

Maryland Infants and Toddlers Program

Individualized Family Service Plan (IFSP)

DIRECTIONS

Cover Page Directions

At the top of the page record the child's referral date and the date of the interim, initial or annual review IFSP meeting. Check the IFSP meeting type.

Interim IFSP Note: Federal regulations (34 CFR 303.322 (e) and 303.345) stipulate the following two situations in which an interim IFSP may be developed:

- The first is when exceptional circumstances (e.g., the illness of the child) preclude completion of the evaluation and assessment within 45 days. The entire IFSP is not completed. When the health of the child is stabilized, the evaluation and assessment of the child is completed. The areas of the IFSP, that were not completed at the interim IFSP meeting, are completed at an initial IFSP meeting. The service coordinator informs data entry staff that the reason for the completion of the initial IFSP meeting more than 45 days after the referral date is "child/family unavailable."
- The second is when the child has obvious immediate needs that are identified at the time of referral (e.g., child is referred with a diagnosed condition such as failure to thrive and a physician recommends immediate intervention in a particular area such as occupational therapy for a feeding problem). Only the areas of the IFSP related to the immediate need are completed at the interim IFSP meeting. In this case, the evaluation and assessment must be completed within 45 days and, the areas of the IFSP that were not completed at the interim IFSP meeting, are completed at an initial IFSP meeting. The 45-day timeline for IFSP completion applies in this situation.

Both types of situations presume that the child's eligibility is not in question.

Child and Family Information: Record the child's full name, birth date, ID number, MA number (if applicable), address and home telephone number. Record the parent/guardian/surrogate name, address, email (if applicable), home phone (if applicable), work phone (if applicable), and cell phone (if applicable). Record "Best Time to Contact" and check "Best Method of Contact". Record "written communication" below this section if the included methods of contact are not available.

Team Participant Signatures: Interim, initial or annual evaluation IFSP team participants are required to sign and date this section. Note: The parent(s)/guardian/surrogate are team participants and should sign and date on the cover sheet. **This signature does not provide consent to implement the IFSP.** The Part VI – Authorizations is the parent consent regarding the IFSP.

IFSP Team Participants Note: 13A.13.01.08 B (6) Each initial IFSP meeting and each annual meeting to evaluate the IFSP shall include the following participants:

- (a) The parent or parents of the child;
- (b) Other family members, as requested by the parent, if feasible to do so;
- (c) An advocate or individual outside the family, if the parent requests that the individual participate;
- (d) The case manager that has been working with the family since the initial referral of the child for evaluation, or that has been designated by the public agency to be responsible for implementation of the IFSP;
- (e) Individuals directly involved in conducting the evaluations and assessments; and
- (f) As appropriate, individuals who will be providing services to the child or the family.

- (g) 13A.13.01.08 B (7) If an individual listed above is unable to attend a meeting, arrangements shall be made for the individual's involvement through other means, including:
- (a) Participating in a telephone conference call;
 - (b) Having a knowledgeable authorized representative attend the meeting; or
 - (c) Making pertinent records available at the meeting.

Another acceptable way for a representative to participate in the meeting is by email.

13A.13.01.08 B (8) Each periodic review shall provide for the participation of individuals in §B(6)(a)-(d) of this regulation, and if conditions warrant, provisions shall be made for the participation of other representatives identified in this part of the regulation.

The Lead Agency representative may be an individual designated by the Lead Agency already included in the above lists of participants.

Service Coordinator Information: Record the name, agency, address, phone number(s) and email of the service coordinator. When recording the service coordinator's name and agency, use the standard text designated within the jurisdiction.

Projected IFSP Meeting Dates: Record the projected meeting dates for the Six Month IFSP Review, Annual IFSP Review and the Transition Planning Meeting.

IFSP Part I: Information About My Child’s Development Section A – Health Information

Part IA General Health Directions

At the top of the page record the child’s name, the child’s ID number, and the date of the IFSP meeting, periodic review, or other review during which the information was recorded.

Gestational Age at Birth: Enter the child’s gestational age at birth in weeks and days (34 weeks, 2 days).

Birth Weight: Enter the child’s birth weight in pounds and ounces or in grams (5 pounds, 3 ounces or 2353 grams).

Primary Care Physician: Record the name and phone number for the child’s primary care physician.

Immunization Record: Check the appropriate box to indicate whether the family has a copy of the child’s immunization record. If the family does not have the immunization record, indicate any strategies that will be used to obtain the child’s record.

Current Immunizations: Check the appropriate box to indicate whether the Immunization Record has the required immunizations for the child’s age. See chart below. Check off the immunizations received and those that are still needed based on the child’s age. If the child’s immunizations are not up-to-date, record the steps that will be implemented to assist the family in securing the required immunizations.

Recommended Immunization Schedule for Persons Aged 0 through Age 6 Years – 2011*

Adapted from the chart approved by the Advisory Committee on Immunization Practices, the American Academy of Pediatrics, & the American Academy of Family Physicians

		Age											
		Birth	1 mo	2 mo	4 mo	6 mo	12 mo	15 mo	18 mo	19-23 mo	2-3 yrs	4-6 yrs.	
Vaccine	Hepatitis B	HepB	HepB		HepB								
	Rotavirus			RV	RV	RV							
	Diphtheria, Tetanus, Pertussis			DTaP	DTaP	DTaP		DTaP				DTaP	
	Haemophilus influenzae type B			Hib	Hib	Hib	Hib						
	Pneumococcal			PCV	PCV	PCV	PCV				PPSV		
	Inactivated Poliovirus			IPV	IPV	IPV						IPV	
	Influenza						Influenza (Yearly)						
	Measles, Mumps, Rubella						MMR					MMR	
	Varicella						Varicella					Varicella	
	Hepatitis A						HepA (2 doses)				HepA Series		
	Meningococcal											MCV	

Range of recommended ages *Information on vaccinations required for school in MD can be found at www.dhmh.state.md.us
 Certain high-risk groups

Lead Screening/Testing: Check the appropriate box to indicate whether the child’s lead level has been tested. If Yes, indicate the child’s lead level. Check the appropriate box to indicate whether the family has any concerns about the child’s lead level. Provide details if there are concerns.

Nutrition: Check the appropriate box to indicate whether the family has concerns about the child's eating, nutrition, or growth. Provide details if there are concerns.

General Health Concerns: Indicate any information the caregiver thinks the team should know about the child's health.

IFSP Part I: Information About My Child's Development

Section B – Present Levels of Development

Part IB Present Levels of Development Directions

At the top of the page record the child's name, the child's ID number, and the date of the IFSP meeting, periodic review, or other review during which the information was recorded.

Qualified personnel shall conduct a timely, comprehensive, multidisciplinary (include at least 2 individuals from 2 separate disciplines and the family) evaluation for a child referred for an evaluation.

Evaluation Status: Check the appropriate box to indicate the point in time that the child is being evaluated.

- Check *Entry* to record the results of the initial evaluation and assessment
- Check *Interim (Birth to 3)* to record ongoing assessment results occurring birth to 3 years of age
- Check *Exit (Birth to 3)* to record the results of the assessments conducted just prior to the child turning 3 years of age
- Check *Interim (3 to Kindergarten Age)* to record ongoing assessment results occurring between 3 years of age to kindergarten age
- Check *Exit (3 to Kindergarten Age)* to record the results of assessments conducted prior to the child's exit from the program after the age of 3 years.

Date(s) of Procedure: For each area record the dates that the evaluation procedures were administered. Dates must specify month, day, and year in number form (e.g., 06/30/09).

Name of Assessment Instrument(s): Record the name of each instrument that was used to obtain the evaluation and assessment results in each developmental domain. Please use name and acronyms consistently within each local program.

Chronological Age: Record the child's chronological age at the time each assessment was conducted.

Age Level/Age Range: Record the results of the evaluation and assessment with either the actual age level or performance range in months for each developmental domain (e.g., 6 months, 21-24 months). Enter only age levels/age ranges in months in this column. If multiple results are obtained within a developmental domain, please identify and list the individual results. For example, if separate results were obtained for receptive and expressive communication or feeding, toileting, and dressing in adaptive development, list all results in the related developmental area as follows: Receptive – 12 months, Expressive – 18-22 months, Feeding – 6-9 months, etc.

Qualitative Description: The *Qualitative Description* column should be used to clarify or provide additional narrative information when age level and age ranges are recorded. When it is not possible to obtain an age level or age range in any developmental area, provide a description of the child's functional development.

Hearing: Check the appropriate boxes to indicate whether the child has passed the newborn hearing screen and/or was assessed by an audiologist for a full hearing evaluation. Also, check the appropriate box to indicate whether the family has concerns about the child's hearing. Provide the results of the evaluation/observation in the space provided.

