meeting:
 - a. Directly involved in conducting evaluations and assessments.
 - b. Providing early intervention services under this part to the child or family, as appropriate.


THEN per Part C Regulations under IDEA **ARRANGE** for person(s) involvement through other means, including one of the following:

 - c. Participating by phone or video call.
 - d. Having a knowledgeable authorized representative attend the meeting.
 - e. Making pertinent records available at the meeting. (for example: a report)
7. **USE** the following as the basis to inform IFSP:
 - a. Results of any evaluations or assessments conducted.
 - b. Family's resources, concerns, and priorities.
8. **COMPLETE** all sections of Form 3-1, IFSP as appropriate.
 - a. **ADD**, if needed, additional sections to be completed which may be appropriate if the child/family has experienced any shifts in priorities, routines, or settings (e.g., child moves to new childcare or new foster home).
 - b. **COMPLETE** Section 11: Justification for early intervention services that cannot be achieved satisfactorily in a natural environment, if needed.
9. **ENSURE** parents rights have been shared and reviewed.

	EFFECTIVE DATE 7/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 9 of 49
DOCUMENT TITLE Individualized Family Service Plan (IFSP) Procedure			

3.3.1 (continued)

10. **ENSURE** IFSP is signed **AND** dated by a Licensed practitioner who is:
 - a. Meets criteria of Connecticut Birth to Three System as qualified to conduct evaluations and assessments.
 - (1) At least one licensed practitioner as listed in the State Plan Amendment and DSS Regulations is included to ensure that the IFSP is recommended by at least one licensed practitioner per 42 CFR 440.103(c).
 - (2) **SEE** DSS Regulations §17b-262-1114 (d) (3).
 - b. Licensed by the Department of Public Health.
 - c. Authorized to practice without supervision.
11. **REVIEW** Section 10, Acknowledgements, consents, and signature with parents and **SUPPORT** them in how they would like to consent **AND** sign.
12. **ENSURE** IFSP is signed **AND** dated by family.

	EFFECTIVE DATE 7/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 10 of 49
DOCUMENT TITLE Individualized Family Service Plan (IFSP) Procedure			

3.4 Interim IFSP

3.4.1. **IF** there are immediate needs for a child who has been determined eligible to receive early intervention support and services prior to the completion of multidisciplinary assessment,

THEN Service Coordinator **CONDUCT** an **Interim Individualized Family Service Plan (IFSP)** meeting and **DEVELOP** an **Interim IFSP** using Form 3-1, Individualized Family Services Plan (IFSP) as follows:

1. **LIST** name of Service Coordinator responsible for implementation of **Interim IFSP** and coordination with other agencies and persons.
2. **DETERMINE** Early Intervention supports and services to be needed immediately by child and child's family.

NOTE


Sections relating to the multidisciplinary assessment of the child may be brief as assessment has yet to be completed.

3. **COMPLETE** the following sections on Form 3-1, IFSP:

- a. Section 1: Child and Family Information
- b. Section 2: Family Resources
- c. Section 7: Early Intervention Supports and Services
- d. Section 8: Who is Part of The Team
- e. Section 9: Meeting Notes
- f. Section 10: Acknowledgement, Consents and Signature

4. **KNOW** multidisciplinary assessment and Initial IFSP are to be completed within 45 calendar days from child's date of enrollment in Birth to Three.

3.4.2. **PROVIDE** early intervention support and services prior to completion of multidisciplinary assessment.


	EFFECTIVE DATE 7/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 11 of 49
DOCUMENT TITLE Individualized Family Service Plan (IFSP) Procedure			

3.5 Initial IFSP

NOTE

If a child leaves and comes back into the system through a new referral then an initial IFSP is completed. If a child transfers from one program to another then it is not an initial IFSP but an IFSP review or annual that takes place.

- 3.5.1. Service Coordinator, within 45 days of the child's enrollment to Birth to Three **HOLD** an **Initial Individualized Family Service Plan (IFSP)** meeting and **DEVELOP** an **Initial IFSP** using Form 3-1, Individualized Family Services Plan (IFSP) for eligible children (per Part C Regulations (34 CFR sec. 303.342) as follows:
1. **COMPLETE** all sections of Form 3-1, IFSP EXCEPT Progress/Review of Outcomes.
 - a. **ADD**, if needed, additional sections to be completed which may be appropriate if the child/family has experienced any shifts in priorities, routines, or settings (e.g., child moves to new childcare or new foster home).
 - b. **COMPLETE** Section 11: Justification for early intervention services that cannot be achieved satisfactorily in a natural environment, if needed.
- 3.5.2. **PROVIDE** parent and each early intervention support and services as soon as possible, but no later than 45 days from parent signature date for all new services.

	EFFECTIVE DATE 7/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 12 of 49
DOCUMENT TITLE Individualized Family Service Plan (IFSP) Procedure			


3.6 IFSP Review

NOTE

An IFSP review can be requested by any member of the IFSP team which includes the parents at any time.

3.6.1. Service Coordinator must **CONDUCT** an **IFSP Review** for any IFSP Plan that has been completed and implemented for at least 6 months using Form 3-1, Individualized Family Services Plan (IFSP) for eligible children (per Part C Regulations (34 CFR sec. 303.342) as follows:

1. **IF** changes to an IFSP are requested by any team member **OR** per family request, **THEN PERFORM IFSP Review**, prior to six months.
2. **PROVIDE** prior written notice to parents involved, using Form 1-6, Prior Written Notice, even if review is by phone call as specified in section 303.343 (b).
 - Prior written notice is **NOT** required if parent initiates request.
 - **DOCUMENT** parent request on the IFSP.
3. **KNOW** that each time an IFSP is reviewed, the timeline starts again on requirement that IFSP be reviewed at least every six months.
 - a. **ADHERE** to the date for performing the Annual IFSP based on the date of the Initial IFSP or the last Annual IFSP.
4. **IF** the sole purpose of the **IFSP Review** meeting is to review **OR** revise a transition plan during a transition conference with school district personnel present, **THEN** prior to transition conference, Service Coordinator and family **CHOOSE** whether to:
 - Update progress on the child's and family's outcomes.
 - Complete those sections of the page prior to the transition conference.

	EFFECTIVE DATE 7/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 13 of 49
DOCUMENT TITLE Individualized Family Service Plan (IFSP) Procedure			

3.6.1 (continued)

5. **DOCUMENT** IFSP Review as follows:

a. **COMPLETE** the following sections of Form 3-1, IFSP:


- (1) Section 1: Child and Family Information
- (2) Section 2: Family Resources
- (3) Section 6: Progress/Review of Outcome
- (4) Section 7: Early Intervention Supports and Services
- (5) Section 8: Who is Part of The Team
- (6) Section 9: Meeting Notes
- (7) Section 10: Acknowledgement, Consents and Signature

b. **ADD**, if needed, additional sections (e.g. Sections 3-5) to be completed which may be appropriate if the child/family has experienced any shifts in priorities, routines, or settings (e.g., child moves to new childcare or new foster home).

c. **COMPLETE** Section 11: Justification for early intervention services that cannot be achieved satisfactorily in a natural environment, if needed.

d. **REVIEW** Section 10, Acknowledgements, consents, and signature with parents and **SUPPORT** them in how they would like to consent and sign.

e. **PROVIDE** each early intervention support and services as soon as possible, but no later than 45 days from parent signature date for all new services.


