

IFSP PROCEDURE/GUIDANCE

This document is a guide to working with the Individualized Family Service Plan (IFSP) Form 3-1. It includes Connecticut Birth to Three procedural requirements as well as page by page form guidance.

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INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP)

Purpose: To insure that each eligible child and family has an Individualized Family Service Plan that is high quality and meets state and federal requirements.

Introduction and Overview

The Connecticut IFSP document is many things:

- a document for the family that describes their desired outcomes for their child and family and the supports they will receive to achieve those outcomes
- a flexible and individualized plan for each child and family
- a legal document with parent signature
- a clear description of services and supports for the child's health care providers

Additionally:

- Its contents must comply with Part C of the IDEA and State of Connecticut laws and regulations.
- It provides information to school districts and other community programs during the process of transition.
- The information in the IFSP supports billing of private insurance and Medicaid.
- The information from the IFSP is entered into the 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.

The individualized family service planning process is designed to develop a plan for appropriate early intervention supports for an infant or toddler with disabilities and his or her family. 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. Based on best practices in Early Intervention, the system will ensure that all families have equal access to a coordinated program 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 aware
- 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

Professionals and parents work together as a team to identify the family's concerns and priorities. This is facilitated by reviewing the results of current assessments, identifying the family's resources and supports including the important people in their lives, reviewing the family's priorities, and exploring which of the family's everyday activities will best support working on those priorities. Outcomes reflect what the family members see as important for their child and themselves. The team determines the activities, strategies and supports that will best result in achievement of the outcomes. Only the IFSP team members, which include the family, can determine the supports that are listed on the IFSP.

IFSP Timelines and Requirements

Part C Regulations (34 CFR sec. 303.342) specify that for eligible children, the IFSP meeting must be:

- Held within 45 days of the referral to the Birth to Three System (i.e. the initial contact with Child Development Infoline).
- Conducted in settings and at times that are convenient to the family.
- Held in the native language of the family or other mode of communication used by the family, unless it is clearly not feasible to do so. This may involve use of an interpreter.
- Include prior written notice: When both parents are involved, both must be given prior written notice a reasonable time before the program proposes, or refuses, to initiate or change the identification, evaluation or provision of early intervention services. Therefore, Prior Written Notice, (Form 1-6) must be given to the family prior to all IFSP meetings, early enough before the meeting date to ensure that they will be able to attend. Parents must be provided with Prior Written Notice before services begin. This is accomplished through their signature on the IFSP.
- Held at least annually to evaluate and revise the IFSP for the child and family. The results of any current evaluations or assessments (completed within the past three months and include all five areas of development) conducted under § 303.321 and other information available from the ongoing assessment of the child's development in all five domains and the resources, concerns, and priorities of the family should be used as the basis of the meeting to evaluate the IFSP. This can be completed anytime within the 12 months after the initial or previous annual evaluation of the IFSP. Once the due date for an annual evaluation of the IFSP has been reached, no further early intervention treatment services can be provided to the family and child unless the reason for the delay are documented in the file. The first visit with a family after expiration of the IFSP would need to an annual IFSP or an evaluation or assessment if that is not current. The developmental assessment does not need to be completed by a multidisciplinary team.

The IFSP:

- Must be reviewed at least every six months or more frequently if changes are needed or if the family requests a review. The purpose of this periodic review is to determine the degree of progress made toward achieving the outcomes and whether modifications or revision of the outcomes or supports is necessary.
- Must include a transition plan with the steps and services to be taken to support the smooth transition of the child and family, from Part C services. This transition plan must be developed or reviewed as part of an IFSP meeting (initial, periodic, or annual review of the IFSP) and can be updated whenever needed during an IFSP meeting to reflect the different stages of the transition planning process.
- May be reviewed as part of a Transition Conference, which must be convened at least 90 days, and with the approval of the family, up to 9 months prior to the child's third birthday.
- Must be signed and dated by a parent before supports and services can begin.
- Every IFSP must be signed by a licensed practitioner who is licensed by the Department of Public Health, is authorized to practice without supervision, and meets the criteria of the Connecticut Birth to Three System as qualified to conduct evaluations and assessments.

In order to ensure that the IFSP is recommended by at least one licensed practitioner in accordance with 42 CFR 440.103(c) the IFSP team shall include at least one licensed practitioner as listed in the State Plan Amendment and DSS Regulations. See DSS Regulations §17b-262-1114 (d) (3). Any early intervention treatment services performed for a period not covered by the IFSP must have the reasons for the variances from the IFSP documented and signed by a qualified practitioner. An electronic signature from the licensed practitioner on the IFSP is acceptable.

Each early intervention service is provided as soon as possible after the parent gives consent for that service and the IFSP has been signed by the licensed practitioner. Part C of IDEA requires that eligible children and their families receive timely services. Connecticut has defined "timely" as services starting within 45 days of a parent's signature on the IFSP.

IFSP Meeting Participants

Per Section 303.343(a)(1) of the Part C Regulations under IDEA, the IFSP team must include the involvement of the parent and two or more individuals from separate disciplines or professions (multi-disciplinary team) and one of these individuals must be the service coordinator.

Specifically at the initial meeting and each annual IFSP meeting to evaluate the IFSP, the team must include:

- (i) The parent or parents of the child,
- (ii) Other family members, as requested by the parent, if feasible to do so,
- (iii) An advocate or person outside of the family, if the parent requests that the person participate.
- (iv) The service coordinator (who has completed applicable training specified by the lead agency) designated by the public agency to be responsible for implementing the IFSP,
- (v) A person or persons directly involved in conducting the evaluations and assessments.
- (vi) As appropriate, persons who will be providing early intervention services under this part to the child or family.

For periodic reviews, the multidisciplinary IFSP team must include persons listed in (i) through (iv) above and if conditions warrant, provisions must be made for the participation of other representatives identified in (v) and (vi) above.

According to Part C Regulations under IDEA, if a person listed in (v) above is unable to attend a meeting, arrangements must be made for the person's involvement through other means, including one of the following:

- (i) Participating in a phone or video call.
- (ii) Having a knowledgeable authorized representative attend the meeting.
- (iii) Making pertinent records available at the meeting (i.e. a current report, within 3 months)

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

Connecticut General Statute 17a-248e(c) currently requires that the IFSP be developed in consultation with the child's pediatrician or primary care physician. The lead agency interprets pediatrician or primary care physician to include APRNs and PAs as the scope of their practice has changed since the law was written. The name of the clinic may be used in the case where no primary health care provider (PCHP) can be identified.

The lead agency interprets consultation to mean that with parent consent (Form 3-3) the EIS program will share the evaluation and assessment reports, and initial and annual IFSPs with the PCHP for review. Based on input from the PCHP the IFSP team will consider whether modifications to the implementation of the IFSP or the plan are needed.

The following are approved methods for documenting the consultation of a Primary Health Care Provider (PHCP) in the development of an IFSP.