Vision: Check the appropriate box to indicate whether the child’s vision has been tested. Also, check the appropriate box to indicate whether the family has concerns about the child’s vision. Provide the results of the evaluation/observation in the space provided.

Example						
	Area	Date (MM/DD/YY)	Name of Assessment Instrument(s)	Chronological Age	Age Level/ Age Range	Qualitative Description
Physical	Fine Motor (Using my hands for play, feeding or other activity)	10/31/09	Battelle Developmental Inventory	12 months	9 months	Jessica holds 2 objects, one in each hand, at the same time. She also uses 2 hands to pick up large objects
	Gross Motor (Moving my body to change position or location)	10/31/09	Battelle Developmental Inventory	12 months	12 months	Jessica is walking but does so on her tip-toes.

IFSP Part I: Information About My Child's Development

Section C – Eligibility for Early Intervention Services

Part IC Eligibility for Early Intervention Services Directions

At the top of the page record the child's name, the child's ID number, and the date of the IFSP meeting, periodic review, or other review during which the information was recorded.

To be eligible for Infants and Toddlers' services, the criteria used to determine eligibility must be documented by qualified personnel:

At Least 25% Delay: If the child has at least 25% delay, as measured and verified by appropriate diagnostic instruments and procedures, in at least one of the 5 developmental domains (cognitive, communication, social or emotional, adaptive, or physical), check the appropriate box(es) to indicate each area the child demonstrates a delay. If the delay is in the physical domain, indicate whether this delay manifests in fine motor, gross motor, or in both areas.



Atypical Development or Behavior: If the child has atypical development or behavior, which is demonstrated by abnormal quality of performance and function in one or more of the above specified developmental domains, that interferes with current development and is likely to result in a developmental delay (even when diagnostic procedures do not currently document a 25% delay), check the appropriate box(es) to indicate each area for which the child has atypical quality of development or behavior. If the atypical development or behavior is in the physical domain, indicate whether this atypical quality occurs in fine motor, gross motor, or in both areas.



Diagnosed Physical or Mental Condition with a High Probability of Developmental Delay: If the child has a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay check the appropriate box(es) to indicate each condition. This list is not all-inclusive. If a medical professional has concerns that a diagnosed condition not included on this list has a high probability of resulting in a developmental delay for a given child, include this condition as an "Other" condition and record the name of this condition.

Note: Check **ONLY ONE** eligibility category (*At Least a 25% Delay, Atypical Development or Behavior, or Diagnosed Physical or Mental Condition with a High Probability of Developmental Delay*). Within each eligibility category you may check all domains/conditions that apply.

IFSP Part II - Information About My Family Section A – Concerns, Priorities, and Resources

Part IIA Concerns, Priorities, and Resources Directions

At the top of the page record the child’s name, the child’s ID number, and the date of the IFSP meeting, periodic review, or other review during which the information was recorded.

Assessment of the family’s concerns, priorities, and resources must be family-directed and voluntary. If a family declines a family-directed assessment please check “Family declined family-directed assessment” at the bottom left of the page. **Note:** Written informed consent shall be obtained before determining the resources priorities, and concerns of the family related to enhancing the development of the child (COMAR 13A.13.01.11A(5)(a)(ii)). Federal regulations regarding family assessment (34 CFR 303.322d) stipulate the following: (1) Family assessments under this part must be family-directed and designed to determine the resources, priorities, and concerns of the family and the identification of the supports and services necessary to enhance the family’s capacity to meet the developmental needs of the child. (2) Any assessment that is conducted must be voluntary on the part of the family. (3) If an assessment of the family is carried out, the assessment must be conducted by personnel trained to utilize appropriate methods and procedures, be based on information provided by the family through a personal interview, and incorporate the family’s description of its resources, priorities, and concerns related to enhancing the child’s development.

Record the family’s description of its concerns, priorities, and resources, related to enhancing the development of the child, using information from the evaluation/assessment process and informal and/or formal tools such as a locally developed family tool, the Ages and Stages Questionnaire, or the Routines-Based Interview. Please check at the bottom of the page to indicate that the information was gathered through a family-directed assessment and check all the specific tools used to gather this information.

The family’s concerns, priorities, and resources are to be used, in conjunction with information about the child’s strengths and needs, as the basis for developing outcomes and identifying strategies and activities to address the child’s identified needs. The information may be recorded in narrative or list form. Use the questions on the IFSP form to elicit the family’s concerns, priorities, and resources.

Example #1 - Sam

My Family’s Concerns	My Family’s Priorities	My Family’s Resources
Concerns I have about my child’s health and development. Information, resources, supports I need or want for my child and/or family.	My hopes and dreams for my child. The most important things for my child and/or family right now.	Resources that my child/family has for support, including people, activities, programs/organizations.
We do not understand what he is trying to tell us and what he wants. He will not come to us when we ask him. Not sure he is hearing us – needs hearing checked.	Hearing checked. To understand what he is telling us when he is upset. For Sam to be safe when we are out in the community.	We are active members of the Chesapeake Down Syndrome Parent Group. Family participates in community recreation council program.

Example #2 – Sherel

My Family’s Concerns	My Family’s Priorities	My Family’s Resources
<p>Concerns I have about my child’s health and development. Information, resources, supports I need or want for my child and/or family.</p>	<p>My hopes and dreams for my child. The most important things for my child and/or family right now.</p>	<p>Resources that my child/family have for support, including people, activities, programs/organizations.</p>
<ul style="list-style-type: none"> • To say words so people can understand her • To move around the house more • To play with toys/look at books like her cousins • Would like to talk with other families who have a child with special needs 	<ul style="list-style-type: none"> • Enjoy playing with her toys and move around more • To communicate her wants and needs • Go to the same school her brother went to in our neighborhood • Enjoy going to school and do well without frustration 	<ul style="list-style-type: none"> • Church – Mom is in the choir, and the family attends services every Sunday together • Mother’s parents are 10 minutes away and are very supportive – baby sit on weekends; father’s brothers live nearby and cousins play together

IFSP Part II: Information About My Family Section B – Natural Environments

Part IIB Routines in Natural Environments Directions

At the top of the page record the child’s name, the child’s ID number, and the date of the IFSP meeting, periodic review, or other review during which the information was recorded.

Use the questions on the Part IIB as a discussion guide about the daily routines of the child and family to assist in identifying the natural environments in which early intervention services will be provided for the family.

All questions should be addressed as part of Evaluation, Assessment, and the development of the initial IFSP, or as part of the periodic review process.

Record the results of the discussion with the family including strategies to provide early intervention services in identified settings.

For the first question, check the box(es) that apply. More than one setting can be checked. For the remaining questions, information may be recorded in narrative or list form.

Example #1 – Sam

Where does your child/family spend time? Check all that apply:		
<input checked="" type="checkbox"/> Child’s home <input type="checkbox"/> Child care center <input type="checkbox"/> Religious setting <input checked="" type="checkbox"/> Family child care	<input type="checkbox"/> Early Head Start/Head Start <input type="checkbox"/> Library <input type="checkbox"/> Home of family member <input type="checkbox"/> Toddler playgroup	<input type="checkbox"/> Family Support Center <input type="checkbox"/> Parent’s place of employment <input type="checkbox"/> Shelter <input checked="" type="checkbox"/> Other: <u>Softball</u> <u>Field/Playground</u>
What are some of the activities that you like to do together as a family?		
<p><i>Play games, go to the playground, watch Dad play softball.</i></p>		
Is there something you would like to do as a family, but cannot do at this time?		
<p><i>Would like to take Sam to the grocery store and other places in the community but temper tantrums make it difficult.</i></p>		
What are the daily routines of your child and family? Are some of these routines challenging? Are there other routines that your family would like to establish?		
<p><i>Regular routines of getting up, dressing, eating, driving Michael (brother) to preschool and picking him up, household chores, and “outings,” when possible. On mom’s work days, making sure Sam is ready to go to day care, then picking up both children, followed by evening routines of dinner, bath, and bedtime. Most shopping done on weekends, but would like to shop during week sometimes so weekends could be more for family activities, such as going to the playground, which is easier when both parents can go.</i></p>		
What are the barriers that keep your child and family from participating in your daily routines and activities?		
<p><i>Sam needs to use words to tell us what he wants. He gets frustrated and throws temper tantrums when we don’t understand what he needs or is trying to tell us.</i></p>		
How can the program best support your family in its desire to improve or create important routines?		
<p><i>Assist family to figure out how to best meet Sam’s needs as issues come up.</i></p>		