	EFFECTIVE DATE 7/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 14 of 49
DOCUMENT TITLE Individualized Family Service Plan (IFSP) Procedure			

3.7 Annual IFSP

3.7.1. **MEET** annually to evaluate **AND** revise IFSP for the child and family per Part C Regulations (34 CFR sec. 303.342) as follows:

1. **COMPLETE** within 12 months after initial or previous annual evaluation of IFSP.
2. **USE** the following as the basis to evaluate IFSP:
 - a. Results of any current evaluations or assessments.
 - b. Any additional ongoing assessment information of the child's development in all five domains (does **NOT** have to be multi-disciplinary).
 - (1) **IF** evaluation of IFSP is conducted prior to an assessment,

THEN KNOW an evaluation to determine continuing eligibility would need to be multi-disciplinary.
 - c. Family's resources, concerns, and priorities.
3. Birth to Three qualified primary interventionist or other qualified individual under Birth to Three Personnel Standards **COMPLETE** evaluations and assessments in collaboration with family and other team members.
4. **PROVIDE** prior written notice to parents involved, using Form 1-6, Prior Written Notice, as specified in section 303.343 (b).
5. **DOCUMENT** Annual IFSP evaluation as follows:
 - a. **COMPLETE** all sections of Form 3-1, IFSP.
 - b. **ADD** any additional pages of Form 3-1, IFSP, as needed.
 - c. **COMPLETE** Section 11: Justification for early intervention services that cannot be achieved satisfactorily in a natural environment, if needed
 - d. **REVIEW** Section 10, Acknowledgements, consents, and signature with parents and **SUPPORT** them in how they would like to consent and sign.

	EFFECTIVE DATE 7/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 15 of 49
DOCUMENT TITLE Individualized Family Service Plan (IFSP) Procedure			

3.8 Implementation of IFSP

3.8.1. Within 1 week, following any Individualized Family Service Plan (IFSP) meeting, Service Coordinator **PERFORM** the following:

1. Prior to sending out any information regarding the child, family, or (IFSP), **OBTAIN** completed and signed Form 3-3, Authorization for Programs to Release Information.
2. **SHARE** copy of IFSP and all referenced reports, to the following people:
 - Parents
 - Individuals parent listed on Form 3-3, Authorization for Programs to Release Information

3.9 Types of Service

NOTE


“Early Intervention services and supports are designed to meet the developmental needs of an [infant or toddler with a disability](#) and the needs of the family to assist appropriately in the infant's or toddler's development ...” (§ 303.13)

3.9.1. **REFER TO** Service and Support Procedure for services and supports.

END of Instructions

4.0 REVISION HISTORY

Location	Description of Change
All	New Human Factored Procedure in New Template.

	EFFECTIVE DATE 7/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 16 of 49
DOCUMENT TITLE Individualized Family Service Plan (IFSP) Procedure			

Attachment 1, Special Considerations


A. Overall Guidance on Special Considerations

1. **IF** any of the following occurs:

- An Outside Agency is listed as providing a service considered by the IFSP team to be a necessary IDEA Part C service.
- Service is potentially funded by another agency (e.g. Board of Education and Services for the Blind).
- The other agency is **NOT** able to deliver the service or discontinues it.


THEN Birth to Three program **PROVIDE** the service.

- a. Service Coordinator **TRACK** delivery of service and **DOCUMENT** in contact or service coordination notes.

	EFFECTIVE DATE 7/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 17 of 49
DOCUMENT TITLE Individualized Family Service Plan (IFSP) Procedure Attachment 1, Special Considerations (continued)			


B. Assistive Technology (AT) Devices

1. **INCLUDE** assistive technology device(s) on Form 3-1. IFSP, as a required Part C service.
 - a. **REFER TO** Assistive Technology Procedure for additional information.
 - The following do **NOT** require justification: audiological testing, parent groups and counseling related to Assistive Technology for parents.
 - b. In Section 7: Early Intervention Supports and Services on Form-3-1, IFSP **LIST** specific assistive technology device.
 - c. In Section 6A: What We Will Work On/Child Outcome on Form-3-1, IFSP **PROVIDE** general information about the assistive technology device and how it will support the child’s participation in the activity/routine.
 - For example: hearing aid vs. the specific type, mobility device rather than the specific type of gait trainer and accessories.
 - d. **PROVIDE** specific information about the type of device, if known.
 - e. **REFER TO** Insurance, System of Payments Procedure, to identify specific device information required as part of the Durable Medical Equipment reimbursement process.
 - f. **LEAVE** the following boxes blank if **NOT** applicable:
 - Location
 - How Often
 - How Long
 - g. **INDICATE** as Start Date the expected date of delivery of the service or device.
 - (1) **CONSIDER** the following time frames when indicating date of service:
 - Processing of insurance claims.
 - Ordering time.

	EFFECTIVE DATE 7/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 18 of 49
DOCUMENT TITLE Individualized Family Service Plan (IFSP) Procedure Attachment 1, Special Considerations (continued)			

C. Transportation

1. **INCLUDE** transportation service(s) on Form 3-1. IFSP, as a required Part C service for necessary travel enabling an enrolled child and family to receive IDEA Part C service.
 - a. In Section 7: Early Intervention Supports and Services on Form-3-1, IFSP **LIST** specific transportation service(s).
 - b. In Section 6A: What We Will Work On (Child Outcome) on Form-3-1, IFSP **PROVIDE** general information about the transportation service(s).
 - c. **INCLUDE** in transportation and related costs, the cost of travel and additional expenses.
 - For example: Mileage, travel by taxi, common carrier or other means, and tolls and parking expenses).
 - d. **REIMBURSE** parents for transporting their own child **UNLESS** they decline.
 - e. **DETERMINE** standard reimbursement rate used by program.

	EFFECTIVE DATE 7/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 19 of 49
DOCUMENT TITLE Individualized Family Service Plan (IFSP) Procedure Attachment 1, Special Considerations (continued)			

D. Child with Visual Impairments (Board of Education Services for the Blind (BESB))


1. **INCLUDE** services for Children Who Are Visually Impaired or Blind on Form 3-1. IFSP, as a required Part C service provided by BESB.
 - a. In Section 7: Early Intervention Supports and Services on Form-3-1, IFSP **LIST** specific service(s).
 - (1) **LIST** under Delivered By the discipline of responsible individual delivering early intervention service or support.
 - (a) **REFER TO** Personnel Standards Procedure for disciplines approved to deliver early intervention services.
 - (2) **LIST** individuals delivering services on different lines.
 - b. In Section 6A: What We Will Work On (Child Outcome) on Form-3-1, IFSP **PROVIDE** general information about the service(s).
 - (1) **ENSURE** supports and services provided are meaningful for the family. For Example: 1x per month versus 10 hours per year.
 - (2) **LIST** service twice with stop and end dates to reflect the summer break, if necessary.
 - (3) **LIST** BESB in box titled “How is it paid for?”.
 - (4) **IF** BESB discontinues delivering the service,

THEN program continue to **PROVIDE** service as written on Form 3-1, IFSP.