- a copy of a fax cover sheet used when sending documents to the PHCP
- a note in the record documenting a conversation with the PHCP
- listing the PHCP as a team member on the IFSP which allows for conversation without a release (Form 3-1)

Types of IFSPs and IFSP Meetings

Interim IFSP

Early intervention services may begin for *a child who is eligible* for Birth to Three services prior to the completion of the multidisciplinary assessment if the following conditions apply:

- Parental consent to develop an interim IFSP is obtained and the parent has been given written prior notice of the development of an interim IFSP using Form 1-6.
- An interim IFSP is developed that includes:

1. The name of the service coordinator who will be responsible for the implementation of the interim IFSP and coordination with other agencies and persons, and
 2. The early intervention services that have been determined to be needed immediately by the child and the child's family.
 3. The family signs the IFSP
 4. A licensed practitioner on the child's team reviews and signs the IFSP.
- The multidisciplinary assessment and the Initial IFSP must be completed within 45 calendar days from the child's date of referral to Child Development Infoline.
 - An interim IFSP document contains all the IFSP pages and sections. Sections relating to the multidisciplinary assessment of the child, which has not yet been completed, may be brief.

Initial IFSP

The majority of this document gives information related to the initial IFSP, which must be written within 45 days of the child's referral. This is the beginning of the family's relationship with Birth to Three and their understanding of how Birth to Three supports will help them achieve their outcomes. All timelines and requirements outlined in this document must be followed. All sections of the IFSP must be completed for the Initial IFSP except Section 5B: Progress/Review of Child Outcomes.

Periodic Review of the IFSP

The IFSP is reviewed at least every six months; (more frequently if conditions warrant or the family requests such a review) and evaluated at least annually. Each time an IFSP is reviewed the timeline starts again on the requirement that the IFSP be reviewed at least every six months but does not change the date for evaluating the complete IFSP on at least an annual basis.

The purpose of a periodic review is to determine the degree to which progress toward achieving the outcomes is being made and whether modifications or revision of the outcomes supports and services or other information (such as modification of the plan for transition) is necessary.

The service coordinator is responsible for making sure there is a multidisciplinary team to review the IFSP and that written prior notice (Form 1-6) is given before all reviews of the IFSP unless the parent has initiated the request to review the plan. The review may be carried out at a meeting or by another means, such as a phone call, that is acceptable to the parents and other participants. However, even if the review is by telephone, it does not eliminate the need for prior written notice or the team membership as specified in section 303.343 (b). The following sections of the IFSP must be included in a review:

- Section 1 Child and Family Information
- Section 5B and 5C: Can be photocopied with new information added during the review
- Section 6 Early Intervention Supports and Services
- Section 7 Who is Part of Our Team
- Section 5A can be added if there are new outcomes that are developed as a result of the review
- Any other pages of the IFSP form may be added as needed

If the sole purpose of the periodic review of the IFSP is to review or revise a transition plan during a transition conference with school district personnel present, the service coordinator and family may choose to update the progress on the child's and family's outcomes in advance of the conference and complete those sections of the page prior to the transition conference. This will allow more time to focus on the next steps in transitioning from the Birth to Three System. It is still a periodic IFSP review with all the requirements described above including Prior Written Notice and multidisciplinary participation.

Annual Meeting to Evaluate the IFSP

According to IDEA Part C regulations, a meeting to evaluate the IFSP that includes a multi-disciplinary team (See *IFSP Meeting Participants*) must be conducted at least annually to evaluate the IFSP for a child and family, and revise its provisions as appropriate. This meeting to evaluate the IFSP must be based on a current assessment, which does not have to be multi-disciplinary but does address all five domains of development for

the child. If conducted prior to the assessment, an evaluation to determine continuing eligibility would need to be multi-disciplinary.

The child's primary interventionist, if qualified under the Birth to Three Personnel Standards to complete evaluations and assessments, can provide all of the assessment information, in collaboration with the family and other team members. The results of progress made toward achieving the child and family's outcomes, information from the curriculum-based or other assessments, progress in the child's participation in daily activities and routines, the family assessment, and current outside evaluations should be used in determining the status of the outcomes and service needs.

To document the evaluation of the Annual IFSP:

- Service Coordinator completes all sections of the IFSP form
- Sections 1, 2, 3, 4 need new pages since many things may have changed over the year
- Section 5A will be added for any new outcomes as appropriate
- Sections 5B and 5C can be photocopied and new information added during the IFSP meeting
- Section 6: the start dates for all services should reflect the new date of this meeting.
- Section 7: lists all team members

Once the due date for an annual evaluation of the IFSP has been reached, no further early intervention treatment services can be provided to the family and child unless the reasons for the delay are documented in the record and signed by a qualified professional. The first visit with a family after expiration of the IFSP would need to be an annual IFSP or an evaluation or assessment if that is not current.

Completing the IFSP Form for Those Families Requesting Service Coordination Only

The entire IFSP should be completed as it would be for any IFSP (including a multi-disciplinary team), reflecting information about the child and the family concerns as well as child outcomes, family outcomes and transition plans, and the team members who participated in the development of the plan.

The service grid on Section 6 must list appropriate services to address what will be happening in the upcoming months for which the IFSP is in effect. For instance, "annual assessment" or a certain number of visits to prepare the family for transition. The transition meeting could take place within the context of a home visit, or as part of an IFSP review. To help the family understand what will be happening as a result of this plan, it is recommended that the service coordinator attach the additional page to the IFSP or use the meeting notes section to write a brief description of what will be happening.

The parent signs the IFSP indicating they have received their rights and are in agreement with the plan. If they give written permission to send a copy of the plan to the primary health care provider, the completed IFSP is sent. The IFSP is signed by a licensed practitioner. All timelines related to the IFSP remain in effect.

Implementation of the IFSP

As soon as possible following any IFSP meeting, the service coordinator should send a full copy of the IFSP (with all referenced reports attached) to the parent and copies to anyone else the parent has listed on a signed release (Form 3-3).

Every IFSP must be signed by a parent and a licensed practitioner on the child's team. The service coordinator should ensure uninterrupted implementation of an IFSP, with any variance from the IFSP documented in the record. A signed release (Form 3-3) from the parent is necessary when sending the IFSP to the child's primary health care provider.

Each early intervention service is provided as soon as possible after the parent provides consent for that service and the IFSP has been signed by the licensed practitioner. Part C of IDEA requires that eligible children and their families receive timely services. Connecticut has defined "timely" as within 45 days of the

parent(s)' signature(s) on the IFSP. (See *Supports and Services Procedure* for the definition of Timely Services). Programs cannot provide or arrange for a service for which the parent has not given consent or for which consent has been withdrawn in writing.

The reason(s) for ANY variances from the IFSP must be clearly documented in the visit note.

Types of Service

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

Early intervention services include but are not limited to: assistive technology; audiology; family training, counseling; medical services for the purpose of determining the child’s developmental status and need for early intervention; nutrition; occupational therapy; physical therapy; psychological services; service coordination; sign language; social work; special instruction; speech-language pathology; transportation; vision services; and other services as appropriate as recommended in the IFSP.

