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|--|--|
| | Name: _____ |
| | DOB: <u> </u> / <u> </u> / <u> </u> |
| | SC: _____ |

Individualized Family Service Plan (IFSP)

Annual IFSP Start Date*: / / Initial Interim Periodic Annual

Prior Notice Date °: / / Consent for Services Date °: / /

Proposed Periodic Review*: / / Primary Language*: _____

Secondary Language: _____

| | | | |
|---|---|-----------------------|--|
| Primary Family Contacts (family where child resides) | | | |
| Parent/Guardian*: _____ | Parent/Guardian: _____ | | |
| Relationship*: _____ | Relationship: _____ | | |
| Email: _____ | Email: _____ | | |
| Mobile Phone: _____ | Mobile Phone: _____ | | |
| Work Phone: _____ <input type="checkbox"/> Do Not Release | Work Phone: _____ <input type="checkbox"/> Do Not Release | | |
| Address*: _____ | | Primary Phone*: _____ | |
| City*: _____ Zip*: _____ | <input type="checkbox"/> Do Not Release Address or Phone | | |

| | | | |
|---|---|----------------------|--|
| Alternate Family Contacts | | | |
| Parent/Guardian*: _____ | Parent/Guardian: _____ | | |
| Relationship*: _____ | Relationship: _____ | | |
| Email: _____ | Email: _____ | | |
| Mobile Phone: _____ | Mobile Phone: _____ | | |
| Work Phone: _____ <input type="checkbox"/> Do Not Release | Work Phone: _____ <input type="checkbox"/> Do Not Release | | |
| Address: _____ | | Primary Phone: _____ | |
| City: _____ Zip: _____ | <input type="checkbox"/> Do Not Release Address or Phone | | |

| | | | |
|---|---|----------------------|--|
| Alternate Family Contacts | | | |
| Parent/Guardian*: _____ | Parent/Guardian: _____ | | |
| Relationship*: _____ | Relationship: _____ | | |
| Email: _____ | Email: _____ | | |
| Mobile Phone: _____ | Mobile Phone: _____ | | |
| Work Phone: _____ <input type="checkbox"/> Do Not Release | Work Phone: _____ <input type="checkbox"/> Do Not Release | | |
| Address: _____ | | Primary Phone: _____ | |
| City: _____ Zip: _____ | <input type="checkbox"/> Do Not Release Address or Phone | | |

Name: _____

DOB: ___/___/___ IFSP: ___/___/___

Child Care Provider (if applicable)

Name/Organization*: _____
 Phone*: _____ Fax: _____
 Street Address*: _____ Mailing Address: _____
 City*: _____ Zip*: _____ City: _____ Zip: _____

Current Child Eligibility*

Current Eligibility Date*: ___/___/___

Standard Score (check qualifying domains)

- | | | |
|--------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Gross Motor | <input type="checkbox"/> Receptive Language | <input type="checkbox"/> Adaptive |
| <input type="checkbox"/> Fine Motor | <input type="checkbox"/> Expressive Language | |
| <input type="checkbox"/> Cognitive | <input type="checkbox"/> Social/Emotional | |

Medical Diagnosis

Baby Watch Approved Qualified Diagnosis: _____

Medical Record Reviewed: ___/___/___

Informed Clinical Opinion

EI II Member: _____ Other Staff: _____

Our concern(s) about what the child is or is not doing is (are)*:

.....

.....

.....

In our clinical opinion, the specific reason(s) that the child is eligible for early intervention is (are)*:

.....

.....

.....

Name: _____

DOB: ___/___/___ IFSP: ___/___/___

TRANSITION INFORMATION

The EI Provider provides services to eligible children from birth to age three. Prior to turning three your early intervention program will talk with you about the service options available in your community. Your three-year-old child may be eligible for special education preschool services or you may consider other community-based services. A Transition Plan will be developed to help your family move from early intervention services to other services where appropriate. Discussions regarding transitioning out of early intervention and the development of a Transition Plan include multiple steps. These steps are completed at various points in time throughout your child's enrollment in early intervention. The Transition Plan will be completed in its entirety prior to your child's third birthday.

Transition to Special Education Preschool or Community

| Transition Referral Notification | Discussion |
|---|--|
| 1. Describe available service options for child at age three. | Discussion Date * ___/___/___ <div style="border: 1px solid black; height: 100px; padding: 5px;"> <hr/><hr/><hr/><hr/><hr/><hr/><hr/><hr/><hr/><hr/> </div> |
| 2. Describe special education preschool eligibility criteria. | Discussion Date * ___/___/___ <div style="border: 1px solid black; height: 100px; padding: 5px;"> <hr/><hr/><hr/><hr/><hr/><hr/><hr/><hr/><hr/><hr/> </div> |
| 3. Discuss referral process to special education preschool. | Discussion Date * ___/___/___ <div style="border: 1px solid black; height: 100px; padding: 5px;"> <hr/><hr/><hr/><hr/><hr/><hr/><hr/><hr/><hr/><hr/> </div> |
| 4. Discuss automatic referral notification to special education preschool. If the parent has declined automatic referral notification, skip steps "5. Transition Plan for Special Education Preschool" and "6. Transition Conference," and fill out step "5. Transition to Community Program." | Discussion Date * ___/___/___ <div style="border: 1px solid black; height: 100px; padding: 5px;"> <hr/><hr/><hr/><hr/><hr/><hr/><hr/><hr/><hr/><hr/> </div> <input type="checkbox"/> No, I do not want my child's and family's information sent to the State Board of Education and local school district special education preschool program. I am declining the referral notification. Date Declined ___/___/___ |