 - For example: This includes any services involving a home or community visit with the family and BESB staff.
 - (5) **IF** BESB or another agency is providing a service or support to a family the team wants to be reflected on the plan, but the service is **NOT** required under IDEA Part C,


THEN ENTER service or support in under “What other resources, in addition to Birth to Three, could or are helping your family achieve this outcome?”

 - For instance, this might be a small grant from BESB for the child.

	EFFECTIVE DATE 7/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 20 of 49
DOCUMENT TITLE Individualized Family Service Plan (IFSP) Procedure Attachment 1, Special Considerations (continued)			

E. Children Who Are Hard of Hearing or Deaf

1. **INCLUDE** services for Children Who Are Hard of Hearing or Deaf on Form 3-1. IFSP, as a required Part C service.
 - a. **REFER TO** Birth to Three Service Guideline #5: Young Children Who are Hard of Hearing or Deaf.
 - The Connecticut IDEA Part B also has a Communication and Language plan as part of the Individual Education Plan (IEP) form.
 - b. In Section 7: Early Intervention Supports and Services on Form-3-1, IFSP **LIST** specific service(s).
 - c. In Section 6A: What We Will Work On (Child Outcome) on Form-3-1, IFSP **PROVIDE** general information about the service(s).
2. IFSP team and family **COMPLETE** Form 3-19, Language and Communication Plan (LCP), prior to or as part of the initial, annual, or periodic review of Form 3-1, IFSP.
 - a. **USE** the LCP to discuss with the family:
 - Their understanding of their child's needs.
 - Possible outcomes.
 - Strategies or services addressed in IFSP.
 - As a preparation tool for parents for transitioning out of the Birth to Three System.

	EFFECTIVE DATE 7/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 21 of 49
DOCUMENT TITLE Individualized Family Service Plan (IFSP) Procedure Attachment 1, Special Considerations (continued)			

F. Early Intervention Services Over Three

1. **WHEN** children are:


- Turning age three between May 1 and start of the school year after age three.
- Likely to be eligible for Part B Pre-school Special Education Services.

THEN DETERMINE if the projected end date is after the child’s third birthday, up until the day before the start of the school year.

- Family may choose to receive early intervention services after age three.
 - (1) **REFER TO** Early Intervention Services (EIS) Over Three Procedure.
 - (2) **ENSURE** and **DOCUMENT** parents understand if the child is not eligible for IDEA Part B, the end date is the day before age three.

G. Justification of Services Not in Natural Setting

1.

	EFFECTIVE DATE 7/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 22 of 49
DOCUMENT TITLE Individualized Family Service Plan (IFSP) Procedure			

Attachment 2, Step-by-Step Requirements on Completing Form 3-1, IFSP

GENERAL INFORMATION RELATED TO THE IFSP FORM

A. ADHERE to the following while completing Form 3-1, Individualized Family Service Plan:

1. **IF** an error is made on Form 3-1, Individualized Family Service Plan (IFSP)
THEN PERFORM the following:
 - a. **CROSS OUT** incorrect information.
 - b. **ENSURE** parent initials **AND** dates the change.
 - c. **DO NOT** cover error with corrective fluid.
 - d. **DO NOT** add **OR** delete information once signed by parent.


IFSP SECTION ABOVE SECTION 1:

A. CHECK appropriate Meeting Type box:

- Interim - If there are immediate needs for a child who has been determined eligible to receive services prior to the completion of the multidisciplinary assessment.
- Initial - If this is the first complete IFSP written for the child and family.
- Annual - If this is the meeting scheduled at least annually to evaluate the IFSP.
- Review - If this is a review of the IFSP.

B. RECORD Meeting Start Date **AND** Who Prior Written notice was sent to and on what day.

1. **INDICATE** all who were sent Prior Written notice.
2. **CHECK** if review was requested by parent on same day.

	EFFECTIVE DATE 7/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 23 of 49
DOCUMENT TITLE Individualized Family Service Plan (IFSP) Procedure Attachment 2, Step-by-Step Requirements on Completing Form 3-1, IFSP (continued)			

IFSP SECTION 1: CHILD AND FAMILY INFORMATION


A. COMPLETE Section 1: Child and Family Information as follows:

1. **ENTER** all Child’s and Parent contact information.
2. Under Parent Language/Communication Choice, **ENTER** Written and Spoken language.
 - a. **CHECK** box ASL if appropriate.
3. Under Interpreter Needed, **INDICATE** what parents’ response is, by checking box yes or no.
 - a. **CHECK** box if interpreter was used for this current IFSP.
 - b. **ADD** additional notes as needed in section 9 Meeting Notes.

IFSP SECTION 2: PROGRAM CONTACT INFORMATION


A. COMPLETE Section 2: Program Contact Information as follows:

1. **ENTER** Program Contact Information as follows:
 - Name of service coordinator assigned to the child and family.
 - Name of Program and contact number, address, and/or email address.
2. **ENTER** Support program and contact information for any Birth to Three services that will be provided by an additional contracted provider, if appropriate.
 - a. **LIST** the date of any evaluation or assessment completed since most recent IFSP.
3. **CONFIRM** and **ENTER** contact information for the child’s Primary Health Care Provider (PHCP).
 - For example: Physician, physician assistant, advanced practice registered nurse, or primary care clinic.
 - Contact information may be phone number, address and/or email address.

	EFFECTIVE DATE 7/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 24 of 49
DOCUMENT TITLE Individualized Family Service Plan (IFSP) Procedure Attachment 2, Step-by-Step Requirements on Completing Form 3-1, IFSP (continued)			

IFSP SECTION 2: PROGRAM CONTACT INFORMATION (CONTINUED)

4. **COMPLETE** General Health and Development Information area as follows:
- a. **ASK** the parent "How is your child doing in these areas of development?"
- (1) **SUMMARIZE** information gathered regarding the child's present abilities in all areas of development.
- (2) **BASE** information on the following current documentation:
- Evaluation and assessment results
 - Observations
 - Parent report
- (3) **INCLUDE** in this section the following statements regarding the child's:
- Present level of physical development (vision, hearing, and health status)
 - Cognitive development
 - Communication
 - Social and emotional development
 - Adaptive development
 - If no evaluation report date is listed or if updates are needed


	EFFECTIVE DATE 7/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 25 of 49

DOCUMENT TITLE
Individualized Family Service Plan (IFSP) Procedure
Attachment 2, Step-by-Step Requirements on Completing Form 3-1, IFSP (continued)

IFSP SECTION 3: FAMILY RESOURCES

A. COMPLETE Section 3: Family Resources as follows:


1. **USE** text boxes with the family and **IDENTIFY** the important people and supports a family has.
 - a. **ENSURE** family understands the purpose of this section.
 - (1) **PROVIDE** list of possible resources of support to explore when in need.
 - b. **UPDATE** this section throughout a family's time in Connecticut Birth to Three System, if necessary.
 - (1) **ADD** or **REMOVE** people and/or agencies as necessary.
 - (2) **PROMPT** the family by asking questions, for example: Do you have any family members who you regularly rely on for support or who you call on a regular basis to talk about your child?