As a required Part C service, Assistive technology device(s) need to be included on the IFSP as indicated (see *Assistive Technology Procedure*). “Assistive Technology Device” should be listed in Supports and Services Section and the assistive technology must be listed in an Outcome, with general information about the device (i.e. hearing aid vs. the specific type, mobility device rather than the specific type of gait trainer and accessories). More specific information about the type of device can be listed if known. The specific device information will be required as part of the Durable Medical Equipment reimbursement process (see *Payment Procedure*).

Guidance about how to fill out the various sections of the IFSP can be found in the following *IFSP Page by Page Guidance*

IFSP PAGE BY PAGE GUIDANCE DOCUMENT

General Information Related to the IFSP Form:

- If an error is made, the information should not be covered with corrective fluid but should be crossed out, initialed and dated by the parent.
- If a laptop computer is used on-site to produce the IFSP or information is entered into a typed version at the office, the parent must review and sign the printed version.
- Throughout the IFSP form, an asterisk (*) next to an item denotes that the information for that item is part of the electronic record maintained in the Birth to Three Data System.

Information follows related to guidance on filling out the individual sections of the IFSP.

IFSP Section 1: Child and Family Information

Overview: This section provides contact information for the child and family, the service coordinator and program, the primary healthcare provider, and the school system. It also serves as a summary of information that has been gathered regarding the child's present level in physical development (including vision, hearing, and health status), cognitive development, communication, social and emotional development, and adaptive development.

Meeting Type: One of the following should be checked to indicate the type of meeting:

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

Parent/Foster Parent/Guardian/Family Member: There are two boxes allowing for parents, foster parents or guardians with separate addresses and contact information. The box on the left should be used for the person with whom the child lives. The relationship of the person(s) to the child should be checked in the space above their name.

Program Contact Information: The name of the service coordinator assigned to the child and family, their contact number, the Birth to Three program they work for including the program director's name and contact number, the program address and email address are written here. The service coordinator should be from the profession most relevant to the family's or child's needs and be the team member who can serve as the Primary Service Provider for the family. This person must hold a certificate indicating successful completion of service coordination training in Connecticut.

Primary Health Care Provider: Confirm and enter contact information for the child's primary health care provider (physician, physician assistant, advanced practice registered nurse, or primary care clinic)

School District Contact: Enter the name and phone number for the contact person of the school district that will be responsible if the child requires early childhood special education services after exiting from Birth to Three. Families should be made aware that at age 2 ½ basic contact (directory) information is automatically uploaded to their school district or Local Education Agency (LEA) via the Birth to Three Data System.

List any evaluations or assessments completed since the last IFSP: List evaluations or assessments with the dates of completion.

General Health and Development Information: How is my child doing in these areas of development?

This section summarizes information that has been gathered regarding the child's present abilities in all areas of development. The information must be based on current (no more than 3 months old) evaluation and assessment results, observations and parent report. This section must include a statement of the child's present level of physical development, (including vision, hearing, and health status), cognitive development, communication, social and emotional development, and adaptive development. You may refer to a current report and enter the date of that report.

IFSP Section 2: Family Resources

Overview: To assist families in identifying the important people and places in their family's life and to begin discussion about who might be participating in early intervention visits and how best to work with them to support the child.

Family Map (ECO Map): An ECO-map allows the service coordinator and family an opportunity to identify the important people and supports a family uses during the week.

Be sure the family understands the purpose before beginning the eco-map. An eco-map can be changed throughout a family's time in Birth to Three. People can be added or removed as life circumstances change or families become more comfortable sharing information. Most families enjoy talking about the people who are important in their lives. Others will need a few prompts such as "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?" You might ask specifically about grandparents, aunts, uncles, friends, coworkers or clergy if the family is slow to identify people.

Family Assessment Tool: As required by federal law, a family assessment tool must be used but is voluntary on the part of each family member participating in the assessment. List the family assessment tool that was used. See Appendix for suggested tools.

The adults in my child's life learn best by: This information will help the provider design their session using the appropriate methodology for the caregiver. Because the plan and intervention will be geared toward the adults who are with the child daily, this section asks specific information about a learning style. This will allow the Birth to Three service providers to tailor how they explain and coach families on the techniques and strategies families will use.

IFSP Section 3: Family Priorities

Overview: This section helps parents to determine their priorities for their child based on thinking about their child's abilities, interests and challenges. Increasing the parent's ability to describe their child's abilities and strengths is a goal of the Connecticut Birth to Three System. This information supports the parent in moving forward in identifying outcomes as well as advocating for their child when they transition out of Birth to Three.

What are your child's abilities/strengths: This question ensures that the parent/caregiver is able to describe their child in a way that others will understand. Prompt the parent to describe their child's abilities and strengths that they observe during their everyday activities. It is important for parents to be able to adequately describe their child to doctors, school district personnel, family friends and others.

Child's interests: Young children are interested in many different things. Studies have shown children's participation in activities that make them happy and that are interesting to them are full of learning opportunities across domains. Early intervention supports should be built upon the child's interests.

Child's challenges: After discussing the child's abilities and strengths, prompt the parent to describe their child's challenges. It is important for parents to be able to adequately describe their child to doctors, school district personnel, family friends and others.

What are your priorities for your child: After thinking about their child's abilities, challenges, and interests, discuss what the parent's priorities are for their child. Some typical priorities for parents often include walking, talking, eating, and getting along with others. (Priorities related to the whole family will be probed in the Family Outcome Section).

IFSP Section 4: Everyday Activities

Overview: This section explores what a family's daily life looks like, what is working well and what they identify as areas of concern. This helps identify everyday activities in the home and community that may serve as settings where the parent's priorities for their child can be addressed.

What everyday activities might allow you to work on your priorities with your child? The function of this section is to connect the family's priorities with their everyday activities in their home and community. Research shows that babies and toddlers learn best through everyday experiences with familiar people, when they are interested and participating in the activity. This section helps the family to decide which activity/s they would like to focus on to start addressing their identified priorities. These will not be the only activities that the team works together on, but they will be the ones that are measured when the IFSP is reviewed. Additional activities that address outcomes and will be the focus of future visits with the family will be documented on visit notes through *Joint Plans* developed with the family.

Activity: For those activities or routines discussed, place a checkmark to indicate if this is an area that is going well, is an area of concern, or an area with a lot of concern for the family. Given the families priorities, check the box if this is an activity that the family would like to explore in Section 5A: What we will work on/Child Outcome. There can be one or several areas identified. Sometimes a family might identify another area such going grocery shopping or to doctor's appointments, etc. These can be listed under other.

The "Comment" box is available for use if desired. Activities that are a priority will be explored in depth in Section 5A, so there is no requirement for comments in this section.

IFSP Section 5A: What We Will Work On/Child Outcome

Overview: In this section, you will help the family explore an activity they chose to focus on to address their priorities for their child. These will not be the only activities you work on with the family, but these are the ones you will measure during periodic IFSP reviews.

