



## EARLY DEVELOPMENT NETWORK INSTRUCTIONS

### Nebraska Individualized Family Service Plan (IFSP)

Instructions for Completing Nebraska Individualized Family Service Plan 480-000-XXX

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#### **Use:**

Form EI-1 documents the interactive, collaborative efforts of families and professionals to identify and meet the developmental needs of infants and toddlers with disabilities and their families. Form EI-1 is a written plan for the provision of early intervention services.

#### **Completion:**

##### **Identification page:**

Complete all the spaces as indicated.

- **Date of Referral to Early Intervention:** The date the parent or another primary referral source first contacts a public agency to inquire about services. (This date is important because it starts all timelines.)
- **Date of Consent for Evaluation:** The date the parent signs the consent for the child's early intervention initial multidisciplinary evaluation and child assessment.
- **Parent(s)/Guardian:** The name of the parents, guardian, foster parents, or DHHS foster care worker if applicable, with their role identified.
- **IFSP Meeting Dates:** The date when an Interim, Initial, Annual, or Periodic IFSP meeting is held, and the date the IFSP is sent to the parent/guardian.
- All dates must specify month, date, year.
- The name of the services coordinator must be included on Page 1.

##### **Family's Concerns and Desired Priorities page:**

Enter concerns and desired priorities identified by the family during child and family assessment. Family assessment is conducted using an assessment tool that is selected and administered so as not to be racially or culturally discriminatory and is conducted through an interview with those family members who chose to participate. Family assessment must be conducted by personnel trained to use appropriate assessment methods and procedures .

##### **Child and Family's Strengths page:**

Enter the child and family's strengths, resources, and supports, as identified by the family and IFSP team, that are present in the child's daily routine and environment and offer opportunities for the child to learn new skills and enhance their development .

##### **Child's Present Levels of Development Page:**

Enter information about the child's present levels of physical development (including vision, hearing and health status); cognitive development; communication development, social and emotional development; and adaptive development based upon information from the child's evaluation and assessment.

- **Date of Evaluation:** Enter the dates of evaluation and the child's age in years and months at the time of evaluation for each area of development. Dates of evaluation must specify month, date, and year.
- **Current Abilities:** Enter a brief narrative statement describing the child's achievement of developmental milestone(s) in that area . Developmental age levels or age ranges may also be included; however,

specific evaluation/assessment instruments and scores do not need to be listed on the IFSP, but are to be recorded within the multidisciplinary team (MDT) evaluation report. The goal is to give a baseline of where the child is in order to develop an appropriate intervention support plan.

### **Outcome page:**

Enter an outcome for each of the concerns and desired priorities identified by the family as recorded on the second page of the IFSP. Use a separate Outcome page for each concern/priority. Use words the family would use.

- Outcome :
  - o Enter child outcomes by identifying the routine in which the child will participate, the observable indicator of what the child will do within the routine, and a reasonable timeframe for completion of the outcome.
  - o Enter family outcomes by identifying what the family will do and the indicator of when the outcome is met.
- Child/Family strengths and resources related to this outcome: List the child and family strengths as recorded on the third page of the IFSP (and others as appropriate) that will assist the child and family to accomplish the outcome .
- What will be done by whom: List the activities to be done by appropriate IFSP team members, including the family, to accomplish the outcome. .
- Progress will be reviewed: Enter frequency of review of progress toward accomplishing the outcome; which IFSP team member will review the progress, in collaboration with the family; and how progress will be measured, using the indicator identified in the outcome. Family outcomes are reviewed primarily by the family.
- Plan Review for this Outcome: When conducting a Periodic or Annual IFSP, enter the date progress was reviewed for the outcome; any next steps toward accomplishing the outcome; and the progress that was identified. Modifications or revisions of the outcome are noted here.

### **IFSP Transition Plan page:**

Enter the date of the IFSP meeting which serves as the first transition conference, and subsequent IFSP meeting dates thereafter, as transition will likely be discussed at each meeting thereafter. Also, enter the date the child is estimated to transition to Part B, special education services, or to other community services.

- What Needs to be Done: List the steps needed to support a smooth transition of the child and family to Part B, special education services, or to community services. The steps must include discussions with, and training of, parents regarding future placement and other matters related to the child's educational transition, as appropriate; procedures to prepare the child for changes in service delivery, including steps to help the child adjust to, and function in, a new setting; and with parental consent, the transmission of information to the local education agency and/or other agencies, as appropriate, to ensure continuity of services, including copies of the most recent evaluation and assessment information and copies of IFSPs that have been developed and implemented.
- Who is Responsible: Identify who is responsible for completing each step.
- Timeline: Enter the date each step will begin.
- Date Completed: When conducting a Periodic or Annual IFSP, enter the date the step was accomplished, as appropriate.