	EFFECTIVE DATE 7/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 26 of 49
DOCUMENT TITLE Individualized Family Service Plan (IFSP) Procedure Attachment 2, Step-by-Step Requirements on Completing Form 3-1, IFSP (continued)			

IFSP SECTION 4: FAMILY PRIORITIES

A. COMPLETE Section 4: Family Priorities by asking questions and entering responses as follows:

1. **ASK** What are your child’s abilities/strengths?
 - a. **PROMPT** the parent to describe their child’s abilities and strengths they observe during their everyday activities.
 - b. **PROMPT** the parents by asking the following questions:
 - What makes them laugh?
 - What is exciting for them?
 - What are you proud of?
2. **ASK** What are your child's interests?
 - a. **BUILD** early intervention support around the child's interests.
3. **ASK** What are your child’s challenges?
 - a. **PROMPT** the parent to describe challenges they observe in everyday activities.
4. **ASK** What are your priorities for your child?
 - a. **DISCUSS** what the parent’s priorities are for their child and family.
 - Example of typical parent priorities for their child often include walking, talking, eating, and getting along with others.
 - Priorities related to the whole family will be further explored in the Family Outcome Section.
5. **ASK** Do you have or have others shared with you any additional concerns about your child? Is there anything else that would be helpful to know that is important to your child and family?

	EFFECTIVE DATE 7/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 27 of 49
DOCUMENT TITLE Individualized Family Service Plan (IFSP) Procedure Attachment 2, Step-by-Step Requirements on Completing Form 3-1, IFSP (continued)			

IFSP SECTION 5: EVERYDAY ACTIVITIES

A. COMPLETE Section 5: Everyday Activities by asking questions and entering responses as follows:

1. **ASK** the parent "What everyday activities might allow you to work on your priorities with your child?"
 - a. **EXPLAIN** the function of this section to the parents:
 - To connect the family's priorities with their everyday activities in their home and community.
 - b. **ASK** the parent how they feel their child is performing for each activity.
 - c. **ENTER** the information provided by the family.
 - (1) **USE** multiple rows for each place or caregiver within the activity.
 - d. Using the Activity chart, **PLACE** an X in the appropriate box identifying how the parents feel their child is performing:
 - Going well
 - Some concern
 - A lot of concern
 - e. **PROMPT** parent to identify the steps within the activity and **DETERMINE** what part of the activity led them to feel it's going well, of concern, or a lot of concern. It is important to fully go through each part of the activity as there may be parts of the activity that are going well and others that are not going well.
 - f. **PLACE** an X indicating if an activity aligns with the family's priorities and is an activity the family would like to explore.
2. **ASK** the parent "Do we need to gather more information from other(s) before we explore in section 6A: What We Will Work On (Child Outcome)?"
 - a. **CHECK** appropriate box.

IFSP SECTION 6A: WHAT WE WILL WORK ON (CHILD OUTCOME)

A. COMPLETE Section 6A: What We Will Work On (Child Outcome) by asking questions and entering responses as follows:




EFFECTIVE DATE 7/1/2024	DOCUMENT NUMBER [Document Number]
LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]

DOCUMENT TITLE

**Individualized Family Service Plan (IFSP) Procedure
Attachment 2, Step-by-Step Requirements on Completing Form 3-1, IFSP (continued)**

1. **ASK** What activity will we explore and where?
 - a. **USE** information provided by the family in Section 5 Everyday Activities, and **ENTER** the activity they would like to further explore and where.
 - b. **ASSIST** the family to determine:
 - How their priorities can be addressed within the identified activity.
 - What other areas of development can be addressed in this activity.
2. **ASK** What does this activity look like now and what does your child do well or find interesting during the activity?
 - a. **EXPLORE** what is currently going well and of concern in the activity.
 - b. **FOCUS** on the outcome and how to build on the child's strengths and interests to increase the child's participation in the activity for learning to occur.
 - c. **EXPLORE** where the parent feels the child needs support during the activity.
 - d. **INCLUDE** areas identified by the parent as a priority and Assistive Technology to increase participation, if necessary.
3. **ASK** What have you and others tried (strategies)?
 - a. **IDENTIFY** and **ENTER** strategies parents or other caregivers have tried with or without success.

	EFFECTIVE DATE 7/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 29 of 49
DOCUMENT TITLE Individualized Family Service Plan (IFSP) Procedure Attachment 2, Step-by-Step Requirements on Completing Form 3-1, IFSP (continued)			


IFSP SECTION 6A: WHAT WE WILL WORK ON (CHILD OUTCOME) (CONTINUED)

4. **ASK** What do you want your child to learn during this activity?
 - a. **IDENTIFY** learning opportunities throughout the activity across multiple areas of development.
 - b. **INCLUDE** developmentally appropriate pre-literacy and pre-numeracy areas for children receiving EIS over three.
 - c. **PROMPT** the parent by asking additional questions helping parents identify additional items their child can learn during the activity.
 - For example: The family identifies talking as a priority for their child. One activity identified to work on the priority is swimming at the town pool. Asking “What else might he/she learn during swim time at the pool?” will help parents identify additional opportunities for learning things such as interacting with other children and motor skill development.

5. **ASK** What would you like this activity to look like?
 - a. **USE** information provided through previous questions naturally leading to the outcome the parent would like for their child.
 - b. **ENTER** date for the outcome to be achieve by.

6. **ASK** How will you know when we are done working on this?
 - a. **INCLUDE** specific measurable criteria for when the family will know the outcome is achieved.

7. **ASK** What other resources or supports do you have or need that can help you?
 - a. **IDENTIFY** additional support beyond Birth to Three to help achieve outcomes.
 - b. **ASSIST** family in accessing and coordinating services with Birth to Three supports.
 - c. **IDENTIFY** and **LIST** available funding sources.

	EFFECTIVE DATE 7/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 30 of 49
DOCUMENT TITLE Individualized Family Service Plan (IFSP) Procedure Attachment 2, Step-by-Step Requirements on Completing Form 3-1, IFSP (continued)			


IFSP SECTION 6A: WHAT WE WILL WORK ON (CHILD OUTCOME) (CONTINUED)

8. **INCLUDE** Assistive Technology in any of the following to increase the child's functional participation, as necessary:
 - a. Outcome
 - b. Criteria
 - c. Strategies that the parent or others have tried with success.

9. **REVIEW** Criteria from Section 6A: What We Will Work On (Child Outcome).
 - a. **ENTER** date of review in "Progress Update as of ____."
 - b. **DISCUSS** with parents, during IFSP review meeting, the child's progress towards meeting the Outcome based on criteria previously developed in Section 6A: What We Will Work On (Child Outcome).
 - c. **DOCUMENT** results of all measurements of progress as determined in criteria from review in Progress Update section.
 - (1) **INCLUDE** documentation in Progress Update section explaining child's progress in functional participation in everyday activity addressed in the outcome.
 - d. **CHECK** the box indicating if the Outcome is:
 - Met
 - Continued
 - Discontinued
 - e. **IF** Outcome remains as "Continued," but the criteria changes,

THEN:

 - (1) **CHECK** the box for New Criteria, if applicable.
 - (2) **ENTER** new criteria specifics at bottom of Progress Update.
 - (3) **USE** new criteria as a basis for measurement of outcome attainment during future IFSP reviews.