What activity will we explore? As determined by the family in the previous section, list the activity they would like to further explore. You will be assisting the family to determine how their priorities can be addressed within the identified activity and what other areas of development can be addressed in this activity as well.

What does your child do well or find interesting during the activity? This pertains to the child's abilities and interests during the identified activity. The goal is to build on the child's strengths and interests to increase the child's participation in the activity in order for learning to occur.

Where does he/she need support? Explore where the parent feels the child needs support during the activity. This likely will include areas that were identified by the parent as a priority and may include Assistive Technology that would increase participation.

What have you and others tried (strategies)? This question helps families realize how much they already do that supports and helps their child's learning, as well as possibly identifying something that one caregiver has tried that is successful that might be able to be used by all caregivers. It helps inform the early interventionist of what has already been tried. Additional strategies from the early intervention team will also be listed here but will be found, in detail, on *Joint Plans* documented on visit notes.

What do you want your child to learn during this activity? Every activity has a wealth of learning opportunities. Although the family may be focusing on a specific priority, it is desirable to expand their awareness to include a variety of opportunities their child has for learning during that activity. This broadens the focus to look at learning in a variety of domains. Additionally, as required by federal regulations, thought should be given to pre-literacy and language areas as developmentally appropriate for the child. These areas can be supported in many ways even with very young infants.

The question "What do you want your child to learn during this activity?" may need some prompting from the provider. You may want to ask additional questions that will help the parents identify some other things that their child can learn during the activity. *(For instance, a family identified talking as a priority for their child. One activity that they identify for working on that priority is during "swimming" at the town pool. The priority focus is on talking during this activity. In exploring the activity more, "What else might he/she learn during swim time at the pool?" the parents note opportunities for learning other things such as interacting with other children and motor skill development.)*

Outcome: what would you like this activity to look like? Exploration of the activity through the previous questions naturally leads to what the parent would like their child to be able to do during this activity. *(For instance, Outcome: "For Jose to join in with his friends at the town pool, using words and jumping in the water".)*

Criteria: How will you know when we are done working on this? This includes more specific measures that will help the family know if the outcome has been achieved. *(For instance, "When Jose approaches other kids at the pool and says "Hi", stays alongside of them and imitates jumping in the water for a few minutes").* Assistive Technology may be included in the outcome, criteria, or strategies in order to increase the child's functional participation.

What other resources or supports do you have or need that can help you: Birth to Three is not the only support that a family has. There may be other supports they can identify that will help them achieve their outcomes. These supports or services are not required early intervention services under Part C of IDEA, yet they will be considered as part of the overall plan. The service coordinator is responsible for assisting the family to obtain and coordinate these services with the Birth to Three supports.

Who will pay for services: List funding sources here

Additional Examples

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
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.

IFSP Section 5B: Progress/Review of Child Outcomes

Overview: This section is to be used for a review of the Child outcomes that the family has identified.

Reviews of the IFSP must happen at least every six months and can happen more frequently if changes are needed or if the family requests a review or change.

Outcome: Copy outcome from Section 5A

To Be Achieved By: Copy from 5A

Criteria from Section 5A of the Outcome does not have to be copied but needs to be reviewed and documented in the Progress Update section (see below).

Progress Update as of _____: Note the date of the review that you are currently doing.

Check if the Outcome is Met, or will be Continued or Discontinued. Documentation in the progress update should explain this further, focusing on the child's progress in functional participation in the everyday activity addressed in the outcome.

Criteria Review: Discuss the progress the child has made towards meeting the Outcome, based on the identified Criteria that were previously developed in Section 5A. Although the previous criteria does not have to be copied onto this page, the team must address the measurements of progress as determined in the criteria. All information on progress is documented.

It is possible to have an Outcome remain as "Continued", but have the criteria change, as noted by checking the box for "New Criteria (if applicable)". The new criteria would be written at the bottom of the Progress Update, as indicated. When the IFSP is reviewed in the future, this new criteria will be used as a basis for measurement of outcome attainment.

As a required Part C service, Assistive technology device(s) need to be included on the IFSP if it has been determined necessary for the child's attainment of an outcome. "Assistive Technology Device" will be listed in Supports and Services Section and the assistive technology must be listed in an Outcome in Section 5A, with general information about the device (i.e. hearing aid vs. the specific type, mobility device rather than the specific type of gait trainer and accessories). More specific information about the type of device can be listed if known. The specific device information will be required as part of the Durable Medical Equipment reimbursement process (see *Payment Procedure*).

IFSP Section 5C: Family Outcomes and Transition Planning

Overview: This section explores the many possible outcomes that could be important for a family, including the family's transition out of Birth to Three. Family outcomes can include a variety of experiences or concerns that affect the whole family. (For instance, learning how to explain their child's diagnosis, exploring food or housing assistance, finding childcare, moving to another town or state, leaving Birth to Three...)

Every initial and annual IFSP must contain at least one family outcome that addresses a plan for transitioning when Birth to Three supports end. This transition plan includes supports for the child as well supports for the family for the benefit of the child in order to prepare for transition out of Birth to Three.

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?

Information for family outcomes is gathered in many ways: during first calls to the family, during child evaluation and assessment, through use of a family assessment tool, and during the IFSP (ecomap, concerns, priorities, resources). This information helps you move naturally to exploring possible family outcomes.

Family Outcome: What do you want to have happen? Assist the family to formulate a family outcome that they would like to address.

What are your family's/child's strengths in addressing this outcome? Discuss what the family feels will be their strengths and resources in achieving this outcome or during this transition.

What will be the challenges? Discuss what the family feels will be their challenges in achieving this outcome or during this transition. This may include resources or supports they need (e.g. someone to watch children while they attend classes for a degree)

Steps That Will Help Your Family and Child

Using the table in the IFSP form, help the parent think about what will help the family and child reach this outcome or adjust to a new setting. Keep in mind that there are other supports for the family besides Birth to Three. They should be listed in the table.

Would you like to talk to a family that has been through a similar situation or whose child has gone through Birth to Three?

Research shows that families often receive their greatest source of support from other parents whose children have similar disabilities but who are older. It is important to ask families if they would like to be contacted by another parent whose child has gone through Birth to Three rather than simply giving them a brochure on a parent organization or telephone number to call. Often family members are too overwhelmed to initiate a call or they lose the number or brochure under the avalanche of initial paperwork. If a parent is interested in being contacted by another parent or an organization, have them sign a CT Birth to Three release of information (Form 3-3) or one provided by the parent organization. You can then notify the parent or the organization of the contact information of the interested family. If the parent is initially not interested in being contacted, there is a space to indicate when the parent may be interested in being asked again. The service coordinator should continue to ask this question not just at each IFSP meeting, but also throughout the family's time in the Birth to Three System.

Family Outcome Progress Update: At the bottom of the page, there is room for the outcome to be reviewed two times.

