

# Connecticut Birth to Three System Individualized Family Service Plan- IFSP

To support your family in helping your child learn and develop during your everyday activities



Meeting Type:  Interim  Initial  Annual  Review Meeting Start Date: \_\_\_\_\_  
(check)

## Section 1: Child and Family Information

*Child's Name:		*Date of Birth:	
Birth to Three #:		<input type="checkbox"/> *Male <input type="checkbox"/> *Female	
<input type="checkbox"/> Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Guardian		<input type="checkbox"/> Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Guardian	
*Name		*Name	
Street		Street	
Town, State Zip code		Town, State, Zip code	
Phone		Phone	
Email		Email	

## Program Contact Information

Service Coordinator Name:	Contact #:
Program Name:	Program Director's Name and Phone #:
Program Address / Email	

Primary Health Care Provider:	Phone:
Address:	FAX:

School District Contact (Name/Phone):

Contact information is shared with school districts about all eligible children over age 2 ½ to help with planning for early childhood special education if needed. A "transition conference" is held for all children to help ensure that your exit from Birth to Three is smooth. With your approval, your school district may be invited.

Your transition conference will be held before:

**List any evaluations/assessments completed since the last IFSP meeting.**

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

Address any changes to all areas including important health information like allergies, as well as vision, hearing, communication, movement, thinking, learning, behavior, and self-help. Also refer to the evaluation / assessment report dated \_\_\_\_\_.

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Meeting Start Date: \_\_\_\_\_

## Section 2: Family Resources

**Family Map (ECO Map):** Who provides support to your family? This can include grandparents, aunts, uncles, friends, groups/organizations (childcare, WIC, parent groups, religious groups), babysitters, doctor, nurse, etc. This helps us understand who's important in your family life and who might be a resource to you in achieving your outcomes. Start with the child and family members in the middle.

Any comments?

**Additional information about resources and concerns is gathered using a family assessment tool.**  
(List tool used)

**Birth to Three supports the adults that regularly interact with your child. How do the adults in your child's life learn best (reading, doing, hearing, watching)?**

## Section 3: Family Priorities

*One goal of the Connecticut Birth to Three System is that parents are able to describe their child's abilities and challenges more effectively as a result of their participation in the program.*

**Overall, what are your child's abilities/strengths:** *(in parent's words)*

**Child's interests:** *What makes him/her laugh or smile? What's exciting? What are you proud of?*

**Your child's challenges:**

**What are your priorities for your child:**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Meeting Start Date: \_\_\_\_\_

**Section 4: Everyday Activities**  
Where you can support your child's learning and development

*We know from research that babies and toddlers learn best through every day experiences and activities with familiar people, when they are interested and participating in the activity.*

**What everyday activities might allow you to work on your priorities with your child?**

*Activities include anything that is part of your family and child's life. They can be things you do together, with other family members or friends, or things your child does in childcare or at other community functions. Some activities might include going to playgroups, grocery shopping, walking the dog, fishing with grandpa, going to the doctors or to sibling's activities, going to religious activities, getting ready to go out...*

<b>Activity</b>  <i>Please put an (X) in the appropriate boxes:</i>	<b>Going well</b>	<b>Some concern</b>	<b>A lot of concern</b>	<b>Activity to focus on related to priorities.</b> <i>Further explore in Section 5</i>	<b>Comment (as needed)</b>
Wake up/Bed time/Naps					
Dressing/Diapering					
Mealtimes					
Bath time					
Play					
Going Out					
Time with Friends/Family					
Time at Childcare					
<b>Any other activities your child/family enjoys?</b> <i>(Including things at home, in the community, with others...)</i>					
Other					
Other					
Other					

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Meeting Start Date: \_\_\_\_\_

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

*This information will help you support your child's participation in your everyday activities based on your priorities for his/her learning and development. The activities you focus on as outcomes serve as a measure of your child's progress but will not be the only activities worked on with your team. You will identify other activities that support your child's learning.*

**What activity will we explore?**

**What does your child do well or find interesting during the activity?**

**Where does he/she need support?**

**What have you and others tried (strategies) to support your child in this activity?**

*Additional strategies and activities related to this outcome will be developed jointly with you during your visits.*

**What do you want your child to learn during this activity?** (priorities **AND** other areas of development that might be addressed as part of the outcome)

**OUTCOME:** *What would you like this activity to look like?*

To be achieved  
By: (date/event)

**CRITERIA:** *How will you know when you are done working on this?*

*Birth to Three is only one of many supports you may have to help you with this activity.*  
**What other resources or supports do you have or need that can help you?** (in addition to Birth to Three)

Who will pay?

*Copy page as needed for additional outcomes*

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**Section 5B: Progress/Review Of Child Outcome**

<b>OUTCOME:</b> <i>(Previously developed in Section 5 A)</i>	To be achieved By (event/date):
--	------------------------------------

PROGRESS UPDATE as of \_\_\_\_\_ OUTCOME: \_\_\_ Met \_\_\_ Continue \_\_\_ Discontinue  
Criteria Review:

\_\_\_\_ New Criteria (if applicable):

PROGRESS UPDATE as of \_\_\_\_\_ OUTCOME: \_\_\_ Met \_\_\_ Continue \_\_\_ Discontinue  
Criteria Review:

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Criteria Review:

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PROGRESS UPDATE as of \_\_\_\_\_ OUTCOME: \_\_\_ Met \_\_\_ Continue \_\_\_ Discontinue  
Criteria Review:

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Criteria Review:

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PROGRESS UPDATE as of \_\_\_\_\_ OUTCOME: \_\_\_ Met \_\_\_ Continue \_\_\_ Discontinue  
Criteria Review:

\_\_\_\_ New Criteria (if applicable):

PROGRESS UPDATE as of \_\_\_\_\_ OUTCOME: \_\_\_ Met \_\_\_ Continue \_\_\_ Discontinue  
Criteria Review:

\_\_\_\_ New Criteria (if applicable):

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**Section 5C: Family Outcomes and Transition Planning**

*Family outcomes can include transitions and experiences provided to the family and caregiver for the benefit of the child. These outcomes and transitions include things that affect your whole family like going back to work, finding childcare, learning about your child's diagnosis, exploring housing or food assistance and helping you and your child have a smooth 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?**

**Family Outcome: What do you want to have happen?**

**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.*

<b>What are some next steps?</b>	<b>How or where will this happen?</b>	<b>Resources or supports you have or need that can help you?</b>	<b>By When?</b>

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

yes    no    not right now    ask me again in \_\_\_\_\_  weeks    months.

FAMILY OUTCOME PROGRESS UPDATE as of \_\_\_\_\_

- Met
- Continue
- Discontinue

FAMILY OUTCOME PROGRESS UPDATE as of \_\_\_\_\_

- Met
- Continue
- Discontinue

*Copy page as needed for additional outcomes or transitions for family*

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Meeting Type:  Interim  Initial  Annual  Review

Program Name: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Section 6: Early Intervention Supports and Services**

*What is going to happen	*Delivered by: (Discipline responsible)	*Location/ Settings	*How often	*How long	*Start date	*End date

Check if ANY early intervention service listed above cannot be achieved satisfactorily in a natural environment and attach a justification page for each service\*.  
 Part C supports are paid for by the Birth to Three System unless otherwise indicated here:

- 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.
- Service coordination is provided as part of your early intervention visit.
- Your supports (settings, type, frequency, and length of visit) as listed above may occasionally vary in order to best meet your family's needs in addressing the joint plan developed together at every visit with your team.
- With parental agreement, any discipline in Section 7 may provide coverage for another team member to address the outcomes on this plan due to circumstances documented on visit notes.

<p><b>Informed Consent by Parents:</b> (initial A OR B )</p> <p><b>A.</b> _____ (initial) I give permission to carry out this IFSP as written.</p> <p><b>B.</b> _____ (initial) I disagree with this IFSP as written. I do give permission for the supports (listed below) to start. The supports that may start are as follows:</p> <p>If I have initialed B above and if our team cannot come to an agreement within one month, I will request mediation, file a written complaint, and / or request a hearing.</p>	<p><b>Parental Rights/Signature:</b> (initial and sign below)</p> <p>_____ (initial) I have received a written copy of <i>Parent Rights under IDEA Part C</i>. I understand this serves as my written notice prior to starting the supports listed above and I agree that the start date(s) are a reasonable amount of time from this meeting so I may consider the plan. If I wish to have another IFSP meeting, I can request it at any time.</p> <p>Parent Name: _____</p> <p>Signature: _____ Date: _____</p> <p>Parent Name: _____</p> <p>Signature: _____ Date: _____</p>
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I reviewed this IFSP as a licensed practitioner and recommend the plan as written . \*ICD10 \_\_\_\_\_, \_\_\_\_\_

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ \*Date: \_\_\_\_\_

Optional Sig: \_\_\_\_\_ Name: \_\_\_\_\_ \*Date: \_\_\_\_\_



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I reviewed this IFSP as a licensed practitioner and recommend the plan as written . \*ICD10 \_\_\_\_\_, \_\_\_\_\_

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ \*Date: \_\_\_\_\_

Optional Sig: \_\_\_\_\_ Name: \_\_\_\_\_ \*Date: \_\_\_\_\_

**Section 7: Who is Part of The Team**

The following individuals have participated in the development of this IFSP and/or will assist in its implementation\*.

Name (as soon as available)	Relationship (discipline as appropriate)	How they participated in this meeting (X)				
		Present	Phone/Video conference	Current Written Report	Additional Birth to Three Team Member**	Other agency Team Member
	Parent					
	Parent					
	Primary Provider Service Coordinator Discipline:					
	Primary Health Care Provider					

*\*Any practitioner with a discipline listed in Section 7 can provide a one-time consult (joint visit) as clinically appropriate without being listed on Section 6 of the IFSP. A practitioner with a discipline not listed in Section 7 may provide a one-time consultation as clinically appropriate for the purpose of an assessment that results in a written report.*

*\*\*Who supports you and your PSP at regular team meetings and/or joint visits.*

**Meeting Notes:** Additional things we talked about at the IFSP meeting:

  
  
  
  
  
  
  
  
  
  

**Missed Visits:** \_\_\_\_\_(initial) I understand my Birth to Three team is not required to reschedule any visits cancelled by our family or visits that would fall on days that the state is closed. If my family requests it, my program will provide for visits that were cancelled by my Birth to Three program (this may be provided by someone not currently on my team). All missed and rescheduled visits will be clearly documented on our visit note.



Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Meeting Start Date: \_\_\_\_\_

<b>Justification For Early Intervention Services That Cannot Be Achieved Satisfactorily in a Natural Environment</b>
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<b>Service</b>		<b>Location</b>	
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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.