

Child's Name: _____ Date of Birth: _____ ID#: _____

Office of Child Development and Early Learning



Serving Children with Developmental Delays

Individualized Family Service Plan (IFSP) Individualized Education Program (IEP)

- The IFSP and IEP are plans that identify services and supports so that family members and early education programs are actively engaged in promoting the child's learning and development.
- The IFSP/IEP team determines the skills/abilities and appropriate supports and services either in the natural environment or the least restrictive environment to accomplish the established goals and outcomes.
- These decisions are not made by matching the child's areas of delay with a particular Early Intervention discipline. Rather, supports and strategies are individualized and build on the strengths and skills the child demonstrates in all areas of development.
- The IFSP and IEP are plans that consider: the strengths of the child; concerns of the parent/guardian; most recent evaluation results; academic, developmental and functional needs of the child; communication needs of the child; and will incorporate revisions to the plan to address lack of progress.

Date meeting(s) held						
Purpose Of Meeting(s) (Ex.: Initial IFSP/IEP, Annual, Revisions)						

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I. Demographics and IFSP/IEP Team Membership

Child Information	Family Information
Child's Name: _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Name: _____ Relationship: _____
Date of Birth: _____ Age: _____	Address: _____
MA Recipient #: _____	City/State/Zip: _____
Have parents approved billing of Medical Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone (home): _____ Phone (cell): _____
Private insurance <input type="checkbox"/> YES <input type="checkbox"/> NO	Phone (work): _____ Email: _____
Referral Date: _____	Name: _____ Relationship: _____
Referral Source: _____	Address: _____
Child's Address: _____	City/State/Zip: _____
City/State/Zip: _____	Phone (home): _____ Phone (cell): _____
Phone #: _____	Phone (work): _____ Email: _____
Primary Language: _____	Primary Language: _____
	Interpreter Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No
School District of Residence: _____	School District of Residence: _____
County of Residence: _____	County of Residence: _____
Other: _____	

IFSP/IEP Team Membership:

Members shall include: parent and others as requested by the parent (if feasible); the County Designee/Service Coordinator (infant/toddler) or Local Education Agency Representative (preschool) must be present for the meeting; a person directly involved with evaluation and assessment results who can interpret instructional implications; a person who will be providing services, as appropriate (infant/toddler); a regular education and a special education teacher (preschool).

Role	Printed Name	Attendance Signature
Parent/Guardian		
Parent/Guardian		

The following individuals provided information to the IFSP/IEP team but did not attend or were excused from the meeting.

Role	Printed Name

Parent(s) received copy of Procedural Safeguards/Parents Rights Agreement Yes No

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II. Child and Family Information

Summary of the Child's Present Performance

Provide a summary from the Evaluation Report, if current, or update with current information. This summary describes the child's strengths (including strengths that exist in areas of concern) and the child's needs. Include developmental, academic achievement (preschool), and functional performance. Describe how the child's developmental delay or disability affects the child's involvement in everyday routines and appropriate activities. Describe instructional strategies that have been successful and how they can be incorporated into the child's educational program and curriculum that will support the child. Describe the child's favorite activities and materials, and factors that motivate the child to participate and learn.

Summary of Family Information

Provide a summary from the Evaluation Report, if current, or update with current information.

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

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III. Special Considerations

Following are special factors the IFSP/ IEP team must consider before developing the IFSP/ IEP. Each question must be answered. If YES is checked, the IFSP/IEP must address the child's needs related to any identified special factor.