Example #2 – Sherel

Where does your child/family spend time? Check all that apply:		
<input checked="" type="checkbox"/> Child's home	<input type="checkbox"/> Early Head Start/Head Start	<input type="checkbox"/> Family Support Center
<input checked="" type="checkbox"/> Child care center	<input type="checkbox"/> Library	<input type="checkbox"/> Parent's place of employment
<input checked="" type="checkbox"/> Religious setting	<input type="checkbox"/> Home of family member	<input type="checkbox"/> Shelter
<input type="checkbox"/> Family child care	<input type="checkbox"/> Toddler playgroup	<input type="checkbox"/> Other: _____
What are some of the activities that you like to do together as a family?		
<i>Listen to music, go to concerts, attend church every Sunday (Mom sings in the choir)</i>		
Is there something you would like to do as a family, but cannot do at this time?		
<i>Sherel has trouble amusing herself during church since she doesn't play well with toys.</i>		
What are the daily routines of your child and family? Are some of these routines challenging? Are there other routines that your family would like to establish?		
<i>Mom and Dad work with long commute into DC – It's hard to get everyone ready in the morning to school/work/childcare. Everyone is not together again until 6:30pm.</i>		
What are the barriers that keep your child and family from participating in your daily routines and activities?		
<i>Sherel can't tell us what she wants. She can't get her own toys.</i>		
How can the program best support your family in its desire to improve or create important routines?		
<i>Help the child care center meet Sherel's needs, especially with talking and with moving around more.</i>		

IFSP Part III: My Child/Family Outcomes Related to My Child’s Development Section A - Strengths and Needs Summary

Part IIIA Strengths and Needs Summary Directions

At the top of the page record the child’s name, the child’s ID number, and the date of the IFSP meeting, periodic review, or other review during which the information was recorded.

The Strengths and Needs Summary page has two critical purposes:

- To document comprehensive information about a child to support outcome development across the three early childhood outcome areas: (1) developing positive social-emotional skills; (2) acquiring and using knowledge and skills; (3) taking appropriate action to meet needs; and
- To complete the Child Outcomes Summary (COS) process at entry into and at exit from the local infants and toddlers program in the three early childhood outcome areas. **NOTE:** The COS process replaces the Child Outcomes Summary Form (COSF) as the mechanism for collecting, measuring and reporting on the three early childhood outcomes.

The Strengths and Needs Summary captures multiple sources of information including: the child’s present levels of development (gained through the evaluation/assessment process including naturalistic observation, parent interview, and team involvement), the family’s concerns, priorities and resources, and the family’s daily routines in natural environments. This information is utilized to summarize the child’s strengths and needs in the three early childhood outcome areas: (1) developing positive social-emotional skills; (2) acquiring and using knowledge and skills; and (3) taking appropriate action to meet needs.

A **strength** is what a child enjoys doing and/or a skill a child demonstrates or is beginning to demonstrate. A **need** is a skill or behavior a child needs to learn or needs to improve. A need may represent an activity or skill area where a child needs considerable support and/or practice. Assist the family to think about their child in a variety of functional situations within daily routines such as playing, communicating, dressing, toileting, reading, at meals, moving, thinking, etc. and in a variety of settings such as the home, community, and the classroom. In addition to the comprehensive information gathered about the child up to this point in the assessment/IFSP process, use the questions under the heading “How Does My Child...?” (in the left-hand column) to elicit strengths and needs from the family and other team members in each of the three functional early childhood outcome areas. The strengths and needs may be recorded in narrative or list form.

The Child Outcomes Summary (COS) Process

The Part IIIA - Strengths and Needs Summary is Maryland’s mechanism for collecting, measuring and reporting on the three early childhood outcomes: Positive social-emotional skills, acquiring and using knowledge and skills, and taking appropriate action to meet needs. The Child Outcomes Summary (COS) process is embedded in the question asked in the far right column, “How does my child’s development relate to his/her same age peers?” This question must be answered in the blank space provided, as part of the IFSP process at entry and exit across the three early childhood outcome areas, by choosing a Child Outcomes Summary Rating Descriptor (see below).

HOW DOES MY CHILD’S DEVELOPMENT RELATE TO HIS/HER SAME AGE PEERS?
Has my child shown any new skills or behavior related to (outcome area) since the last <i>Strengths and Needs Summary</i> ? <input type="checkbox"/> Yes (include as “Strengths”) <input type="checkbox"/> No Not applicable

Child Outcomes Summary Rating Descriptors

Family-friendly descriptors adapted from materials developed by Naomi Younggren, DoD for EDIS and based on the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Form rating descriptors.

<ul style="list-style-type: none"> Relative to same age peers, _____ has all of the skills that we would expect of a child his age in the area of (outcome [e.g., taking action to meet needs]). 	7
<ul style="list-style-type: none"> Relative to same age peers, _____ has the skills that we would expect of his age in regard to (outcome); however, there are concerns with how he (functional area that is of concern/quality of ability/lacking skill). 	6
<ul style="list-style-type: none"> Relative to same age peers, _____ shows many age expected skills, but continues to show some functioning that might be described like that of a slightly younger child in the area of (outcome). 	5
<ul style="list-style-type: none"> Relative to same age peers, _____ shows occasional use of some age expected skills, but more of his skills are not yet age expected in the area of (outcome). 	4
<ul style="list-style-type: none"> Relative to same age peers, _____ is not yet using skills expected of his age. He does however use many important and immediate foundational skills to build upon in the area of (outcome). 	3
<ul style="list-style-type: none"> Relative to same age peers, _____ is showing some emerging or immediate foundational skills, which will help him to work toward age appropriate skills in the area of (outcome). 	2
<ul style="list-style-type: none"> Relative to same age peers, _____ functioning might be described as like that of a much younger child. He shows early skills, but not yet immediate foundational or age expected skills in the (outcome) area. 	1

The Child Outcomes Summary Rating Descriptors are based on the child's functioning across settings and situations in the three functional areas compared with what is expected given the child's age. The COS Rating Descriptors use family-friendly language to assist families to understand their child's development in relation to same age peers and are matched to the Child Outcomes Summary Form (COSF) 1 through 7 scale.

NOTE: Only COS Rating Descriptors are written on the IFSP, not the 1 to 7 numbers. The 1 – 7 numbers are assigned in the database to calculate child progress data.

Completing the Child Outcomes Summary (COS) Process

For each skill/behavior identified as a strength or need, consider the following questions to guide the conversation with the family and to identify the appropriate Child Outcomes Summary (COS) Rating Descriptor for that early childhood outcome area:

1. Are the skills and behaviors demonstrated for this area what one would expect for a child this age? (i.e., age-expected skills)
2. If not, are they like those of a younger child? Are they the skills and behaviors that come just before the age-expected skills and behaviors? (i.e., immediate foundational skills)
3. If not, are they like those of a MUCH younger child? Are they much earlier than age-expected skills and behaviors or atypical? (i.e., foundational skills)

For each of the three early childhood outcome areas **write** the appropriate Child Outcomes Summary Rating Descriptor (not the number!) in the box provided. Insert the child’s name in the _____ and choose the appropriate early childhood outcome area in order to complete the sentence.

HOW DOES MY CHILD’S DEVELOPMENT RELATE TO HIS/HER SAME AGE PEERS?	
	Has my child shown any new skills or behavior related to (outcome area) since the last <i>Strengths and Needs Summary</i> ? <input type="checkbox"/> Yes (include as “Strengths”) <input type="checkbox"/> No Not applicable

In addition to the COS Rating Descriptor, it is also required to complete the question found in the far right column: “Has my child shown any new skills or behaviors related to (outcome area) since the last Strengths and Needs Summary?” “Yes, No or Not applicable?” This question is identical to the question on the COSF, “Has the child shown any new skills or behaviors related to each outcome since the last outcomes summary? (yes or no)”

Indicate “yes” if the child has gained at least one new skill. Indicate “no” if the child has made no developmental progress or has regressed in the developmental area. When developing an initial IFSP and completing the COS entry, the answer to the question is “Not applicable” since the child has not yet received early intervention services. At exit (or any other time the COS process is completed, i.e. at annual IFSP reviews) this yes/no question must be answered.

REQUIREMENTS: The COS process is required for every child at entry into the program. A COS exit is required for children birth to 36 months who have been receiving early intervention services for at least 6 months. A COS exit is not required for children referred after 30 months of age. For children referred after 30 months who continue to receive services through an Extended IFSP, the COS entry (completed between 30-35 months) is utilized as the COS entry after a child turns age 3. For all other children who continue to receive services through an Extended IFSP, the COS exit at age three is utilized as the COS entry after a child turns age 3. For children who continue to receive services through an Extended IFSP, a COS exit is required if the child has been receiving services through an Extended IFSP for at least three months.

NOTE: A best practice would be to complete the COS process at every annual IFSP review but currently it is only required at entry and exit.