### **Family Choice page:**

Indicate whether the parent/guardian chooses for their child to continue to receive early intervention services after their child's third birthday or instead chooses for their child to begin Part B special education services on or after their child's third birthday. Obtain the parent/guardian's signature and date of signature. By signing the

“Family Choice” page, the parent/guardian also acknowledges that they have received a copy of the Annual Transition Notice; have been informed of and understand the differences between Part C, early intervention and Part B, special education services; and understand that at any time after their child turns three, they may elect to receive Part B special education services instead of Part C, early intervention services.

### **Services page:**

Indicate the type of IFSP meeting, and enter the date. Indicate whether or not there are special conditions for safe transportation for the child.

- **Services:** List the early intervention services that will be provided to achieve the child and family outcomes.
- **Location (Where)? Group/Individual? Natural Environment?:** Enter the location where the service will be provided (e.g., home, community). Enter if the service will be provided in a group or individual setting. Enter the environment in which the service will be provided.
- **Frequency & Intensity?** Enter the number of days or sessions that will be provided. **Length?** Enter the length of time the service is provided during each session of that service (such as an hour or other specified time period). **Method?** Enter how the service will be provided.
- **Duration: When will the service start/end?** Enter the projected date when the service will start. Services coordination may begin on the day of the IFSP meeting, but other early intervention services must have a projected start date within 30 days of parental consent to the IFSP, unless there are notes in the services coordination case file that indicate the provider stayed after the IFSP meeting and delivered their service. Also, enter the projected date when the service will no longer be provided.
- **Who pays?** Enter who will pay for the service.
- If needed, enter a written justification of the extent to which a service(s) will not be provided in a natural environment

### **Other Services/Supports page:**

Enter medical and other services the child and family are receiving or need but are not required under Part C of the Individuals with Disability Education Act (IDEA) or the Nebraska Early Intervention Act nor funded by EDN.

- **Service Description:** Enter the service the child and family is receiving or needs . Steps to secure needed services should be included in the IFSP either in this text field or on an Outcome page as a concern or priority of the family.
- **Start/End Date:** Enter the projected date when the service will start or the date when it began (an approximate date is acceptable if the actual date the service started is unknown). Also, enter the projected date when the service will end.
- **Person Responsible:** Enter the IFSP team member who will be responsible for facilitating the service, e.g., services coordinator, parent.
- **Funding Source:** Enter the funding source for the service, e.g., WIC, SNAP, etc.

Enter Home and Community-Based Medicaid Waiver services and supports that will be provided to support Waiver outcomes identified in the IFSP.

- **Service:** Enter the Waiver service that will be provided.
- **To Help with Outcome:** Enter the IFSP outcome the Waiver service supports.
- **How Much:** Enter the amount of service based upon family identified need or as stated on the N-FOCUS service authorization.
- **Service Start/End Date:** Enter the projected date when the service will start. Also enter the projected date when the service will end.
- **Funding Source:** Enter the funding source(s) for the service, e.g., Medicaid, parent for portion of Child Care for Children with Disabilities, Assistive Technology Partnership, etc.

**Child/Family Team page:**

Indicate the type of IFSP meeting, and enter the date. Enter the name of the IFSP team members present at the meeting. Obtain each team member's signature, identify their role on the team, and enter their contact information, including address and phone number.

Enter the name of other persons considered to be a member of the child and family's IFSP team, even if they are not present at the meeting. Identify their role, enter their contact information, including address and phone number, and obtain a parent/guardian's initials authorizing that a copy of the entire IFSP, or identified pages of it, be sent to them.

**Parent(s)/Family Informed Consent page:**

Obtain the parent(s)/guardian's signature indicating they understand the IFSP and their parental rights and enter the date they signed. The parent(s)/guardian may give written consent for provision of all services in the Plan, or they may give written consent for provision of only a particular service(s). If the parent(s)/guardian gives written consent for provision of only a particular service(s), list the service(s) and frequency of the service(s) for which they do give consent.

**Distribution:**

The original of Form EI-1 is maintained in the early intervention services coordination record. A copy is provided to the parent/guardian and all IFSP team members within seven calendar days of the meeting. The parent/guardian must give specific written consent for distribution of the IFSP document to any individual or agency not on the IFSP team.

**Retention:**

Form EI-1 is retained in the services coordination early intervention record for six years after the completion of the activities for which early intervention funds were used.