	EFFECTIVE DATE 7/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 31 of 49

DOCUMENT TITLE
Individualized Family Service Plan (IFSP) Procedure
Attachment 2, Step-by-Step Requirements on Completing Form 3-1, IFSP (continued)


IFSP SECTION 6B: FAMILY OUTCOME

A. COMPLETE Section 6B: Family Outcome as follows:

1. **ASK** In addition to outcomes for your child, is there something that concerns you or was identified during the family assessment that you would like to discuss?

2. **CHOOSE** appropriate Family Assessment Tool for use.
 - a. **ENSURE** family is aware participation is voluntary for each family member involved in the assessment.
 - b. **ENTER** additional information obtained.
 - c. **LIST** family assessment tool used.

3. **ASK** What do you want to have happen?
 - a. **ASSIST** the family in formulating a Family Outcome.
 - b. **GATHER** information for family outcomes through several techniques, including but not limited to:
 - First calls to the family.
 - Child evaluation and assessment.
 - Use of a family assessment tool.
 - Completing the IFSP.

	EFFECTIVE DATE 7/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 32 of 49

DOCUMENT TITLE
Individualized Family Service Plan (IFSP) Procedure
Attachment 2, Step-by-Step Requirements on Completing Form 3-1, IFSP (continued)

IFSP SECTION 6B: FAMILY OUTCOME (CONTINUED)


4. **ASK** What are your family’s/child’s strengths in addressing this outcome?
 - a. **DISCUSS** what the family feels will be their strengths and resources in achieving this outcome or during this transition.

5. **ASK** What will be the challenges?
 - a. **DISCUSS** what the family feels will be their challenges in achieving this outcome or during this transition, including necessary resources and support.
 - For example: Someone to watch children while they attend classes for a degree.

6. **ASSIST** the family in identifying what the next steps could be in achieving the family outcome.
 - a. **PROMPT** the parent to think about what will help the family reach outcomes and how they will access those resources.
 - b. **EXPLORE** additional supports besides Birth to Three that might assist the family in achieving this outcome.

7. **ASK** how, where and when this will happen?
 - a. **PROMPT** the parent to thin about how they will achieve the steps, where they can find help in achieving, and when they think this step can be achieved.

8. **ASK** What other resources, in addition to Birth to Three, could or are helping your family achieve this outcome?
 - a. **IDENTIFY** additional support beyond Birth to Three to help achieve outcomes.
 - b. **IDENTIFY** and **ENTER** funding sources for the additional resources.


	EFFECTIVE DATE 7/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 33 of 49
DOCUMENT TITLE Individualized Family Service Plan (IFSP) Procedure Attachment 2, Step-by-Step Requirements on Completing Form 3-1, IFSP (continued)			

IFSP SECTION 6B: FAMILY OUTCOME (CONTINUED)

9. **REVIEW** Criteria from Section 6B: Family Outcome.
 - a. **ENTER** date of review in "Progress Update as of ____."
 - b. **DISCUSS** with parents, during IFSP review meeting, the child's progress towards meeting the Outcome based on criteria previously developed in Section 6B: Family Outcome.
 - c. **DOCUMENT** results of all measurements of progress as determined in criteria from review in Progress Update section.
 - (1) **INCLUDE** documentation in Progress Update section explaining child's progress in functional participation in everyday activity addressed in the outcome.
 - d. **CHECK** the box indicating if the Outcome is:
 - Met
 - Continued
 - Discontinued
 - e. **IF** Outcome remains as "Continued," but the criteria changes,

THEN:

 - (1) **CHECK** the box for New Criteria, if applicable.
 - (2) **ENTER** new criteria specifics at bottom of Progress Update.
 - (3) **USE** new criteria as a basis for measurement of outcome attainment during future IFSP reviews.
10. **PROVIDE** Family Outcome Progress Update at the bottom of Section 6C: Family Transition Planning.

	EFFECTIVE DATE 7/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 34 of 49
DOCUMENT TITLE Individualized Family Service Plan (IFSP) Procedure Attachment 2, Step-by-Step Requirements on Completing Form 3-1, IFSP (continued)			

IFSP SECTION 6B: FAMILY OUTCOME (CONTINUED)


11. **IF** a family outcome includes information **OR** steps to plan for a transition other than the transition out of the Birth to Three System,

THEN:

- a. **INCLUDE** a transition plan in Form 3-1, IFSP.
- b. **RECORD** the discussion of family concerns.
- c. **INCLUDE** in the transition plan future plans for changes for the whole family, or specifically related to the child’s eventual transition out of the Birth to Three System, if applicable.
 - For example: Plans for child care while parent returns to work.


IFSP SECTION 6C: FAMILY TRANSITION PLANNING

- 1. **COMPLETE** a transition plan for leaving Birth to Three during the initial Form 3-1, IFSP development and annual IFSP review.
 - a. **REVISE** transitions plan during periodic IFSP reviews, as needed.
 - b. **INCLUDE** in transition plan:
 - (1) Concerns related to the whole family,
 - (2) Steps necessary to support the transition of the child including:
 - Discussion with, and training of, parents regarding future placements and other matters related to the child’s moving on to other services;
 - Procedures to prepare the child for changes in service delivery, including steps to help the child adjust to, and function in, a new setting.

	EFFECTIVE DATE 7/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 35 of 49
DOCUMENT TITLE Individualized Family Service Plan (IFSP) Procedure Attachment 2, Step-by-Step Requirements on Completing Form 3-1, IFSP (continued)			

IFSP SECTION 6C: FAMILY TRANSITION PLANNING (CONTINUED)

2. **EXPLAIN** to families the importance of planning for transition support from the beginning.
 - a. **ANSWER** any questions and **ADDRESS** concerns regarding future transition.
 - b. **DISCUSS** with family revisiting the transition plan during each, IFSP review, developing a more detailed plan as child ages.
3. **ENTER** school district and date transition conference will be held before.
4. **ASK** What information do you want about transitioning out of Birth to Three?
 - a. **EXPLORE** all options with families, including but not limited to, special education preschool in their school district, private preschool, community playgroups, Headstart.
5. **ASK** What are your concerns about transitioning out of Birth to Three?
6. **ASK** What do you want to have happen?
 - a. **ENTER** date for this outcome to be achieved by.
7. **ASK** What are some next steps?
 - a. **DISCUSS** and **ENTER** what they family thinks they need to do to reach this transition plan.
8. **ASK** How, where, and when will this happen?
 - a. **PROMPT** the parent to think about how they will access what they need to reach these steps, where they will find resources to help them reach these steps, and when they plan to do these steps.
9. **ASK** What other resources, in addition to Birth to Three, could or are helping your family achieve this outcome?
 - a. **IDENTIFY** additional support beyond Birth to Three to help achieve outcomes.
 - b. **IDENTIFY** and **ENTER** funding sources for the additional resources.

	EFFECTIVE DATE 7/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 36 of 49
DOCUMENT TITLE Individualized Family Service Plan (IFSP) Procedure Attachment 2, Step-by-Step Requirements on Completing Form 3-1, IFSP (continued)			


IFSP SECTION 6C: FAMILY TRANSITION PLANNING (CONTINUED)

10. **REVIEW** Criteria from Section 6C: Family Transition Planning.