Child Name: Sam ID Number: _____ IFSP Meeting Date: _____

PART III - MY CHILD/FAMILY OUTCOMES RELATED TO MY CHILD'S DEVELOPMENT
Section A - Strengths and Needs Summary

Strengths and Needs Summary - Example 1				
<p><i>For children to be active and successful participants at home, in the community, and in places like child care or preschool programs, they need to develop skills in three functional areas: (1) developing positive social-emotional skills; (2) acquiring and using knowledge and skills; and (3) taking appropriate action to meet needs. We use information about your child's present levels of development, your family's concerns, resources and priorities, and your daily routines to understand your child's individual progress in relation to him/herself and to same age peers. This information supports the development of meaningful outcomes for your child and family.</i></p>				
HOW DOES MY CHILD...		MY CHILD'S STRENGTHS	MY CHILD'S NEEDS	HOW DOES MY CHILD'S DEVELOPMENT RELATE TO HIS/HER SAME-AGE PEERS?
		<p>What are some things my child likes to do? What skills does my child demonstrate or is beginning to demonstrate?</p>	<p>What are some skills or behaviors that my child does not do or are difficult for my child? In what activities or skill areas does my child need considerable support and/or practice?</p>	<p>How does my child's development relate to his/her same-age peers?</p>
DEVELOPING POSITIVE SOCIAL-EMOTIONAL SKILLS	<ul style="list-style-type: none"> Attend to people? Relate with family members? Relate with other adults? Relate with other children? Display emotions? Respond to touch? 	<p>Sam smiles and vocalizes with Mom.</p> <p>He did not engage with unfamiliar adult but state near her on couch.</p> <p>He expresses ownership and inconsistently expresses desire for praise for things he has done.</p> <p>He can share toy, not his cars.</p> <p>Typically, he entertains himself without demanding Mom's attention.</p>	<p>Sam initiates contact mostly through gestures (e.g., sitting on his Mom, directing someone to something he wants). He needs to build these skills toward using words to communicate.</p> <p>When in the company of other children he shows awareness of them but mostly plays independently with his cars. Play with peers is a need.</p>	<p>Relative to same age peers, Sam's functioning might be described as like that of a much younger child. He shows early skills, but not yet immediate foundational or age expected skills in the area of positive social relationships.</p> <p>Has my child shown any new skills or behaviors related to positive social-emotional development since the last Strengths and Needs Summary? <input checked="" type="checkbox"/> Yes (include as "Strengths") <input type="checkbox"/> No <input type="checkbox"/> Not applicable</p>
ACQUIRING AND USING KNOWLEDGE AND SKILLS	<ul style="list-style-type: none"> Understand and respond to directions and/or requests from others? Think, remember, reason and problem solve? Interact with books, pictures, and print? Understand basic concepts such as "more", "big", "hot"? 	<p>Sam says 'mama', makes "meow" sound and doggy sounds.</p> <p>He responds to visitor's request to 'come sit down' by walking back to the table.</p> <p>He responds with awareness when his name is called and to different tones of voice.</p> <p>He associates spoken words with familiar actions/objects.</p> <p>He loves cars. He puts them in garages and other containers and then takes them out.</p> <p>He can do simple puzzles.</p>	<p>Sam uses only a few true words inconsistently to express himself.</p> <p>He play with toys is somewhat atypical as he engages in repetitive play doing the same thing over and over. Learning to play with toys in their intended manner is a need for Sam.</p> <p>He looks at and touches pictures in a book but needs to learn naming or identifying pictures.</p>	<p>Relative to same age peers, Sam's functioning might be described as like that of a much younger child. He shows early skills, but not yet immediate foundational or age expected skills in the area of acquisition and use of knowledge and skills.</p> <p>Has my child shown any new skills or behaviors related to acquiring and using knowledge and skills since the last Strengths and Needs Summary? <input checked="" type="checkbox"/> Yes (include as "Strengths") <input type="checkbox"/> No <input type="checkbox"/> Not applicable</p>
TAKING APPROPRIATE ACTION TO MEET NEEDS	<ul style="list-style-type: none"> Take care of his/her basic needs, such as feeding and dressing? Move his/her body from place to place? Use his/her hands to play with toys and use crayons? Communicate wants and needs? Contribute to his/her own health & safety? 	<p>Sam can independently feed himself, drink from an open cup and use a fork and spoon with some spilling.</p> <p>He can remove simple clothes unassisted; not yet shirts.</p> <p>He is independent in climbing, walking, running, jumping, and stairs.</p>	<p>Sam does not use words to say what he wants.</p> <p>He uses sounds and gestures or pulls others to get what he wants.</p> <p>He expresses his likes/dislikes through facial gestures.</p> <p>He needs to expand his communication skills to use words/pictures to tell others what he wants or doesn't want.</p>	<p>Relative to same age peers, Sam shows many age expected skills, but continues to show some functioning that might be described like that of a slightly young child in the area of getting his own needs met.</p> <p>Has my child shown any new skills or behaviors related to taking actions to meet needs since the last Strengths and Needs Summary? <input checked="" type="checkbox"/> Yes (include as "Strengths") <input type="checkbox"/> No <input type="checkbox"/> Not applicable</p>
OTHER				

Child Name: Sherel ID Number: _____ IFSP Meeting Date: _____

PART III - MY CHILD/FAMILY OUTCOMES RELATED TO MY CHILD'S DEVELOPMENT
Section A - Strengths and Needs Summary

Strengths and Needs Summary - Example 2

For children to be active and successful participants at home, in the community, and in places like child care or preschool programs, they need to develop skills in three functional areas: (1) developing positive social-emotional skills; (2) acquiring and using knowledge and skills; and (3) taking appropriate action to meet needs. We use information about your child's present levels of development, your family's concerns, resources and priorities, and your daily routines to understand your child's individual progress in relation to him/herself and to same age peers. This information supports the development of meaningful outcomes for your child and family.

HOW DOES MY CHILD...	MY CHILD'S STRENGTHS	MY CHILD'S NEEDS	HOW DOES MY CHILD'S DEVELOPMENT RELATE TO HIS/HER SAME-AGE PEERS?
	What are some things my child likes to do? What skills does my child demonstrate or is beginning to demonstrate?	What are some skills or behaviors that my child does not do or are difficult for my child? In what activities or skill areas does my child need considerable support and/or practice?	
DEVELOPING POSITIVE SOCIAL-EMOTIONAL SKILLS <ul style="list-style-type: none"> Attend to people? Relate with family members? Relate with other adults? Relate with other children? Display emotions? Respond to touch? 	<p>Sherel is affectionate with family members by giving hugs and kisses.</p> <p>She giggles at silly acts such as making faces.</p> <p>She can gesture to indicate her needs.</p> <p>She waves bye-bye.</p>	<p>Sherel initiates contact with gestures (e.g., shaking head, waving) and needs to begin using simple signs and sounds to communicate.</p> <p>She requires adult support to engage in play and needs to become independent in play for brief periods.</p> <p>She cries when out in the community, particularly if there are loud noises. She needs to go to the grocery store or restaurant without getting upset.</p> <p>At the library she holds onto mother. She needs to separate from parent at storytime and play alongside peers.</p>	<p>Relative to same age peers, Sherel's functioning might be described as like that of a much younger child. She shows early skills, but not yet immediate foundational or age expected skills in the area of positive social-emotional skills.</p> <p>Has my child shown any new skills or behaviors related to positive social-emotional development since the last Strengths and Needs Summary?</p> <p><input type="checkbox"/> Yes (include as "Strengths")</p> <p><input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Not applicable</p>
ACQUIRING AND USING KNOWLEDGE AND SKILLS <ul style="list-style-type: none"> Understand and respond to directions and/or requests from others? Think, remember, reason and problem solve? Interact with books, pictures, and print? Understand basic concepts such as "more", "big", "hot"? 	<p>Sherel likes books and enjoys being read to at bedtime.</p> <p>She is beginning to make connections between objects and words/names when she sees familiar things in her neighborhood.</p> <p>She uses simple actions in her play such as banging her toy cars on the ground.</p>	<p>Sherel uses only gestures such as pointing/shaking head to express herself.</p> <p>She needs to recognize the names of familiar toys to begin making choices.</p> <p>She needs to reach for and use her toys in a purposeful manner, such as driving a toy car on a road map.</p>	<p>Relative to same age peers, Sherel is showing some emerging or immediate foundational skills, which will help him to work toward age appropriate skills in the area of acquiring/using knowledge and skills.</p> <p>Has my child shown any new skills or behaviors related to acquiring and using knowledge and skills since the last Strengths and Needs Summary?</p> <p><input type="checkbox"/> Yes (include as "Strengths")</p> <p><input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Not applicable</p>
TAKING APPROPRIATE ACTION TO MEET NEEDS <ul style="list-style-type: none"> Take care of his/her basic needs, such as feeding and dressing? Move his/her body from place to place? Use his/her hands to play with toys and use crayons? Communicate wants and needs? Contribute to his/her own health & safety? 	<p>Sherel enjoys sliding on slide with adult support.</p> <p>She gestures in response to her needs.</p> <p>She actively participates in mealtime by sipping from a straw and by eating foods that are presorted with adult support.</p>	<p>Sherel does not use signs/words to say what she wants. She needs to begin using signs and simple sounds to communicate her wants and needs.</p> <p>She is not pulling to stand independently. She needs to become more mobile to get to her favorite toys.</p> <p>She needs to feed herself independently.</p>	<p>Relative to same age peers, Sherel is showing some emerging or immediate foundational skills, which will help him to work toward age appropriate skills in the area of acquiring/using knowledge and skills.</p> <p>Has my child shown any new skills or behaviors related to taking actions to meet needs since the last Strengths and Needs Summary?</p> <p><input type="checkbox"/> Yes (include as "Strengths")</p> <p><input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Not applicable</p>
OTHER			

IFSP Part III: My Child/Family Outcomes Related to My Child's Development

Part III Child and Family Outcomes Directions

At the top of the page record the child's name, the child's ID number, and the date of the IFSP meeting, periodic review, or other review during which the information was recorded.