Additional Information on Family Outcomes That Contain Transition Plans:

A family outcome that includes information or steps to plan for a transition meets the criteria for having a transition plan in the IFSP and provides the opportunity to record the discussion of the family's concerns. This may include plans for the changes that may be coming up for the whole family (e.g. plans for the child to be cared for while parent goes back to work) or specifically related to the child's eventual transition out of the Birth to Three System..

A transition plan for leaving Birth to Three must be completed during the initial and annual IFSP and revised as needed during periodic IFSP reviews. The transition plan should include concerns related to the whole family but must also include the steps to be taken 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.

Even if families of very young infants are not thinking about transition out of Birth to Three as they begin receiving supports, the service coordinator should use this opportunity to explain why this is part of the planning process. This may prompt the family to share any questions or concerns they have for the future. If the family does not express any issues, they should be told that the transition plan would be revisited at each IFSP review with a more detailed plan developed, as the child gets older. If a child will be exiting Birth to Three prior to the next review and currently has family outcome with little detail in the transition plan, you would need to revise the IFSP to include a more detailed transition plan since Federal law requires this for any child exiting Birth to Three. It is important to inform the family that they can always discuss questions or concerns if something changes and they want to discuss this as part of the IFSP.

An Example: Family Outcome for a 3 Month Old

Section 5C: Family Outcome

Family outcomes can include transitions and experiences with childcare, learning about your child's diagnosis, expecting a child have a smooth transition out of Birth to Three.

In addition to outcomes for your child, is there a family assessment that you would like to discuss?

Family Outcome: What do you want to have happen?
 We know what to do when we leave Birth to Three

What are your family's/child's strengths in addressing this outcome? | **What will be the challenges?**

Steps That Will Help Your Family and Child
Think about what will help you reach this outcome or help you and your child adjust to a new setting. Birth to Three is only one of the supports that can help you with this.

What are some next steps?	How or where will this happen?	Resources or supports you have or need that can help you?	By When?
Re-visit transition plan in 6 months			12/2016
Let us know if anything changes before then			

Families of very young infants often are not thinking about transition out of Birth to Three. If there are no concerns and no plans for the child to exit within the next 6 months, then the plan can be revisited.

It is required by federal law to have a detailed transition plan for any child exiting Birth to Three

Children and their families exit the Birth to Three system for several reasons: the child is approaching his third birthday and does not qualify for Early Intervention over 3, the child is progressing to demonstrate skills on age level or the family no longer feels they need the supports. Whatever the reason, the family outcome regarding transition out of Birth to Three should include steps and information to help the child and family have a smooth transition. Transition plans when a child is getting closer to exiting Birth to Three will need to be much more detailed as described above.

IFSP Section 6. Early Intervention Supports and Services

Overview: This section identifies the early intervention supports and services necessary to meet the unique needs of the child and family. Supports are provided for the family and other caregivers to help them work towards achieving their identified outcomes for their child and family.

Decisions regarding supports and services including type, frequency, location, method, intensity, and duration, can only be made after the development of outcomes. The decision on the type and intensity of the supports should come from an open discussion about what the family needs to help them achieve their outcomes.

Services (including assistive technology devices) that support achievement of functional outcomes or strategies are determined through discussion with the family and must be delivered as indicated on the IFSP. The decision to provide a service or support cannot be based solely upon factors such as: nature or severity of disability, age of child, availability of services, administrative convenience, family preference, payment methodology, or service provider preference but must be tied to supports necessary for the family to achieve their desired outcomes for their child and family.

Services provided under Part C of IDEA (see the Services Procedure for more information) should be listed on the grid on Section 6. However, services and supports provided under IDEA Part C and listed on Section 6 are only part of what will help a family achieve their outcomes. Additional resources and supports that are identified by the family can help them attain their outcomes and should be listed at the bottom of Section 5A as a support to achieve a child outcome or in Section 5C, *Steps That Will Help Your Family and Child*.

Any variance from the services or dates listed on the IFSP (settings, type, frequency, length) must be documented in the visit note. See *Planning and Documenting Services Procedure* for more information.

What is Going to Happen: This indicates clearly to the parent which early intervention supports or services will be provided to their family. These are the supports considered clinically necessary by the IFSP team and will be the responsibility of the program to provide.

Transportation should be listed on the IFSP service section as a required service whenever travel is necessary to enable an enrolled child and family to receive a Part C service.

Using a Primary Service Provider (PSP) approach to teaming ensures that the family has one professional who serves as the main liaison with the family and the rest of the team.

Secondary service providers support the family and the Primary Service Provider through joint visits during an activity with the child where specific expertise from that discipline is necessary. Joint visits occur as often as necessary based on the needs of the PSP and family. These service providers should be listed on the IFSP. Occasionally a need arises for consultation with a person who is not listed on the IFSP. This visit can happen without it being listed on the current IFSP and the reason for the consult must be documented in a visit contact note. If there will be future visits as a result of that joint visit, then a meeting to review the IFSP should be scheduled and the plan updated to reflect the change.

Special Considerations:

Remote Visits – The intent is that the vast majority of a family’s supports in Birth to Three will be provided in-person. However, there will be times when supports may be provided remotely (Refer to *Remote Early Intervention Procedure*). “Remote” would be the method of delivery and should be written next to the appropriate service, as appropriate. See the following example:

What is Going to Happen	Delivered by: (Discipline responsible)	Location	How often	How Long	Start Date	End Date
Early intervention visit	Occupational Therapist	Home	1 time a week	1 hour	5/28/21	5/27/22
Early intervention visit REMOTE	Nutritionist	Home	1 time a month	1 hour	5/28/21	5/27/22

If the OT intends on regularly completing a Remote EI visit in addition to the in-person visits, a second line should be added to align what is signed by the parent with how the data is collected and entered as follows. As the new data system is developed the paper IFSP will be revised to match.

What is Going to Happen	Delivered by: (Discipline responsible)	Location	How often	How Long	Start Date	End Date
Early intervention visit	Occupational Therapist	Home	3 x per month	1 hour	5/28/21	5/27/22
Early intervention visit REMOTE	Occupational Therapist	Home	Once a month	1 hour	5/28/21	5/27/22

Outside Agency: It is possible to list a service considered by the IFSP team to be a necessary Part C service, which might be provided or funded by another agency (e.g. Board of Education and Services for the Blind). If it is listed here and the other agency is not able to deliver the service or discontinues it, the Birth to Three program is still responsible to provide this service. The delivery of the service by the outside agency does not need to be reflected in the data system but should be tracked by the service coordinator and reflected in the contact or service coordination notes.

Intensive Services: When a family is receiving intensive services, a regularly scheduled team meeting in the form of an IFSP review with the family is important to ensure that everyone is providing coordinated services. Joint visits are also an important function for ensuring coordination of efforts.