1. Is the child blind or visually impaired?	
<input type="checkbox"/> NO	<input type="checkbox"/> YES - As developmentally appropriate for the infant, toddler, and preschooler, the IFSP/IEP team should evaluate the child's early literacy needs, including reading and writing media. The IFSP/IEP must consider the current and future needs of the child related to the use of Braille if the team decides that this is appropriate for the child.
2. Is the child deaf or hard of hearing?	
<input type="checkbox"/> NO	<input type="checkbox"/> YES - Team must consider the infant's, toddler's or preschooler's language and communication needs, opportunities for direct communication with peers and professionals in the child's language and communication mode, academic level, and full range of needs including opportunities for direct instruction in the child's language and communication mode in the development of the IFSP/IEP.
3. Does the child exhibit behaviors that impede the child's learning or that of others?	
<input type="checkbox"/> NO	<input type="checkbox"/> YES - Team must base the use of positive behavior interventions and supports, and other strategies to address that behavior on a functional behavior assessment.
4. Does the child have limited English proficiency (e.g., the child's home language is not English)?	
<input type="checkbox"/> NO	<input type="checkbox"/> YES - Team must consider the family and child's language needs as those needs relate to the development and implementation of the IFSP/IEP.
5. Does the child have communication needs?	
<input type="checkbox"/> NO	<input type="checkbox"/> YES - Team must consider the communication needs of the child in the development of the IFSP/IEP.
6. Does the child need assistive technology devices and/or services?	
<input type="checkbox"/> NO	<input type="checkbox"/> YES - Team must consider the infant's, toddler's or preschooler's assistive technology needs in the development of the IFSP/IEP.
7. Is it anticipated that the infant/toddler or preschooler will be transitioning from the Early Intervention program because of a transition in the life of the family and child?	
<input type="checkbox"/> NO	<input type="checkbox"/> YES - The IFSP/IEP should address the child's transition to future community programs and the needs of the family related to the transition.
8. Is this an IFSP for a toddler who is close to his/her second birthday?	
<input type="checkbox"/> NO	<input type="checkbox"/> YES - The IFSP must include a transition plan that addresses the child and family's needs related to the transition to the Part B program if eligible or to other community programs.
9. Is this a preschooler within 1 year of transition to a program for Kindergarten age children?	
<input type="checkbox"/> NO	<input type="checkbox"/> YES - The IEP must include a transition plan that addresses the transition process.

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IV. Outcome/Goal # _____

Activity/behavior/skill in everyday life, identified by the family and the IFSP/IEP team, that they would like to see happen. Includes information on the routine/activity of the family, community, or early childhood setting where the behavior/skills will be incorporated. Should address the child's needs identified in the evaluation and the priorities of the family. Be functional and measurable to provide a framework for ongoing progress monitoring. Goal should be developed in accord with the PA Early Learning Standards and enable the child to be involved in and make progress in the general curriculum.

Outcome/Goal: _____ Date outcome/goal developed: _____ Date outcome/goal completed: _____	
What is happening now? What is the child's current level of performance related to this outcome/goal? 	
What teaching strategies are needed to reach the outcome/goal? Include specially designed instruction, supplementary aids and program personnel supports, home or program modifications and training and materials needed by the family or team. Also include location and how all team members, including the family/caregivers/early childhood educators, will work on this. 	
How will we as a team measure progress and collect data for this outcome/goal? Include <u>what</u> is going to be measured, <u>how</u> it will be measure, <u>when</u> it will be measured and by <u>whom</u> . Describe when periodic reports on progress will be provided to the parent.	After reviewing the outcome/goal and progress monitoring data, we, the team, have decided:(Check one) Date of review: _____ <input type="checkbox"/> We still need to work toward this outcome/goal. Let's continue with what we have been doing. <input type="checkbox"/> We still need to work toward this outcome/goal. Let's discuss new ways to get there. <input type="checkbox"/> Our situation has changed; we no longer need to work on this outcome/goal. <input type="checkbox"/> We are satisfied that we have finished this outcome/goal. <input type="checkbox"/> Other: _____

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V. Early Intervention Services

Early Intervention Service	Location (1)	Start Date (2)	Actual Delivered Date	Anticipated Service End Date	Actual Service End Date	Frequency up to a maximum	Session Duration	Funding Source (3)	Unit Cost (3)	Estimated Total Cost (3)
Contact Person:	Agency, Address, & Phone Number									
Contact Person:	Agency, Address, & Phone Number									
Contact Person:	Agency, Address, & Phone Number									
Contact Person:	Agency, Address, & Phone Number									
Contact Person:	Agency, Address, & Phone Number									
Contact Person:	Agency, Address, & Phone Number									

County designee approving EI services (3): _____

(1) If IFSP/IEP services/supports are not being provided in a natural environment or an inclusive environment, complete the sections titled "Participation with Typically Developing Children".