A separate "Child and Family Outcome" form is completed for each outcome.

Outcome: *What would we like to see happen?*

Outcomes are the changes that families would like to see for their children or themselves as a result of their participation in early intervention. Functional outcomes, written by the team in language understandable to each family, identify the desirable knowledge, skills and/or behavior that a child or family members will acquire to ensure a young child's successful participation in daily life. Functional outcomes promote a child's social competence, mastery over environment, and engagement for learning. After 3 years old, the outcomes **must** include an educational component that promotes school readiness and incorporates pre-literacy, language and numeracy skills.

At the bottom of the **Outcome** box, please write the school readiness area addressed by the outcome (language, pre-literacy, numeracy). One or two school readiness areas may be addressed by a single outcome. For children over the age of three, include at least two outcomes addressing school readiness.

Strategies/Activities/Learning Opportunities: *What steps need to be taken to help accomplish the priority outcome?*

Describe strategies/activities/learning opportunities for achieving each outcome. Strategies clarify how intended outcomes will be achieved. Effective strategies build on a child's and family's interests and surroundings and involve their existing routines and activities, toys, pets, interactions, hobbies or leisure interests, and one's environment. They should identify how early intervention providers and other community resources will support family members to reach intended outcomes as well as specify the actions family members will take. The team may include smaller steps which need to be completed in order to reach the outcome.

Measurable Criteria: *How will we know when the outcome is achieved?*

Select measurable criteria to define when an outcome has been achieved. The criteria enable all team members to know when an outcome is achieved to the satisfaction of the team and the parents. Criteria must be concrete, measurable, i.e., can be seen or heard in a specific context, and specifies how frequently a certain action or behavior will occur. Example: Use a spoon to feed himself for at least 5 minutes during the evening meal, 5x/week.

Educational Outcomes Addressed (at age 3 or older):

Each child who receives services through an Extended IFSP is required to have an educational component addressing all three identified areas (pre-literacy, language, and numeracy) and stated as at least two separate outcomes. One IFSP outcome may address up to two areas, but all three educational component areas must be addressed for each child receiving services through an Extended IFSP. Each educational outcome should be developmentally appropriate for the individual child, stated in measurable terms that

support progress monitoring, and addressed as part of a continuum of typical child growth and development building towards school readiness expectations established for all children in Maryland.

If the IFSP outcome is created to address the educational component, it must be indicated in this section of the IFSP by checking the appropriate box(es):

- Language
- Numeracy
- Pre-literacy

Timeline: Record when progress will be reviewed either as a specific period of time or a specific date. If appropriate, you may include a timeline for steps to be taken.

Participants: *Who will be involved?*

Record the name (s), title (s), and phone number(s)/ e-mails of person(s) implementing the steps that need to be taken to reach the outcome. Names of family members, child care providers, etc. may be recorded when appropriate.

Outcome Progress Review:

Once an IFSP is implemented, the IFSP team and the family will assess progress towards achieving the outcomes. A periodic review of the IFSP for a child and the child's family shall be conducted every six months, or more frequently if conditions warrant, or if the family requests such a review to determine: (1) the degree to which progress toward achieving the outcomes is being made; and (2) whether modification or revision of the outcomes is necessary (COMAR 13A.13.01.08).

Review Codes: Select the code number that best applies and write it in the box provided.

1. **Proficient:** The child and/or family did it, and mastered the outcome by completing the task correctly and is able to perform it the majority of the time.
2. **In Process:** The child and/or family is almost there. The team is going in the right direction but might need more time, instruction, and/or practice.
3. **Needs Development:** The child and family need to keep on trying to reach the outcome. The team may need to try a different outcome or a different way of teaching.
4. **No longer a need:** The family and/or team may decide not to continue this outcome.
5. **Postponed:** The family and/or team may decide not to continue this outcome at this time and may choose to work on it at a later date when the child and/or family is ready.

Date: The date the progress is reviewed by the team and the family.

Initials: The initials of the service provider(s) completing the progress review.

Comments: Include any relevant information/comments as necessary.

Outcome Progress Response:

If Progress review code 3 is chosen, the team may choose to make changes in order for the child to reach the proficient progress review code. If no progress has been made, changes should occur.

Review Codes: Select the code number that best applies and write it in the box provided.

1. **Revise outcome:** The team may choose to change the outcome because the expectations cannot be met within the timeline.
2. **Modify strategies/activities:** The team may choose to change the strategies, activities, learning opportunities or the specific steps to reach the outcome in order to provide different support to reach the outcome.
3. **Change service:** The team may choose to change the type or amount of service in order to reach the outcome.
4. **Other:** The team may include any other comments about the progress of reaching or not reaching the outcome.

Date: The date the progress is reviewed by the team and the family.

Initials: The initials of the service provider(s) completing the progress review.

Comments: Include any relevant information/comments as necessary.

Child Name: Sam ID Number: _____ IFSP Meeting Date: _____

PART III - MY CHILD/FAMILY OUTCOMES RELATED TO MY CHILD'S DEVELOPMENT
Section B - Child and Family Outcomes

Child and Family Outcomes - Example 1

Based upon information from your child's present levels of development and shared reports, your child's strengths and needs, your family's concerns, priorities, and resources, and your daily routines, this plan outlines what we want to accomplish and the specific steps required. Please discuss your priority outcomes for your child and/or family, including specific skills and context. A separate "Child and Family Outcomes" form is completed for each outcome.

OUTCOME	STRATEGIES/ACTIVITIES/ LEARNING OPPORTUNITIES	MEASURABLE CRITERIA
What would we like to see happen?	What steps need to be taken to help accomplish the priority outcome?	How will we know when the outcome is achieved?
Sam will use simple words/gestures to communicate with family and in child care.	ITP will assist family/child care to: <ul style="list-style-type: none"> • Take turns with Sam repeating his simple sounds and words. • Use the words "mama" and "dada" throughout the day. • Play games with simple hand gestures, i.e., waving and saying "hi" and "bye-bye". • Look for community activities where Sam can greet other children. • Teach child care friends to greet Sam with words, then to wait and reinforce his greetings/responses. 	Says "mama" and "dada" and waves bye-bye with family members, 3 times per day, 5 days per week, independently

EDUCATIONAL OUTCOMES ADDRESSED (at age 3 or older) Language Numeracy Pre-literacy

TIMELINE 6 months

PARTICIPANTS - Who will be involved?

Name:	Title: Parent	Phone/E-mail:
Name:	Title: Special educator	Phone/E-mail:
Name:	Title: Speech language pathologist	Phone/E-mail:
Name:	Title: Child care provider	Phone/E-mail:

OUTCOME PROGRESS REVIEW

Review Codes: <i>Select the code that best applies.</i>	Code:	Date:	Initials:	Comments:
1- Proficient - <i>We did it!</i>				
2- In process - <i>We're making progress.</i>	2	11/15	ABC	Imitates "mama", "dada", and "bye-bye", but does not yet say them all by himself
3- Needs development - <i>Let's make adjustments.</i>				
4- No longer needed				
5- Postponed				

OUTCOME PROGRESS RESPONSE - (ONLY NEEDED FOR PROGRESS REVIEW CODE 3)

Review Codes: <i>Select the code that best applies.</i>	Code:	Date:	Initials:	Comments:
1- Revise outcome				
2- Modify strategies/activities				
3- Change service				
4- Other: _____				

Child Name: Sherel ID Number: _____ IFSP Meeting Date: _____

PART III - MY CHILD/FAMILY OUTCOMES RELATED TO MY CHILD'S DEVELOPMENT
Section B - Child and Family Outcomes

Child and Family Outcomes - Example 2

Based upon information from your child's present levels of development and shared reports, your child's strengths and needs, your family's concerns, priorities, and resources, and your daily routines, this plan outlines what we want to accomplish and the specific steps required. Please discuss your priority outcomes for your child and/or family, including specific skills and context. A separate "Child and Family Outcomes" form is completed for each outcome.