Assistive Technology: If assistive technology devices or services are to be part of the IFSP, they must be listed separately in Section 6. As a required Part C service, Assistive technology device(s) need to be included on the IFSP as indicated (see *Assistive Technology Procedure*). “Assistive Technology Device” should be listed in Supports and Services Section and the assistive technology must be listed in an Outcome, with general information about the device (i.e. hearing aid vs. the specific type, mobility device rather than the specific type of gait trainer and accessories). More specific information about the type of device can be listed if known. The specific device information will be required as part of the Durable Medical Equipment reimbursement process (see *Payment Procedure*). For an assistive technology device, the boxes for “Location”, “How Often” and “How Long” may not apply and can be left blank. In the box for “Start Date”, write the expected date of delivery of the service or device, allowing for processing of insurance claims and ordering time.

Transportation: Transportation and related costs, according to IDEA, include the cost of travel (e.g. mileage, or travel by taxi, common carrier or other means) and other costs (e.g. tolls and parking expenses). Therefore, transportation should be listed on the IFSP service section as a required service whenever travel is necessary to enable an enrolled child and family to receive a Part C service. Parents must be reimbursed for transporting their own child unless they decline. A reasonable reimbursement rate would be the same rate at which staff is reimbursed for use of their car or some other standard rate used by the program.

Children Who Are Deaf or Hard of Hearing: The Language and Communication Plan (LCP) for children in the Connecticut Birth to Three System, Form 3-19, should be completed with the family by the IFSP team prior to or as part of the initial, annual or any periodic review of the IFSP. The plan was developed to prompt a discussion about the family’s understanding of their child’s needs and the possible outcomes, strategies or services that the IFSP should address (see the *Birth to Three Service Guideline #5 Young Children Who are Hard of Hearing or Deaf*). It may also be helpful for the parent to review in preparation for transitioning out of the Birth to Three System. The Connecticut IDEA Part B also has a Communication and Language plan as part of the Individual Education Plan (IEP) form.

For Children Who Are Visually Impaired or Blind: If the service being provided by BESB is a required service under IDEA Part C, it must be listed in Section 6 under “What is Going to Happen”. Enter supports in a way that are meaningful for the family (1 x per month vs. 10 hours per year) and if the services will not happen in

the summer, the service should be listed twice with stop and end dates to reflect the summer break. BESB should then be listed in the box entitled "Services are paid for by the Birth to Three System unless otherwise indicated". In the event BESB discontinues delivering the service; the program is still responsible to provide the service as written on the IFSP. (*For instance, these would include any services that would involve a home or community visit with the family and BESB staff*). If BESB or another agency is providing a service or support to a family that the team wants to be reflected on the plan but the service is not one required under IDEA Part C then this service or support should be written in Section 5A under *What other resources or supports do you have or need that can help you?* (*For instance, this might be a small grant from BESB for the child*).

Delivered by (discipline responsible): The discipline of the person who will be delivering the early intervention service or support is indicated here. (See Birth to Three System Procedures Manual – *Personnel Standards* for disciplines approved to deliver early intervention services)

Each individual delivering a service should be represented on a different line. It is important that the family clearly understands what services they can expect to be delivered, by whom, where, how (in-person, remote), and for what length of time.

Joint Visits: For visits that will be joint visits there must be somewhere else in the IFSP such as the additional page or meeting notes to indicate that the parents understand that visits will be made at the same time. (For instance, when a visit will occur with an audiologist and another team member). Joint visits that occur in order to support the Primary Service Provider and the family are possible as supported by the "bullet" under the grid in Section 6: "Supports are provided to assist families in helping their child learn and develop. These may be provided by a primary service provider (PSP). A full team is available to support your PSP and family through joint visits".

If not specifically recommended on the IFSP, the visit note must document the reason why two practitioners of the same or different discipline(s) provide services at the same time and what each practitioner did during the visit with the family (i.e. joint visit needing expertise from two practitioners). This may be more easily documented on two separate visit notes.

Location/Setting: Indicate where the service will be delivered using only one location per box. If the Primary Service Provider will be regularly making an early intervention visit at home and also at the child's Early Head Start classroom, they must each be listed on separate lines with separate frequency and intensity. It is reasonable and allowable to vary the location of a service listed for the home by providing it in a community setting such as the neighborhood playground or the local grocery store. This change must be noted in visit notes on the Joint Plan but does not affect the IFSP as written.

How Often: Indicate how often (frequency) the service will be delivered. Specific frequencies should be stated so that the parents know what to expect. As noted on this page as a bullet under the grid, the supports listed may vary in order to best meet the family's needs in addressing the joint plan developed together with the family on early intervention visits. This allows flexibility over a three month period to vary supports based on the family's need. For example, supports could be written for 12x/3 months by a Physical Therapist (who is the PSP). The physical therapist may do 4 visits one month, 2 visits the next month, and 6 visits the following month based on the family's needs as identified on joint plans, with clear explanation of any variance from the IFSP documented in the visit notes.

(See image on next page)

used on the service grid to record the projected changes. Using the start and end dates, the plan can reflect a phase-in of the frequency/intensity of services or addition of service types on the service grid using staggered start and end dates. This example reflects a phased decrease of supports from the Physical Therapist. The process would be reversed to reflect a phased increase in supports.

What is Going to Happen	Delivered by: (Discipline responsible)	Location	How often	How Long	Start Date	End Date
Early intervention visit	Physical Therapist	Home	1 time a week	1 hour	3/3/17	6/3/17
Early intervention visit	Physical Therapist	Home	2 times a month	1 hour	6/4/17	3/2/18

End Date: The projected date that the services listed on this line will end is indicated here. The IFSP is written for up to one year. Unless the plan is to adjust the services at an earlier date, the service end date should be listed as the date of the projected annual meeting to evaluate the IFSP or the day before the child's third birthday if that date comes first. For children turning age 3 between May 1 and the start of the school year after age 3, and who are likely to be eligible for Part B Pre-school Special Education Services, the *projected* end date may be after the child's third birthday and up until the day before the start of the school year, as the family may choose to receive early intervention services after age three. (Refer to *EIS Over Three Procedure*) It is important to make it clear to the parent that if the child is not eligible for Part B, the end date will be the day before age 3.

Once the due date for an annual evaluation of the IFSP has been reached, no further early intervention treatment services can be provided to the family and child unless the reason for the delay are documented in the file. The first visit with a family after expiration of the IFSP would need to an annual IFSP or an evaluation or assessment if that is not current.

The reason for ANY variances from the IFSP must be clearly documented in the visit note.

Part C Services are paid for by the Birth to Three System unless otherwise indicated here: Federal regulations are clear that IDEA Part C (the Birth to Three System) is the payer of last resort. If there is some alternative payment arrangement for an early intervention service listed in the service grid it should be listed here. (e.g. Insurance payment for AT devices)

Check if any early intervention service cannot be achieved satisfactorily in a natural environment and attach a justification for each service: If any service listed is not delivered in a natural environment, the *Justification for Early Intervention Service that Cannot be Achieved Satisfactorily in a Natural Environment* page of the IFSP must be completed for each applicable service. Audiological testing, parent groups and counseling for parents do not require justification (for additional information regarding natural environments see Birth to Three System *Service Guideline #2: Natural Environments*).