- a. **ENTER** date of review in "Progress Update as of ____."
- b. **DISCUSS** with parents, during IFSP review meeting, the child's progress towards meeting the Outcome based on criteria previously developed in Section 6C: Family Transition Planning.
- c. **DOCUMENT** results of all measurements of progress as determined in criteria from review in Progress Update section.
 - (1) **INCLUDE** documentation in Progress Update section explaining child's progress in functional participation in everyday activity addressed in the outcome.
- d. **CHECK** the box indicating if the Outcome is:
 - Met
 - Continued
 - Discontinued
- e. **IF** Outcome remains as "Continued," but the criteria changes,

THEN:

 - (1) **CHECK** the box for New Criteria, if applicable.
 - (2) **ENTER** new criteria specifics at bottom of Progress Update.
 - (3) **USE** new criteria as a basis for measurement of outcome attainment during future IFSP reviews.


	EFFECTIVE DATE 7/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 37 of 49
DOCUMENT TITLE Individualized Family Service Plan (IFSP) Procedure Attachment 2, Step-by-Step Requirements on Completing Form 3-1, IFSP (continued)			

IFSP SECTION 7: EARLY INTERVENTION SUPPORTS AND SERVICES (EIS)

A. COMPLETE Section 7: Early Intervention Supports and Services (EIS) as follows:


1. **MAKE** decisions regarding supports and services as outcomes occur, including:

- Type
 - Frequency
 - Location
 - Method
 - Intensity
 - Duration
- a. **DISCUSS** and **DETERMINE** with family the details of the services and supports necessary to help them achieve their outcomes.
- b. **BASE** decisions to provide services and support on what is necessary for the family to achieve their desired outcomes for their child and themselves, and **NOT** based solely upon factors such as:
- Nature or severity of disability
 - Age of child
 - Availability of services
 - Administrative convenience
 - Family preference
 - Payment methodology
 - Service provider preference
 - Prescription from physician

	EFFECTIVE DATE 7/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 38 of 49
DOCUMENT TITLE Individualized Family Service Plan (IFSP) Procedure Attachment 2, Step-by-Step Requirements on Completing Form 3-1, IFSP (continued)			


IFSP SECTION 7: EARLY INTERVENTION SUPPORTS AND SERVICES (EIS) (CONTINUED)

2. **ENTER** services provided under Part C of Individuals with Disabilities Education Act (IDEA) in the grid in Section 7 Early Intervention Supports and Services.
 - a. **REFER TO** Supports and Services Procedure for more information.
3. **ENTER** in “What is Going to Happen” column the early intervention support or services that will be provided to the family.
 - a. **INCLUDE** support considered clinically necessary by the IFSP team and is the responsibility of the Birth to Three program to provide.
4. **LIST** service providers on Form 3-1, IFSP under the “Delivered by:” column.
 - a. **USE** Primary Service Provider (PSP) approach to teaming.
 - (1) **ENSURE** one professional serves as main liaison with family and team.
 - b. Secondary service providers **SUPPORT** family and PSP through joint visits during an activity with child where specific expertise from that discipline is necessary.
 - c. **HOLD** joint visits as often as necessary based on the need of PSP and family.
 - (1) **INDICATE** on an additional page or meeting notes in Form 3-1, IFSP the parents understand visits will be made at the same time.
 - For example, when visits occur with an audiologist and another team member.
5. **INDICATE** in Settings column where service will be delivered.
 - a. **USE** only one location per box.
 - b. **LIST** early intervention visits by Primary Service Provider (PSP) on separate lines if multiple settings are determined necessary with frequency and intensity.
6. **INDICATE** the method of how the support or service is going to be provided.
7. **INDICATE** in How Often column the frequency the service will be delivered.
8. **INDICATE** in How Long column the specific delivery time for each session (intensity) using 15 minute blocks. For example: 30 min., 45 min. 1 hour, etc.

	EFFECTIVE DATE 7/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 39 of 49
DOCUMENT TITLE Individualized Family Service Plan (IFSP) Procedure Attachment 2, Step-by-Step Requirements on Completing Form 3-1, IFSP (continued)			

IFSP SECTION 7: EARLY INTERVENTION SUPPORTS AND SERVICES (EIS) (CONTINUED)

9. **INDICATE** in Start Date column the date services will begin.
- a. **ENSURE** all services reflect a new start date if any service or support on section 7 has been changed.
 - b. **IF** listed service is **NOT** new **AND** has **NOT** been changed,
THEN ENSURE the start date remains the original start date.
 - c. **USE** multiple lines on the service grid to record the projected changes for services scheduled to increase **OR** decrease during the course of an IFSP.
10. **INDICATE** in End Date column the projected date services listed will end as either:
- The projected annual meeting date.
 - The day before the child's third birthday.
 - The day before the child's participation in their preschool special education program begins if the child qualified for EIS over 3.
- (1) **INDICATE** earlier end dates for adjusting services, as appropriate.

	EFFECTIVE DATE 7/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 40 of 49

DOCUMENT TITLE
Individualized Family Service Plan (IFSP) Procedure
Attachment 2, Step-by-Step Requirements on Completing Form 3-1, IFSP (continued)


IFSP SECTION 7: EARLY INTERVENTION SUPPORTS AND SERVICES (EIS) (CONTINUED)

11. **INDICATE** in the appropriate box the following:

- (1) **INDICATE** setting where child receives most of their services by marking appropriate box.
- (2) **INDICATE** by marking the box if any EITS listed above are provided through a partnering contracted program, such as a NEAT, BESB, D/HoH program, etc.
- (3) **INDICATE** by marking the box if child attends childcare **AND** if yes, mark the appropriate box to indicate the type of childcare setting.
- (4) **INDICATE** if child receives any services from DCF.
- (5) **IF** any early intervention service listed will **NOT** be achieved satisfactory a natural environmental,

THEN COMPLETE Section 11: Justification for Early Intervention Service that Cannot be Achieved Satisfactorily in a Natural Environment page of Form 3-1, IFSP for each applicable service **NOT** delivered in a natural environment.

- **REFER TO** Service Guideline #2: Natural Environments.


	EFFECTIVE DATE 7/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 41 of 49
DOCUMENT TITLE Individualized Family Service Plan (IFSP) Procedure Attachment 2, Step-by-Step Requirements on Completing Form 3-1, IFSP (continued)			

IFSP SECTION 7: EARLY INTERVENTION SUPPORTS AND SERVICES (EIS) (CONTINUED)

12. **WHEN** the team identifies an assessment that needs to be documented as a listed service,

THEN CONSIDER writing specific details on the form as follows:

- Type of assessment in the What is Going to Happen box.
- Number of anticipated sessions in How Often box.
- Length of each session in How Long box.
- a. **ENTER** exact number or maximum amount of time or visits required to complete assessment.
- b. **DELIVER** number of hours specified in Form 3-1, IFSP.
- c. **DOCUMENT** the agreement and discussion in:
 - Section 8: Who Is Part of The Team
 - Section 9: Meeting Notes
 - On an additional page

	EFFECTIVE DATE 7/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 42 of 49
DOCUMENT TITLE Individualized Family Service Plan (IFSP) Procedure Attachment 2, Step-by-Step Requirements on Completing Form 3-1, IFSP (continued)			

IFSP SECTION 8: WHO IS PART OF THE TEAM

A. COMPLETE the following for Section 8: Who is Part of Our Team:


1. **LIST** in Name column each parent’s and other team members’ names.
 - a. **IF** during initial development of Form 3-1, Individualized Family Service Plan (IFSP), Birth to Three team members who will be supporting the Primary Service Provider (PSP) have **NOT** been identified,

THEN:

 - (1) **WRITE** the discipline of the team member on the form.
 - (2) **INFORM** the family of the team member's name as soon as possible.
 - (3) **LIST** the new team member's name during the next Form 3-1, IFSP review.