OUTCOME	STRATEGIES/ACTIVITIES/ LEARNING OPPORTUNITIES	MEASURABLE CRITERIA
What would we like to see happen?	What steps need to be taken to help accomplish the priority outcome?	How will we know when the outcome is achieved?
In order for Sherel to move and play more independently about the house, she will crawl to get to preferred toys/objects.	<p>Family will keep preferred toys/objects in specific places in kitchen and family room and make sure Sherel knows they are there.</p> <p>Family will initially bring Sherel to toys and then set her down farther and farther from them with encouragement to "Go get..."</p> <p>PT will assess and provide information about motor skills and motor development and then will suggest ways to enhance Sherel's readiness for independent movement.</p> <p>Physical therapist will give parents strategies to encourage Sherel to crawl throughout the day.</p>	Sherel will crawl at least 6 feet on her own 5 times a day during play and routines.

EDUCATIONAL OUTCOMES ADDRESSED (at age 3 or older) Language Numeracy Pre-literacy

TIMELINE 6 months

PARTICIPANTS - Who will be involved?

Name:	Title: Parent	Phone/E-mail:
Name:	Title: Special educator	Phone/E-mail:
Name:	Title: Speech language pathologist	Phone/E-mail:
Name:	Title: Child care provider	Phone/E-mail:

OUTCOME PROGRESS REVIEW

Review Codes: <i>Select the code that best applies.</i> 1- Proficient - We did it! 2- In process - We're making progress. 3- Needs development - Let's make adjustments. 4- No longer needed 5- Postponed	Code:	Date:	Initials:	Comments:

OUTCOME PROGRESS RESPONSE - (ONLY NEEDED FOR PROGRESS REVIEW CODE 3)

Review Codes: <i>Select the code that best applies.</i> 1- Revise outcome 2- Modify strategies/activities 3- Change service 4- Other: _____	Code:	Date:	Initials:	Comments:

Child Name: Shawn ID Number: _____ IFSP Meeting Date: _____

PART III - MY CHILD/FAMILY OUTCOMES RELATED TO MY CHILD'S DEVELOPMENT
Section B - Child and Family Outcomes

Child and Family Outcomes - Example 3

Based upon information from your child's present levels of development and shared reports, your child's strengths and needs, your family's concerns, priorities, and resources, and your daily routines, this plan outlines what we want to accomplish and the specific steps required. Please discuss your priority outcomes for your child and/or family, including specific skills and context. A separate "Child and Family Outcomes" form is completed for each outcome.

OUTCOME	STRATEGIES/ACTIVITIES/ LEARNING OPPORTUNITIES	MEASURABLE CRITERIA
What would we like to see happen?	What steps need to be taken to help accomplish the priority outcome?	How will we know when the outcome is achieved?
Shawn will listen to a story and answer simple questions about characters/objects in a book.	ITP will work with family/preschool/child care to: <ul style="list-style-type: none"> • Create a special routine about story time, e.g., before nap time, during bath time, with parent in rocking chair. • Identify books, magazines, family photo album, etc. of interest to Shawn; gain attention by singing titles and repeating words. • Point to characters/objects and describe who, what, where in simple words while copying action and/or handling real objects from story. • Point to characters/objects in magazines, books, photos, etc., asking Shawn who, what, and where questions. 	Sits and looks at a book in each setting (home, preschool, child care) for 5 minutes; answers questions about what a character is doing/wearing/playing, etc., 1x day, for 3 out of 5 consecutive days

EDUCATIONAL OUTCOMES ADDRESSED (at age 3 or older) Language Numeracy Pre-literacy

TIMELINE In 6 months

PARTICIPANTS - Who will be involved?

Name:	Title: Parent	Phone/E-mail:
Name:	Title: Special educator	Phone/E-mail:
Name:	Title: Speech language pathologist	Phone/E-mail:
Name:	Title: Child care provider	Phone/E-mail:

OUTCOME PROGRESS REVIEW

Review Codes: <i>Select the code that best applies.</i> 1- Proficient - We did it! 2- In process - We're making progress. 3- Needs development - Let's make adjustments. 4- No longer needed 5- Postponed	Code:	Date:	Initials:	Comments:
	3	11/15	ABC	Currently Shawn can answer who and where questions about characters in books. He cannot yet answer what a character is doing/wearing/playing.

OUTCOME PROGRESS RESPONSE - (ONLY NEEDED FOR PROGRESS REVIEW CODE 3)

Review Codes: <i>Select the code that best applies.</i> 1- Revise outcome 2- Modify strategies/activities 3- Change service 4- Other: _____	Code:	Date:	Initials:	Comments:
	2	11/15	ABC	Work on concrete labeling of actions, "Shawn is walking/jumping/clapping."

IFSP Part IV – My Child’s Early Intervention Services

Part IV Early Intervention Services Directions

At the top of the page record the child’s name, the child’s ID number, and the date of the IFSP meeting, periodic review, or other review during which the information was recorded.

Complete a separate form for each early intervention service identified. If a service is to be provided in more than one **Method** or in more than one **Setting**, complete a separate form for each Method or Setting.

Type of Service: Record the specific early intervention service agreed upon to achieve the outcome(s) stated on Part III. Use the Type of Service standard choice list. If Other, record Other and then the specific service that is not on the standard choice list.

Note: Every child participating in the Extended IFSP Option is required to have special instruction as a service documented on Part IV of the IFSP. This is necessary to ensure the implementation of school readiness outcomes. Special instruction refers to the instruction not to the service provider. For example, for a child who is receiving occupational therapy services only, school readiness outcomes may be addressed by the occupational therapist. This service delivery model would be based on the individual needs of the child, the setting where the service is provided, and the training/experience of the therapist.

Service Description:

Number of Sessions and Frequency: Record how often the service is provided by checking the number of sessions and the frequency (e.g., 1X monthly, 2X yearly, 1X only). If Other, write in the number of sessions and/or frequency.

Intensity: Check the length of time, in minutes, that the service is provided during each session. If Other, specify the number in minutes.

Method: Check the box corresponding to the method in which the service will be provided, i.e. Group or Individual

Setting: Check the setting (Home, Community or Other) where the service will be provided. Record the specific setting using the Community-Based Settings list. Make every attempt to use one of the listed settings on the Community-Based Settings list. If necessary, record Other from the Community-Based Settings list and record the specific setting that is not included on the list.

Note: If a child is temporarily residing at a shelter with a parent and the service is provided at the shelter, the Community-Based Setting is checked.

Discussion of Early Intervention Service Delivery:

Service frequency and intensity must be based on the needs of the child/family. They may **NOT** be based on the configuration of the public agency’s delivery system, availability of space, personnel shortages, availability of staff, or administrative convenience. Consequently, if a service frequency is “yearly”, “quarterly”, or “semi-annually”, or if the service frequency is “only” and the “number of sessions” is greater than 1, a discussion of early intervention service delivery must be completed.

Early intervention services must be provided in natural environments unless early intervention cannot be achieved satisfactorily for the child in a natural environment. Natural environments are defined as settings that are natural or normal for the child's age peers who have no disabilities (34 CFR 303.18).

Write in a Justification **based on the needs of the child and evidenced-based practice** in the space provided when a service will not be provided in a natural environment.

Financial Responsibility: Check the name of the agency or Other. If Other, specify the agency, business or individual whom have the financial responsibility.

Note: If the agency providing the service is Maryland School for the Deaf (MSD) or Maryland School for the Blind (MSB), MSD or MSB have the financial responsibility.

Note: If an agency providing physical therapy or another related service that is on a child's IFSP is a private firm with a contract with, e.g. a local health department or school system, the contractor, e.g. local health department or school system, has the fiscal responsibility for the service.

Note: If a private agency providing physical therapy or another related service that is on a child's IFSP is able to bill Medicaid directly for the service, the fiscal responsibility for the service is the agency providing the service.

Reimbursement Source: Check the reimbursement source ONLY when the agency designated as financially responsible intends to request payment for the service from another source. Check Medicaid or Other, if necessary. Examples of Other include but are not limited to tobacco settlement funds, child care, Head Start and Early Head Start, child abuse prevention, Temporary Assistance for Needy Families, Maternal and Child Health, and Title I.

Provider Agency: Record the name of the agency through which the service will be provided. Use standard text designated within each jurisdiction.

Provider Name/Phone Number: Record the name and telephone number of the individual providing the service, if known.

Project Service Initiation Date: Record the date, specifying month, day, and year in number form, on which the service is projected to begin.

Projected Service Duration: Record the projected date through which the services will be provided, specifying month and year in number form.

Projected Service Review Date: Record the projected date on which the service will be reviewed, specifying month, day, and year in number form

Service Ending Date: Record the date, specifying month, day, and year in number form, on which the service actually ends.