Informed Consent by Parents: There are several important acknowledgements that a parent makes in this section:

- A Parent must give permission for services to be delivered by initialing line A. If they do not agree with the complete plan, they can indicate this by initialing line B and listing those services that they do agree to start in the space below. If an IFSP is already in place and is not expiring and the parent does not agree with a revision of an IFSP that has been developed, then the existing IFSP continues to be carried out until the team can develop a plan to which the parent gives consent. Any variance from the IFSP, including start and end dates and services provided, must be documented in the visit notes. When a parent does not accept an IFSP fully, the provider must take steps to resolve the issue and in the meantime, the services that are agreed upon must be delivered. By initialing line B, the parent is acknowledging that if the team cannot come to an agreement within one month, they will request mediation, file a written complaint, and / or request a hearing.

- Under Federal law, parents must indicate that they understand and have received a written copy of their rights. The service coordinator gives them the Connecticut Birth to Three System booklet entitled *Parent's Rights Under IDEA, Part C* initially, at least annually, and at exit, and takes the time to review these rights with the parents.
- The parent also acknowledges that their signature serves as Prior Written Notice for starting the supports listed in Section 6 of the IFSP

Parent Signature: The parent, the appointed surrogate parent, or someone who is acting in the parental role must sign here. Department of Children and Families staff members or contractors such as safe home staff may not sign the IFSP because they do not meet the IDEA definition of parent.

Licensed Practitioner Signature: A licensed practitioner must recommend the supports and services outlined on the IFSP by signing and dating. To expedite the return of the signed service page, a faxed signature is acceptable.

Date: The licensed practitioner writes the date he or she signed the IFSP here.

Print name: The service coordinator prints the name of the licensed practitioner here.

ICD-10 Code(s): The service coordinator lists suggested ICD-10 code(s) (International Classification of Diseases-10th revision)

IFSP Section 7: Who is Part of Our Team

Overview: This section identifies who is part of the family's team. It includes individuals who participated in the development of the IFSP and/or who will assist in its implementation. It includes the family, Birth to Three team members, and others that the parents feel are part of their team (for instance, the primary health care provider or childcare provider).

Name: List each parent's and other team members' names. Occasionally, especially for an initial IFSP, a Birth to Three team member who will be supporting the Primary Service Provider may not be identified by the time of the IFSP. In this case, the discipline of the team member should be written down and efforts should be made to inform the family of who that team member will be (by name) as soon as possible. On the next IFSP review, that team member should be listed by name.

Relationship: Spaces are noted for the parents, primary service provider/service coordinator, and primary health care provider. Disciplines for other members of the Birth to Three team should be listed.

How they participated in this meeting: Place a check in the appropriate column, i.e. if they participated by being present, by video/audio conference, or through a current report (within 3 months). There is also a column to check for additional Birth to Three team members who will support the family directly and those who will be supporting the Primary Service Provider and family through regular team meetings and/or through joint visits. The last column refers to people the parents feel are part of their team in addition to Birth to Three. This should minimally include the primary health care provider.

Connecticut General Statute 17a-248e(c) currently requires that the IFSP be developed in consultation with the child's pediatrician or primary care physician (and includes APRNs and PAs). The lead agency interprets consultation to mean that with parent consent (Form 3-3) the EIS program will share the initial evaluation report and initial IFSP with the PCHP for review. Based on input from the PCHP the IFSP team will consider whether modifications to the implementation of the IFSP or the plan are needed. The following are approved methods for documenting the consultation of a Primary Health Care Provider (PHCP) in the development of an IFSP.

- a copy of a fax cover sheet used when sending documents to the PHCP
- a note in the record documenting a conversation with the PHCP
- listing the PHCP as a team member on the IFSP which allows for conversation without a release (Form 3-1)

Additional Information: Any discipline listed in Section 7 can provide a 1x consult (joint visit) as clinically appropriate without being listed on Section 6 of the IFSP. A discipline not listed in Section 7 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.

Meeting Notes: This area can include notes about what occurred at the IFSP meeting. For example, this may include decisions by a parent to not have services provided at the childcare setting, plans to have some visits at a relative's house, or information on joint visits, makeup visits, or coverage. Additionally, discussion about remote visits could be listed here, although this also has to be listed clearly in the Supports and Services grid. It should also include information about when team meetings with the family will occur.

Missed visits: The parent must initial this box to indicate that the information has been discussed. This statement gives the language regarding the policy on cancelations and rescheduling visits, including information that make-up visits will not be provided for regularly scheduled visits that occur on days that the state will be closed (i.e. holidays, governmental closures).

The service coordinator should clarify with the family if there are known days that will be a problem for the family or Birth to Three staff and how these missed visits will be handled including whether someone will substitute. The specifics of this discussion must be documented in Meeting Notes or on an additional page that becomes part of the IFSP. Blanket statements issued by agencies on holidays and cancellations will not cover the legal obligation of the program to provide the services that are listed on the IFSP. If there is no documentation in the IFSP that agreement with the family has been reached about program schedules, such

as vacations, meetings, etc., the program is legally obligated to deliver the number of hours as specified.

Additional Page

Overview: Serves as extra space to be used, if needed, for reporting information or discussion under any section of the IFSP. When used, this page becomes a part of the IFSP document.

Justification for Early Intervention Service that cannot be Achieved Satisfactorily in a Natural Environment.

Overview: This page serves as a place to write a justification of the extent to which services will not be provided in a natural environment. Per regulations, all early intervention services must be delivered in the child's natural environments as described in Section 303.26. If a service cannot be achieved satisfactorily in a natural environment, the box on Section 6 Early Intervention Services and Supports is checked and a justification page must be completed for each service not provided in a natural environment as well as plans to move the service to the natural setting.

Because audiological evaluation and supports as well as counseling or support groups for parents do not usually occur in the child's natural environment they do not require justification. (For additional information regarding natural environments, see CT Birth to Three System *Service Guideline #2: Natural Environments*).

Child's Name / DOB / Meeting Start Date: The first and last name of the child, the child's month/day/year of birth, and the date or dates that the meeting was held to develop the IFSP are written in these spaces.

Service: Indicate the service that will not be provided in a natural environment.

Location/Setting: Indicate the location of each service that will not be provided in a natural environment.

Complete the following questions for the service:

- 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. If the child has not made satisfactory progress towards an outcome in a natural environment, include a description of why alternative natural environments have not been selected or outcome not modified.
- Explain how services provided in this location will be generalized to support the child's ability to function in his or her natural environment.
- 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.

Frequently Asked Questions

Q. What if the family I am working with is very reluctant to fill out the ECO-map or 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 to 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 7, 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.

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 in Section 5A 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 must be justified in the visit note. Any discipline listed in Section 7 can provide a 1x consult (joint visit) as clinically appropriate without being listed on Section 6 of the IFSP. A discipline not listed in Section 7 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 the occupational therapist to the PSP and family will be needed in the next six months, it should be listed on the IFSP with an anticipated start date several months from the

date of the 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 the 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. 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 5C for more information.