2. **INDICATE** in Relationship column the relationship or discipline, as appropriate.
 - Spaces are provided already for the parents, primary service provider/service coordinator, and primary health care provider as minimum participants.
 - a. **LIST** disciplines for other members of the Birth to Three team.

3. **CHECK** the appropriate box under Participation Method and **INDICATE** how each person listed participated. Options include:
 - Present at meeting, either in-person, remote (video) or by phone.
 - Through a current written report (within three months) as part of PSP Team Meeting.
 - a. **CHECK** if listed provider was an evaluator.
 - b. **CHECK** the appropriate box under Birth to Three Partner as those that are not contracted to provide Birth to Three supports and services indicating people the parents feel are part of their team in addition to Birth to Three.

	EFFECTIVE DATE 7/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 43 of 49
DOCUMENT TITLE Individualized Family Service Plan (IFSP) Procedure Attachment 2, Step-by-Step Requirements on Completing Form 3-1, IFSP (continued)			

IFSP SECTION 9: MEETING NOTES


A. COMPLETE the following for Section 9: Meeting Notes:

1. **CHECK** the box if the parent would like to complete a referral to talk to a trained mentor that has been through a similar situation.
2. **ENTER** the following under Meeting Notes:
 - IFSP meeting notes, (For example: Decisions by a parent to not have services provided at the childcare setting, plans for visits at a relative’s house, or information on joint visits, makeup visits, or coverage.)
 - Team meetings with family information. (i.e. time, location)
 - Discussion notes about remote visits if listed as method of delivery in Section 7.

SECTION 10: ACKNOWLEDGEMENTS, CONSENTS, AND SIGNATURE

A. COMPLETE the following for Section 10: Acknowledgements, Consents, and Signature:

1. **REVIEW** the Procedural Safeguards section with the parents, which includes prior written notice and informed written consent.
 - a. **ENSURE** the parent has been fully informed and understands the procedural safeguards that are listed in Section 10.
 - b. Have the parent **CHECK** the box that they have received a copy of their Rights and System of Payment and that this information was reviewed with them.
 - c. Have the parent **CHECK** the box that they have participated in the development of the IFSP
 - d. Have the parent **CHECK** the box to give consent to implement the plan as written.
 - (1) Have parent **CHECK** the box if they decline specific services and supports listed in the IFSP, and **ENTER** which services and supports they do **NOT** give consent.
 - (2) Have parent **CHECK** the box if they disagree with B23 decision to **NOT** include specific services and supports on the plan and they understand this serves as prior written notice that they may request resolution through mediation, due process hearing, and/or written complaint.

	EFFECTIVE DATE 7/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 44 of 49
DOCUMENT TITLE Individualized Family Service Plan (IFSP) Procedure Attachment 2, Step-by-Step Requirements on Completing Form 3-1, IFSP (continued)			


SECTION 10: ACKNOWLEDGEMENTS, CONSENTS, AND SIGNATURE (CONTINUED)

2. **REVIEW** Parental Rights/Signature section with the parent.
 - a. Per Federal Law, **ENSURE** parents indicate they understand the following by signing in space provided:
 - Have received a written copy of their rights under IDEA PartC.
 - Their signature serves as Prior Written Notice for starting supports listed in Section 7: Early Intervention Supports and Services, of the IFSP, and the start dates are a reasonable amount of time to consider the plan.
 - Understand they can request another IFSP at any time.

3. **ENSURE** Parent Signature is completed by:
 - Parent
 - Appointed surrogate parent
 - Individual acting in the parental role
 - a. **NOTE** that Department of Children and Families staff members or contractors, such as safe home staff, do **NOT** sign, IFSP because they do **NOT** meet the IDEA definition of parent.

4. Licensed Practitioner **SIGN** their name in Licensed Practitioner Signature area indicating they recommend the supports and services outlined in IFSP.
 - a. **ACCEPT** a faxed signature of the Licensed Practitioner, if necessary.
 - b. Service Coordinator **PRINT** name of Licensed Practitioner in Name area.
 - c. Licensed practitioner **ENTER** date form is signed in Date area.

5. Service Coordinator **LIST** in ICD10 suggested International Classification of Diseases - 10th Revision (ICD-10) codes.

	EFFECTIVE DATE 7/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 45 of 49

DOCUMENT TITLE
Individualized Family Service Plan (IFSP) Procedure
Attachment 2, Step-by-Step Requirements on Completing Form 3-1, IFSP (continued)

SECTION 11: JUSTIFICATION FOR EARLY INTERVENTION SERVICE NOT ACHIEVED SATISFACTORILY IN A NATURAL ENVIRONMENT

A. COMPLETE the following for Section 11: Justification For Early Intervention Services That Cannot Be Achieved Satisfactorily In a Natural Environment:


1. **EXPLAIN** how and why the child’s outcome(s) could not be met if the service were provided in the child’s natural environment with supplementary supports.
 - a. **IF** the child has NOT made satisfactory progress towards an outcome in a natural environment,

THEN INCLUDE a description of why:

 - Alternative natural environments have **NOT** been selected.
 - Outcome **NOT** modified.
2. **EXPLAIN** how services provided in this location will be generalized to support the child’s ability to function in his or her natural environment.
3. **DESCRIBE** a plan with timelines and supports necessary to allow the child’s outcome(s) to be satisfactorily achieved in his or her natural environment.

ADDITIONAL PAGES

- A. USE** additional pages for reporting information or discussion under any section of Form 3-1, Individualized Family Service Plan (IFSP).
1. **CONSIDER** used additional pages as part of Form 3-1, IFSP.

	EFFECTIVE DATE 7/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 46 of 49
DOCUMENT TITLE Individualized Family Service Plan (IFSP) Procedure			

Attachment 3, Frequently Asked Questions

Q. What if the family I am working with is very reluctant to talk about their daily routines?

A. It is important to explain to families why you are asking questions about their families and their daily life before the IFSP begins. For some families an explanation may be all it takes overcome their reluctance. For others gentle prompts such as “Who do you call when you are worried about something?” Or “Tell me about your morning routine, how do you get all three children out the door and to childcare before 7:00 AM?” If a family gives brief or incomplete answers, assure them that you can always return to this section and add to it at a future IFSP meeting.


For the very rare family who refuses to talk about family or routines this might be a good opportunity to talk about what Birth to Three looks like, based on best practice in Early Intervention. A family expecting services to be delivered in a more traditional outpatient rehabilitation or medical model may see no need to share personal information. Staff need to be comfortable discussing that the focus of Birth to Three is to work with parents and other important people in the child’s life in order to support them in attaining their outcomes for their child. Often parents are not thinking of other resources they have, besides Birth to Three, to help them achieve their outcomes. Ultimately, a family can share as much or as little as they want to and still receive Birth to Three services.