Adding, Modifying, and Ending Early Intervention Services

When an early intervention service is **added**, record all necessary information on a new IFSP Part IV form. Attach the form to a complete *Add/Change Form* and submit to data entry.

When an early intervention service is **modified**, record the Type of Service, the Method, Setting, and any modified information, including Method and Setting, on a new IFSP Part IV form. Circle the modified information. Attach the form to a complete Add/Change Form and submit to data entry.

When an early intervention service is ended, record the Type of Service, Method or Location, and ending date on an IFSP Part IV form. Attach the form to a completed Add/Change Form and submit to data entry.

IFSP Part IV – My Child’s Early Intervention Services (continued)

Part IV Early Intervention Services (continued) Directions

At the top of the page record the child’s name, the child’s ID number, and the date of the IFSP meeting, periodic review, or other review during which the information was recorded.

Complete one Part IV Continued form following the completion of all Part IV forms. Review and modify as needed as part of all periodic reviews.

Assistive Technology: If the plan developed includes any assistive technology services or devices, check Yes. If no assistive technology services or devices are included in the plan, check No.

Assistive technology device means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of children with disabilities. 13A.13.01.02.B(5)

Types of Assistive Technology: Check all that apply. If Other is selected, write in the device or service to be provided.

Provider: Record the name(s) of the assistive technology provider(s) and their phone number and e-mail if known.

Transportation: If the IFSP plan developed includes transportation service, check Yes. If the IFSP plan does not include transportation, check No. Transportation is not included on Part IV – My Child’s Early Intervention Services page.

Transportation is a required service to be provided at no cost to families. Families who elect to transport their child to receive early intervention services should be offered reimbursement. If a family declines reimbursement, e.g. transportation at no cost, then transportation is not part of the plan.

Types of Transportation: If Transportation is included in the plan, check the transportation type or check Other and record the specific mode of transportation.

If special equipment is needed for transporting the child, check Yes and specify the type of equipment. If no special equipment is needed, check No.

Provider: Record the name(s), e.g. parent name, agency or business name, of the transportation provider and the phone number and e-mail if known.

Adding or Modifying an Assistive Technology Service or Device

Part IV Continued should be reviewed at every periodic review and modified as needed.

If an assistive technology device or service is added on the Part IV Continued, record all necessary information on a new IFSP Part IV Continued form. Attach the form to a completed Add/Change Form and submit to data entry.

IFSP Part V – Service Linkages

Part V Service Linkages Directions

At the top of the page record the child's name, the child's ID number, and the date of the IFSP meeting, periodic review, or other review during which the information was recorded.

Complete a new form for each person for whom service linkages are identified.

Service Linkages Are Being Provided For The Following Family Member: Check the box designating the person for whom service linkages are identified. A separate Service Linkages form is completed for each family member.

Service Linkages to Be Provided: Check each linkage service identified or check Other and record linkage service.

Service Linkage Providers: Record the agency (s), organization(s), program(s), or individual(s) through which the service will be provided. Also include the provider's telephone number and/or email if available. Use standard text designated within each jurisdiction.

Strategies To Help Secure Service Linkages For The Family: Record identified strategies to secure the linkage service(s), if needed.

Payment Sources: Check the appropriate box describing how the service(s) will be paid for. Check all that apply.

If a payment source is not identified, or if the family needs assistance in securing the linkage service(s), identify strategies to secure the linkage service(s).

Person(s) Involved To Secure Service Linkages: Record the name(s), title(s), and telephone number(s) and/or email(s) of the person(s) implementing strategies to secure the service. Use standard text designated within the jurisdiction.

Adding, Modifying Linkage Service

When a linkage service is added or modified, record all necessary information, including the child's unique identifier, on a new IFSP Part V form and submit to data entry. An Add/Change Form is **not** necessary.

IFSP Part VI – Authorization(s)

Part VI Authorization(s) Directions

At the top of the page record the child's name, the child's ID number, and the date of the IFSP meeting, periodic review, or other review during which the information was recorded.

Parent/Guardian/Surrogate Consent: The IFSP team is required to fully explain the contents of the IFSP and the authorization items in this section to the parent/guardian/surrogate (parent) and address any questions the parent may have. It is essential that the parent understands the content of the IFSP and each item included in this authorization section. Authorizations must be obtained for Initial IFSP Meetings, Annual IFSP Meetings, and all other IFSP Meetings in which services are added or modified. The parent is required to sign their name and include the date on the line at the end of this section.

If the parents do not provide consent with respect to a particular intervention service, or withdraw consent after first providing it, that specific service may not be provided. 13A.13.01.08.B(9)

IFSP meetings shall be conducted 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 and in settings and at times that are convenient to families. 13A.13.01.08.B (5)

Medical Assistance: The IFSP team is required to fully explain the contents of this section to the parent. The parent is required to sign their name and include the date on the appropriate line. The parent or the IFSP team should print the child's name and include the child's Medical Assistance number in the appropriate space on this section of the form.

If there is a modification (frequency and intensity) or addition of an early intervention service that is billed to Medical Assistance, it is necessary for the parent to complete a new authorization form which includes permission to bill Medical Assistance.

IFSP Part VII: My Child's Transition Information

Section A – Transition At Age Three

Part VIIA Transition at Age 3 Directions (NOTE: Part VII has 4 copies; Press firmly to ensure information, including the child's name, appears on all copies)

At the top of the page record the child's name, the child's ID number, and the date of the IFSP meeting, periodic review, or other review during which the information was recorded.

Transition Planning Meeting Date: Enter the date of the Transition Planning Meeting.

Explanation for Meeting Delay: If the Transition Planning Meeting is not held at least 90 days before the child's third birthday, check the response that provides an explanation (Check only one box). If Other is selected, write in the explanation. If the Transition Planning Meeting is not held at all prior to the child's third birthday, check the response that provides an explanation (Check only one box). If Other is selected, write in the explanation.

Consideration of Eligibility for Preschool Special Education and Related Services (Part B): For all children, check the box that applies. The choices reflect whether or not the parent wants to consider eligibility for preschool special education and related services (Part B), not whether or not the child is eligible for Part B or the parents decline Part B services offered. In order for families to have the choice between continuing services through an IFSP or initiating preschool special education and related services through an IEP, the child must be determined eligible for preschool special education and related services.

Community Services: For the question "Is the family being referred to community services?" Check Yes or No. This section must be completed for all children, regardless of their eligibility for preschool special education. If Yes, check all that apply in the categories provided. Check No only if the family declines referral to any community-based programs or services.

Note: For all the Community Services categories, check Yes if:

- A service coordinator or service provider has contacted a community-based program or service on behalf of the child or family to discuss or initiate participation; or
- The family has indicated that the child or family is interested or will be participating in any community-based program or service.

Note: Checking any of the options in any of the categories under Community Services does not indicate that the child/family have actually received the specific service.

Transition Planning Meeting Notes/Future Steps: Use this space to record any future steps identified at the Transition Planning Meeting, including activities, persons responsible and timelines that may be useful to families or local providers. Transition notes do not take the place of Transition Outcomes on Part III.

Results of the Initial IEP Eligibility Determination Meeting: Check *one* box that reflects the results of the IEP meeting at which eligibility for preschool special education was determined. **Part B staff should complete this section** and return it to Part C Data Entry immediately following the IEP Eligibility Determination Meeting.

Data Entry:

- Enter the data from the pink copy immediately upon receipt.
- Enter the data from the blue copy immediately upon receipt from Part B. Note that the only new data on the blue copy should be the Results of the IEP Eligibility Determination Meeting.

Copies:

- White: Early Intervention Record
- Yellow: Parent(s)
- Pink: Part C Data Entry (to be submitted immediately following the Transition Planning Meeting)
- Blue: Part B Representative to the Transition Planning Meeting (to be returned to Part C Data Entry immediately following the IEP Eligibility Determination Meeting)

IFSP Part VII: My Child's Transition Information

Section B – Transition After Age Three

Part VIIB Transition After Age Three Directions (NOTE: Part VIIB has 4 copies; Press firmly to ensure information, including the child's name, appears on all copies)

At the top of the page record the child's name, the child's ID number, and the date of the IFSP meeting, periodic review, or other review during which the information was recorded.

Consideration of Eligibility for Preschool Special Education and Related Services (Part B):

Prior to Kindergarten Age

For all children who transition after age 3 and before kindergarten age, check the box that applies. The choices reflect whether or not the parent wants to consider preschool special education and related services through an IEP. The child has already been found eligible for an IEP so re-determining eligibility is not required.

At Kindergarten Age

For all children who transition at kindergarten age, check the box that applies. The choices reflect whether or not the parent wants to consider special education and related services through an IEP.