APPENDIX
Language & Communication Plan
For Children in the Connecticut Birth to Three System

This tool is designed to assist the IFSP team in identifying the ongoing unique communication considerations of children who are deaf or hard of hearing that should be reflected in the IFSP.

Child's Name: _____

Date: _____

Service Coordinator's Name: _____

Program: _____

The service coordinator and the IFSP team have considered and discussed:

1. Issues related to making a decision about a communication approach.

How does the child's family communicate?

What communication approaches has the family been informed about for their child?

What are the family's wishes with regards to child's communication mode at this time?

2. Opportunities for direct communication with children and, or adults who are deaf or hard of hearing and who are using the chosen communication approach:

3. The child and family will be supported by the following professionals who are knowledgeable and experienced in working with children with hearing loss and the chosen communication approach:

4. Assistive technology devices that will be used with the child while enrolled in the Birth to Three System:

5. Additional comments or concerns:

For more information, please see the CT Birth to Three Service Guideline #5 Young Children Who are Hard of Hearing or Deaf.

Family Assessment Tools

Links to Some Family Assessment Tools (click on tool to access link):

Family Needs Survey

Parent Caregiver Involvement Scale

[Family - http://www.wbpress.com/shop/family-resource-scale-reliability-and-validity/Resource Scale](http://www.wbpress.com/shop/family-resource-scale-reliability-and-validity/Resource%20Scale)

Family Needs Scale

<http://www.wbpress.com/shop/family-needs-scale-reliability-and-validity-3/>

Family Functioning Style Scale (FACES IV) Family Support Scale

<http://www.wbpress.com/shop/family-functioning-style-scale-a-research-instrument-for-measuring-strengths-and-resources/>

AEPS Family Interest Survey

<http://www.worldcat.org/title/aeps-family-interest-survey/oclc/224608538>

Assessment, Evaluation and Programming System (AEPS) for Infants and Children By Juliann Cripe, Ph.D., and Diane Bricker, Ph.D.

<http://www.worldcat.org/title/aeps-family-interest-survey/oclc/224608538>

Brooks Publishing Co., P O Box 10624, Baltimore, MD 21285

Family Assessment Tool Samples included in Appendix:

Family Needs Scale

C.J. Dunst, C. M. Trivette, and A.G. Deal (1988). *Enabling and empowering families: Principles and guidelines for practice*. Cambridge, MA: Brookline Books.

Family Resource Needs, A Screening Tool

Adapted with permission from Project Dakota Outreach, 680 O'Neill Drive, Eagan, MN 55121

Family Resource Scale

Healthy Families America, 1996

Family Needs Scale

Carl J. Dunst, Carolyn S. Cooper, Janet C. Weeldreyer, Kathy D. Snyder, & Joyce H. Chase

Name _____ Date _____

This scale asks you to indicate if you have a need for any type of help or assistance in 41 different areas. Please *circle* the response that best describes how you feel about needing help in those areas.

To what extent do you feel the need for any of the following types of help or assistance:	Not Applicable	Almost Never	Seldom	Sometimes	Often	Almost Always
1. Having money to buy necessities and pay bills	NA	1	2	3	4	5
2. Budgeting money	NA	1	2	3	4	5
3. Paying for special needs of my child	NA	1	2	3	4	5
4. Saving money for the future	NA	1	2	3	4	5
5. Having clean water to drink	NA	1	2	3	4	5
6. Having food for two meals for my family.....	NA	1	2	3	4	5
7. Having time to cook healthy meals for my family.....	NA	1	2	3	4	5
8. Feeding my child	NA	1	2	3	4	5
9. Getting a place to live.....	NA	1	2	3	4	5
10. Having plumbing, lighting, heat	NA	1	2	3	4	5
11. Getting furniture, clothes, toys.....	NA	1	2	3	4	5
12. Completing chores, repairs, home improvements	NA	1	2	3	4	5
13. Adapting my house for my child	NA	1	2	3	4	5
14. Getting a job.....	NA	1	2	3	4	5
15. Having a satisfying job	NA	1	2	3	4	5
16. Planning for future job of my child	NA	1	2	3	4	5
17. Getting where I need to go	NA	1	2	3	4	5
18. Getting in touch with people I need to talk to.....	NA	1	2	3	4	5
19. Transporting my child	NA	1	2	3	4	5
20. Having special travel equipment for my child	NA	1	2	3	4	5
21. Finding someone to talk to about my child	NA	1	2	3	4	5
22. Having someone to talk to.....	NA	1	2	3	4	5
23. Having medical and dental care for my family	NA	1	2	3	4	5
24. Having time to take care of myself	NA	1	2	3	4	5
25. Having emergency health care.....	NA	1	2	3	4	5
26. Finding special dental and medical care for my child	NA	1	2	3	4	5
27. Planning for future health needs.....	NA	1	2	3	4	5
28. Managing the daily needs of my child at home	NA	1	2	3	4	5
29. Caring for my child during work hours	NA	1	2	3	4	5
30. Having emergency child care	NA	1	2	3	4	5
31. Getting respite care for my child.....	NA	1	2	3	4	5
32. Finding care for my child in the future	NA	1	2	3	4	5
33. Finding a school placement for my child	NA	1	2	3	4	5
34. Getting equipment or therapy for my child.....	NA	1	2	3	4	5
35. Having time to take my child to appointments	NA	1	2	3	4	5
36. Exploring future educational options for my child	NA	1	2	3	4	5
37. Expanding my education, skills, and interests	NA	1	2	3	4	5
38. Doing things that I enjoy.....	NA	1	2	3	4	5
39. Doing things with my family	NA	1	2	3	4	5
40. Participation in parent groups or clubs	NA	1	2	3	4	5
41. Traveling/vacationing with my child	NA	1	2	3	4	5

Source: C.J. Dunst, C.M. Trivette, and A.G. Deal (1988). *Enabling and empowering families: Principles and guidelines for practice*. Cambridge, MA: Brookline Books. May be reproduced.

Family Resource Scale

This scale is designed to assess what resources you need for your family. For each item please check the response that best describes how well each need is met on a regular basis (that is month to month).

To what extent are the following resources adequate for your family:	Does Not Apply	Not at all adequate	Seldom Adequate	Sometimes Adequate	Usually Adequate	Almost always adequate
1. Food for two meals a day						
2. House or apartment						
3. Money to buy necessities						
4. Enough clothes for your family						
5. Heat for your house or apartment						
6. Indoor plumbing/water						
7. Money to pay monthly bills						
8. Good job for yourself or spouse/partner						
9. Medical care for your family						
10. Public Assistance (SSI, TANF, Medicaid, SNAP etc)						
11. Dependable transportation						
12. Time to get enough sleep/rest						
13. Furniture for your home or apartment						
14. Time to be by yourself						
15. Time for family to be together						
16. Time to be with your child/children						
17. Time to be with spouse/partner or close friend						
18. Telephone or access to a phone						
19. Babysitting for your child/children						
20. Child care for your child/children						
21. Money to buy supplies for your child/children						
22. Dental care for your family						