Q. Some of the questions I ask during the IFSP have already been covered in the assessment. Do I have to ask the family to repeat their answer?

A. Rather than asking repetitive questions, you can use the information from the assessment as a way to enhance their previous answers and learn more about the family during the IFSP. For example, “I know you mentioned your mother and grandmother were a huge source of support to you when your baby was in the hospital. Now that he is home, who are the other people in your life that you know you can count on for support?”

Q. How can we document that we have encouraged a family to consider a service or a different frequency of a service that was not accepted?

A. This discussion could be reflected in the meeting notes of Section 9, along with the parent’s refusal or reluctance to accept the service or service frequency. The additional blank page can be used if more space is needed.

	EFFECTIVE DATE 7/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 47 of 49
DOCUMENT TITLE Individualized Family Service Plan (IFSP) Procedure Attachment 3, Frequently Asked Questions (continued)			

Q. What if the family wants an “alternative” approach like cranio sacral or mega vitamin therapy?

A. The Birth to Three System does not provide alternative treatments but can support a parent’s effort to pursue that treatment on their own. If appropriate this should be listed under Other Services that are related to this Outcome that are in Place or Needed and coordinated with the child’s Birth to Three services as much as possible.

Q. If I need the occupational therapist for a one-time consult, do I need to revise the IFSP to indicate this as a service?

A. No. One-time consults that are needed to address specific concerns of the family or primary service provider (PSP) that did not come up at the previous IFSP meeting do not have to be listed on the IFSP but the variation of the IFSP must be justified in the visit note. Any discipline listed in Section 8 can provide a 1x consult (joint visit) as clinically appropriate without being listed on Section 7 of the IFSP. A discipline not listed in Section 8 may provide a 1x consultation as clinically appropriate for the purpose of an assessment that results in a written report. The reason for this variance from the IFSP must be documented on the visit note. However, if at an IFSP meeting the team knows that a consult by occupational therapist to the PSP and family will be needed in next six months, it should be listed on the IFSP with anticipated start date several months from date of IFSP.

Q. If the parents want to add or change an outcome that does not change the supports and services being delivered, do I have to do a review?


A. Yes. The purpose of reviewing the IFSP is to review changes for the child and family, family concerns, and new priorities, as well as supports they need to achieve their outcomes. All changes to outcomes or early intervention supports and services have to occur in the context of an IFSP meeting.

Q. Do I have to make-up all missed visits listed on the IFSP?

A. Yes, unless the family cancels or the State of Connecticut is closed on the day of the regularly scheduled visit. Providers may use the Meeting Notes section of the IFSP to document conversations regarding when and how make up visits will be delivered and by whom. Documentation of the make-up visit must be provided on the visit note.

Q. Do I write in the IFSP for a support and service that the team agrees is needed is currently unavailable by the program?

A.

	EFFECTIVE DATE 7/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 48 of 49
DOCUMENT TITLE Individualized Family Service Plan (IFSP) Procedure Attachment 3, Frequently Asked Questions (continued)			

Q. Why do I have to ask parents more than once if they would like to talk to a family who has been in a similar situation or whose child has gone through Birth to Three?

A. Parents may be overwhelmed or reluctant to agree to this support at first. Research shows that families often receive their greatest source of support from other parents whose children have similar disabilities but who are older. See Section 9 for more information.

Q. How to handle missed visits?

A. Any known meeting days conflicting with the family or Birth to Three staff should be discussed and the procedure for missed visits, including whether someone will substitute, will be reviewed. The specifics of such discussions should be documented in the Meeting Notes section or on an additional page added to the IFSP. Blanket statements issued by agencies on holidays and cancellations do not cover the legal obligation of the program to provide the services that are listed on Form 3-1, IFSP. If there is no documentation in Form 3-1, IFSP indicating an agreement with the family about program schedules that is in place, such as vacations, meetings, etc., then the number of hours specified per legal obligation will be delivered. Parents are to initial for Missed Visits indicating they have been informed of the policies/procedures regarding missed visits.

Q. Do I need a new IFSP for technical changes (for example: change to new address, new SC, Increase/decrease service, add an outcome, etc.)?

A.



EFFECTIVE DATE
7/1/2024

DOCUMENT NUMBER
[Document Number]

LEVEL OF USE DESIGNATION
Information Use

REVISION
[Rev #]

Page 49 of 49

DOCUMENT TITLE
**Individualized Family Service Plan (IFSP) Procedure
Attachment 3, Frequently Asked Questions (continued)**

Q. What are some additional examples of how to complete section 6A: What We Will Work On (Child Outcome)?

A. See chart below.

Parent Priority	Identified Activity To work on priority	Additional Areas for Learning During identified activity	Outcome Child's Participation in Activity	Criteria – How will we know it's done? More specific measures
Play with other kids	Church Playgroup	Sharing Talking	Joey will join with his friends playing at church playgroup and use words instead of hitting.	When teacher says, Joey played for a few minutes with a friend and used words instead of hitting, 3 playgroups in a row.
Eating	Mealtime with family	Positioning in highchair Using spoon/fork	Allyse will have supper with our family and eat what we eat.	When she sits in chair at table for 15 minutes, uses spoon/fork for half of meal, and eats 2 of the foods we are eating.
To talk	Visit to Grandpa's house	Motor: strength, climbing, balance	During playtime in the backyard with Grandpa, Tyrone will use his words and be safe using the slide.	When Tyrone uses a few words to let Grandpa know what he wants (Ball, bubbles, up), & climbs slide on his own
Play by himself	Hang out time while mom cooks	Motor: sitting Attention Two hand on toys	Jose will participate in hanging out time while his mother fixes supper by playing with things by himself.	When he plays alone, supporting himself in a sitting position, for at least 10 minutes in the kitchen near Mom, for 5 days in a row.
Do things on her own	Getting dressed in the morning	Get stronger, balance	Keisha will get dressed by putting on all of her clothes by herself	When she can balance while she puts on clothes that she picked out with her mom and it takes only 5 minutes.
Sleep through the night	Nighttime	Self-soothing Using books before bed (bedtime routine)	Maria will go to sleep on her own and sleep through the night.	When she goes to sleep within 30 minutes after bedtime routine and sleeps 6 hours in a row, at least 5 nights a week.
Walking	Brother's Soccer games	Looking at other kids Making friends	Nicholas will go to his brother's soccer games and walk in the grass to go over to other kids to "make friends".	When mom doesn't need stroller at the soccer game, and Nicholas is able to walk over to the neighbor's little boy to look & smile at him.
Follow Directions Not get upset	Song time at childcare	Sitting with other children and teacher	Kaiden will join his friends at childcare during circle/song time using musical instruments.	When Kaiden finds his "mat" for circle, sit for two songs and use musical instruments alongside his friends.
Grow and develop as she should (infant)	Diaper change	Motor: head control, midline Looking at dad Responding to sound	During diaper change, Sophia will look at dad, reach for his face, and listen to his voice.	When Sophia looks at dad, reaches to the middle to touch his face with both hands, and reacts to his silly sounds by opening eyes wide or smiling.