Note: At an IEP meeting within 6 months and no later than 90 days prior to a child's entry into kindergarten or eligibility for entry into kindergarten, the local school system must determine if a child transitioning from a local infants and toddlers program Extended IFSP Option continues to be a child with a disability that requires the provision of special education and related services through an IEP.

Community Services: For the question "Is the family being referred to community services?" Check Yes or No. This section must be completed for all children, regardless of their eligibility for preschool special education. If Yes, check all that apply in the categories provided. Check No only if the family declines referral to any community-based programs or services.

Note: For all the Community Services categories, check Yes if:

- A service coordinator or service provider has contacted a community-based program or service on behalf of the child or family to discuss or initiate participation; or
- The family has indicated that the child or family is interested or will be participating in any community-based program or service.

Note: Checking any of the options in any of the categories under Community Services does not indicate that the child/family has actually received the specific service.

Meeting Notes/Future Steps: Use this space to record any future steps identified at this meeting, including activities, persons responsible and timelines that may be useful to families or local providers. The meeting notes do not take the place of Transition Outcomes on Part III. **Note:** At least 9 months before a child reaches kindergarten age, transition outcomes must be included on the IFSP.

Results of IEP Eligibility Determination Meeting: If applicable, check *one* box that reflects the results of the IEP meeting at which eligibility for special education and related services was determined. Special Education Staff should complete this section and return it to Part C Data Entry immediately following the IEP Eligibility Determination Meeting. **Note:** Prior to kindergarten, if families choose to initiate preschool special education and related services through an IEP an additional IEP eligibility meeting is not required.

Data Entry:

- Enter the data from the pink copy immediately upon receipt.
- Enter the data from the blue copy immediately upon receipt from Part B. Note that the only new data on the blue copy should be the Results of the IEP Eligibility Determination Meeting.

Copies:

- White: Early Intervention Record
- Yellow: Parent(s)
- Pink: Part C Data Entry (to be submitted immediately following the Transition Planning Meeting)
- Blue: Part B Representative to the Transition Planning Meeting (to be returned to Part C Data Entry immediately following the IEP Eligibility Determination Meeting)

IFSP Part VIII: Parent Consent (At or Before Age Three)
Family Choice: Consent to the Continuation or Request Termination of IFSP Services

Part VIII Parent Consent/Families Have a Choice Directions

At the top of the page record the child's name, the child's ID number, and the date of the IFSP meeting, periodic review, or other review during which the information was recorded.

Encourage parent(s) to read through each of the eight statements. Address any questions of the parent(s) regarding the consent requirements. It is essential that the parent understands the content of this consent before making the choice to continue IFSP services or to terminate IFSP services after the child's third birthday.

Family Choice: Instruct the Parent/Guardian/Surrogate to check **ONE** box:

- I/We consent to the continuation of early intervention services for my/our child and family through an IFSP after my/our child's third birthday.
- I/We request termination of early intervention services for my/our child and family through an IFSP at age 3.

The parent(s)/guardian(s)/surrogate must sign and date the Part VIII Parent Consent on the line provided. The service coordinator and/or other Part C participants must sign and date this form. Other participants in attendance can also sign.

If the parent(s) consent to the continuation of early intervention services after the child's third birthday, the parent(s) must provide informed written consent to the local school system (Part B) as soon as possible. As part of the transition process, the IFSP team should assist the parent; one strategy may be to provide a copy of the Part VIII Parent Consent form in order for the parent to notify the local school system (Part B) of their decision to continue early intervention services.

IFSP Add/Change Form IFSP Review

Add/Change Form/IFSP Review Directions

At the top of the page record the child's name, the child's ID number and the date of the IFSP review meeting.

Changes to Child and Family Information and Service Coordinator Information: Record only information that has changed or was not previously reported. When recording service coordinator's name and agency, use the standard text designated within the jurisdiction. Signatures are not required if changes or additions are made to "Child and Family Information". Signatures **are required only** if the service coordinator changes. Changes to other "Service Coordinator Information", e.g. phone, do not require signatures.

Review of the IFSP: Complete whenever a review of the IFSP occurs.

Review Type: Check the appropriate box. Select only one.

Meeting Date: Record the date of the review specifying month, day, and year in number form (e.g. 7/5/09).

Review Status: Check the appropriate box. Select only one.

Continue IFSP: If no changes are made after reviewing the IFSP, check "Continue IFSP" and obtain required signatures.

Modify IFSP: If changes are made after reviewing the IFSP, check "Modify IFSP." Also check the appropriate box to indicate how the IFSP is being modified. **Note:** Depending on the modification(s) to the IFSP, one box or more than one box can be checked.

Service Addition: Check Service Addition and complete a new Part IV for each added service if:

- One or more services are added to the IFSP;
- A current service is being added in an additional Setting, e.g. PT was provided at home and now the same service is provided at home and at a child care facility; or
- A current service is being added with an additional Method, e.g. Special Instruction was provided individually and will now be provided individually and in a group.

Attach the new parts of the IFSP and the signed Part VI Authorization Form to the Add/Change Form and submit to data entry.

Service Modification: Check Service Modification if a modification is made to a current service. Complete a new Part IV circling the modification made. Sufficient information must be provided on the Part IV for data entry to identify which existing service is being modified.

Attach the new parts of the IFSP and the signed Part VI Authorization Form to the Add/Change Form and submit to data entry.

Service Ending: Check Service Ending if a service (not the entire IFSP) is ending. Record the Service Ending Data on Part IV, attach a copy to the Add/Change Form and submit to data entry.

Add/Modify Outcomes: Check Add/Modify Outcomes if an outcome is added to the IFSP (including Transition Outcomes) or if an existing outcome is modified. Use a new Part III Child/Family Outcomes for an additional outcome or to modify an outcome.

End IFSP: Check End IFSP when the child and family will no longer be participating in the early intervention system and complete the appropriate “Reason for Inactive Status” listed in the section below.

Reason for Inactive Status: Record the date on which the child’s status became inactive in month/ day/year format. **Note: The age range for the reason is included on the form adjacent to the reason.** There are reasons with three different age ranges:

1. Birth to 3;
2. Birth to Kindergarten Age; and
3. Age 3 to Kindergarten Age.

Fill in the Inactive Date and Reason and submit to data entry.

Birth to 3: Check the box describing the reason for the child’s inactive status. Note that “Determined Ineligible” is used only when the child is determined not eligible following an initial evaluation and assessment prior to age three. Fill in the date that the family signs the Add/Change Form.

An eligible child’s status becomes inactive prior to the third birthday when, for example, he/she leaves the program for a reason, such as “Completion of IFSP prior to reaching age 3.” Fill in the date that the family signs the Add/Change Form.

An eligible child’s status becomes inactive at age three if:

1. The child’s family decides **not** to consider Part B eligibility (does not consent to an evaluation by Part B staff) for Extended IFSP Option services or preschool special education and related services. Check “Transition at Age 3.”
2. The child is found eligible for Part B, but the family decides not to continue IFSP services through the Extended IFSP Option or to have an IEP completed. Check “Transition at Age 3.”
3. The child is found eligible for Part B, but the family decides to have an IEP developed. Check “Transition at Age 3.”

For the above three examples, record the date of the child’s third birthday as the Inactive Date and check “Transition at Age 3.” Submit to data entry as soon as possible after the child’s third birthday.

Birth to Kindergarten Age: The reasons included in this age range are:

- “Attempts to contact unsuccessful” (Record date after appropriate and documented attempts to contact parent have been completed)
- “Deceased”
- “Moved out of state” (See below)
- “Moved to another jurisdiction” (If known, include name of jurisdiction) (See below)

- “Parent withdrawal” (Record the date the family informs the early intervention system that they want to discontinue participation in the Part C system. If done at a face to face meeting, parent signature required.)

For the reasons, “Moved out of state” and “Moved to another jurisdiction,” record the date that the parent decides to terminate service prior to moving to another state or another jurisdiction.

Note: Activities such as contacting the state or the jurisdiction that the family is moving to or mailing a copy of the early intervention record may occur after the inactive date.

Age 3 to Kindergarten Age: The reasons included in this age range are:

- “Completion of IFSP prior to reaching Kindergarten Age” (Record the date when the team, including the parent, decides to end participation in the early intervention program.)
- “Transition after age 3” (Record the date when the child reaches kindergarten age)

Signatures: Signatures of required participants must be obtained prior to implementing any revisions to the IFSP. Each person in attendance is required to sign. If the review is an Annual Evaluation the following needs to occur:

- A new IFSP Cover page must be completed and date, “Meeting Date” in the 2nd box at the top of the page and “Annual Evaluation” in the 3rd box at the top of the page is checked.
- A new Part VI Authorization(s) page is required to be signed and dated.
- Signatures **are not** required on the Add/Change Form.

Signatures are required on the Add/Change Form for all other review types.