Name: _____

DOB: ___/___/___ IFSP: ___/___/___

5. Develop transition plan for transitioning to Special Education Preschool.

| Transition Planning (Steps and Services) | Discussion |
|---|--|
| <p>a. Provide information about local special education preschool services, placement options, and the Individualized Education Program(IEP).</p> | <p>Discussion Date* ___/___/___</p> <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div> |
| <p>b. Identify required skills.</p> | <p>Discussion Date* ___/___/___</p> <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div> |
| <p>c. Develop IFSP outcomes, and any services or activities needed to prepare the child and family for a preschool environment.</p> | <p>Discussion Date* ___/___/___</p> <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div> |
| <p>d. Discuss the release and exchange of information in the child's early intervention record to local school district.</p> | <p>Discussion Date* ___/___/___</p> <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div> <p><input type="checkbox"/> Release and Exchange Information in the Early Intervention Record to local School District</p> <p>_____</p> <p>(Name of School District)*</p> <p>_____</p> <p>(Address)</p> <p>Date Authorized ___/___/___</p> |

Name: _____

DOB: ___/___/___ IFSP: ___/___/___

| | |
|---|---|
| <p>e. Discuss and arrange a transition conference.</p> | <p>Discussion Date* ___/___/___</p> <div style="border: 1px solid black; height: 80px; margin-top: 5px;"> <p>-----</p> <p>-----</p> <p>-----</p> </div> |
| <p>f. Discuss other services that may be available in the community in addition to special education preschool.</p> | <p>Discussion Date* ___/___/___</p> <div style="border: 1px solid black; height: 80px; margin-top: 5px;"> <p>-----</p> <p>-----</p> <p>-----</p> </div> |

Name: _____

DOB: ____/____/____ IFSP: ____/____/____

6. Transition Conference

| | |
|---|--|
| <p>Transition Conference Date (Date the Transition Conference Occurred)</p> <p>Conference Deadline ____/____/____</p> <p>(Deadline is 90 days before the child turns 3 years old.)</p> <p>Prior Notice Sent * ____/____/____</p> <p>Transition Conference Note</p> <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div> | <p>Prior Notice Sent * ____/____/____</p> <p>Conference Status * <input type="radio"/> Completed <input type="radio"/> Declined</p> <p>Transition Conference Completed</p> <p><input type="checkbox"/> I met today to discuss transition options, including special education preschool, for my child who is currently receiving early intervention services.</p> <hr/> <p>Transition Conference Declined</p> <p><input type="checkbox"/> I have been given the opportunity to meet with my child's special education preschool representative to discuss transition options but wish to decline at this time.</p> <p><input type="checkbox"/> I understand that once my child turns three, I can call the school district any time to refer my child to be evaluated for eligibility for special education services.</p> <p><input type="checkbox"/> I understand that I may reverse my decision to decline this transition conference in writing at any time.</p> |
| Attendees | Signature |
| Parent/Guardian * | _____ |
| Parent/Guardian | _____ |
| EI Service Provider * | _____ |
| EI Service Provider | _____ |
| EI Service Provider | _____ |
| School District * LEA Representative * | _____ _____ <input type="checkbox"/> LEA Representative not in attendance * |
| USDB * | _____ <input type="checkbox"/> USDB Representative not in attendance * |
| Other | _____ |

Name: _____

DOB: ___/___/___ IFSP: ___/___/___

5. Develop a transition plan for transitioning to a community program.

| Community Transition Planning (Steps and Services) | Discussion |
|--|--|
| a. Discuss information about community options. | Discussion Date* <u> </u> / <u> </u> / <u> </u> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <hr/><hr/><hr/><hr/><hr/><hr/><hr/><hr/> </div> |
| b. Identify required skills. | Discussion Date* <u> </u> / <u> </u> / <u> </u> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <hr/><hr/><hr/><hr/><hr/><hr/><hr/><hr/> </div> |
| c. Develop IFSP outcomes, and any services or activities needed to prepare the child and family for a community setting. | Discussion Date* <u> </u> / <u> </u> / <u> </u> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <hr/><hr/><hr/><hr/><hr/><hr/><hr/><hr/> </div> |
| d. Discuss releasing records to community programs. | Discussion Date* <u> </u> / <u> </u> / <u> </u> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <hr/><hr/><hr/><hr/><hr/><hr/><hr/><hr/> </div> |
| e. Other community planning. | Discussion Date* <u> </u> / <u> </u> / <u> </u> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <hr/><hr/><hr/><hr/><hr/><hr/><hr/><hr/> </div> |