(2) If an Early Intervention service is projected to start later than 14 calendar days after the IFSP/IEP is completed, a justification of the later date must be attached.

(3) Only completed by infant/toddler programs

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VI. Participation in Regular Early Childhood Programs

Is the child currently attending a regular early childhood program? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(Early care and education programs include, but are not limited to: Early Head Start, Head Start, preschools, or child care; including reverse mainstreaming. Attendance at an early childhood program need not be funded by Early Intervention funds.)</small>	
If yes, how many hours per week does the child spend in the regular early childhood program? _____ hrs/wk <small>(Record the total time in hours that the child typically spends in the early childhood program each week, even if Early Intervention services are provided in a different location.)</small>	
For Preschool Only	<p>Using form titled "Educational Environment Worksheet", please determine the percentage of time this child is educated within a regular early childhood program, and check the corresponding box below:</p> <p>The child attends a regular early childhood program (checked "yes" for the first question above):</p> <p><input type="checkbox"/> The percentage of time inside a regular early childhood program for this student is 80% or more of the week.</p> <p><input type="checkbox"/> The percentage of time inside a regular early childhood program for this student is no more than 79% of the week and no less than 40% of the week.</p> <p><input type="checkbox"/> The percentage of time inside a regular early childhood program for this student is less than 40% of the week.</p> <p>The child DOES NOT attend an Early Childhood Program but DOES attend a Special Education Program/Class (checked "no" for the first question above)</p> <p><input type="checkbox"/> Separate Class: Child attends a special education program in a class with less than 50% nondisabled children</p> <p><input type="checkbox"/> Separate School: Child receives education programs in public or private day school designed specifically for children with disabilities</p> <p><input type="checkbox"/> Residential: Child receives special education and related services in a residential facility</p> <p><input type="checkbox"/> Service Provider Location: Child receives all special education and related services from a service provider (clinicians, office, hospital facility etc)</p> <p><input type="checkbox"/> Home: Child receives special education and related services in the principle residence of the child's family or caregiver.</p>
EI Preschool Location of Intervention	<p>_____ (List location as described in Preschool PennData EI Reference Sheet)</p>

VII. Participation with Typically Developing Children

<p>For infants and toddlers: Explain why and to what extent the eligible child does not receive Early Intervention services in their natural environment.</p> <p>For preschool age children: Explain why and to what extent the eligible child will not participate with typically developing peers in appropriate preschool activities.</p> <p>For eligible infants, toddlers and preschool children: Include in what environment the child will receive Early Intervention services, the reason for this placement, and ways to maximize the opportunities for the child to participate with typically developing peers in natural/inclusive environments.</p>

VIII. Early Intervention Services during Scheduled Breaks - *PRESCHOOL ONLY*

<p>All services are based upon the preschool early intervention calendar. If the IEP team determines that this child is eligible for preschool special education services during scheduled breaks based on the educational needs of child, specify the services below.</p>
<p>The IEP team has considered and discussed services during scheduled breaks and determined that:</p> <p><input type="checkbox"/> This child does NOT need services during scheduled breaks based on:</p> <p><input type="checkbox"/> This child needs services during scheduled breaks based on:</p>

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IX. Revisions to the IFSP/IEP

Date of Revision(s)	Name and Role of Team Members involved in the Revision	IFSP/IEP Section(s) Amended and Reason for Revision

