NEBRASKA HHS FINANCE AND SUPPORT MANUAL

480-000-101 Instructions for Completing Form El-1, "Nebraska Individualized Family Service Plan (IFSP)"

<u>Use</u>: 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.

CFR (Code of Federal Regulations) references throughout these instructions pertain to federal regulations to implement early intervention services.

Completion:

Identification Page (Page 1)

- 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. (Important because this starts all time lines.)
- Date of Consent for Child's Evaluation: The date the parent signs the consent for the child's special education initial multidisciplinary evaluation.
- IFSP Meeting Dates: The date of when the meetings were held, and the date the IFSP was sent.
- Parent(s)/Guardian: The name of the parents, guardian, foster parents, and HHS foster care
 worker if applicable should be filled in, with their role identified.

Complete the date the particular meeting is held.

Required participants in the initial and annual IFSP meetings include:

- Parent(s);
- Services coordinator;
- At least one person directly involved in conducting the multidisciplinary team evaluations and assessments (for annual meeting only if these have been recently done or updated);
- A representative of the school district who has the authority to commit district resources if initiation or changes in special education or related services are proposed;
- As appropriate, persons who will be providing services to the child;
- Persons who will be supporting the family in their role of best caring for their child with a disability (e.g., other family members); and
 An advocate or person outside of the family at the parent's request. [34 CFR 303.343(a)]

If persons directly involved in conducting the evaluation are unable to attend the meeting, arrangements must be made for the person's involvement through other means, including participating in a telephone conference call; having a knowledgeable authorized representative attend the meeting; or making pertinent records available at the meeting. [34 CFR 303.342(a)(2)]

NEBRASKA HHS FINANCE AND SUPPORT MANUAL

Required participants in the periodic review are the parents and anyone they invite and the services coordinator. If changes in the plan are anticipated in an area and if conditions warrant, the team members who are involved in that part of the plan must be included (including those involved in conducting evaluations and assessments if these have been recently completed or updated), along with the person who could authorize payment for services (if this is a person other than the service provider). If a meeting of the entire team is requested by any team member, this request should be respected.

Interim: A document to initiate services when there is obvious need prior to the completion of the evaluation and assessment. The services may begin before the completion of the evaluation and assessment if: (1) parental consent is obtained; and (2) an interim IFSP is developed that lists the name of the services coordinator and the early intervention services that have been determined to be needed immediately by the child and the child's family.

An interim IFSP does not change the requirement for the completion of the initial IFSP within 45 days and the required initiation of services. If exceptional circumstances make it impossible to complete the evaluation and assessment within 45 days, these circumstances must be documented, and an interim IFSP must be developed and implemented to the extent appropriate. [34 CFR 303.345, 34 CFR 303.322(e)]

Initial: Within 45 calendar days of the date of referral to.a public agency the school district must (1) complete the child's evaluation and assessment activities; and (2) participate in the child's initial IFSP meeting. [34 CFR 303.321(e), 303.342(a)]

Periodic Review: A review of the IFSP for a child and child's family must be conducted every six months, or more frequently if conditions warrant, or if the family or other team members request such a review. This review may be a formal meeting of the entire team of service providers, or a discussion between the family, the services coordinator, and selected team members. The family, with other team members and the services coordinator, determines the format for the review.

The purpose of the periodic review is to determine: (1) the degree to which progress toward achieving the outcomes is being made; and (2) whether modification or revision of the outcomes or services is necessary. [34 CFR 303.342(b)]

Provisions have been made to update the IFSP on the same document, and a new form does not need to be generated at the time of the periodic review. However, a notation of the date of the periodic review must be made on the cover sheet of the IFSP in the space provided, and each person participating in the periodic review must sign and date the signature page.

NEBRASKA HHS FINANCE AND SUPPORT MANUAL

Annual: A meeting must be conducted on at least an annual basis to evaluate the IFSP for a child and the child's family, and, as appropriate, to review its provisions. A new IFSP form must be completed at this time. [34 CFR 303.342(c)] Results of any current evaluations conducted and information from ongoing assessment of the child and/or family must be used in determining what early intervention services will be provided.

*All dates must specify month, date, year.

*The name of the services coordinator must be included on this page.

Family's Concerns and Desired Priorities Page (Page 2 [letters may be used if more than one page is used, i.e., 2a, 2b, 2c, etc.)

This page is to be used in talking with the family in the first contact stages of the process and can be updated at any time. This page will be used to generate the desired goals in the pages to follow.

Any family assessments that are completed, if used, must be family directed and designed to determine the resources, priorities, and concerns of the family related to enhancing the development of the child. Any use of a family assessment of any kind is voluntary on the part of the family. If conducted by someone other than the family (in the case of self-assessment), the assessment must be conducted by personnel trained to use appropriate methods and procedures; be based on information provided by the family in personal interviews; and incorporate the family's description of its resources, priorities, and concerns related to enhancing the child's development. [34 CFR 303.322(d)(3)]

Child and Family Strengths

Each family has a unique set of concerns, priorities, as well as strengths. The family, service coordinator and team should identify the child and family's strengths. It is optional to list the team's strengths in working with the family.

Child's Present Levels of Development (Pages 4, 5, 6)

The IFSP must include a statement of the child's present levels of physical development (including vision, hearing, health status, fine and gross motor skills, cognitive development, communication skills development, social/emotional development, and self-help/adaptive development). The statement of the child's present level of development must be based upon professionally acceptable objective criteria. [34 CFR 303.344(a)(1) and (2)]

Date of Evaluation/Age of Child: Record the dates of evaluation procedures and the child's age at the time of the evaluation for each area of development. Dates must specify month, date, and year.

Current Abilities: A brief narrative statement is written 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 multi-disciplinary 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.

Note: Dotted lines are provided for updated information on the child's achievements in each area at the time of the periodic review or as further evaluations are completed.

NEBRASKA HHS FINANCE AND SUPPORT MANUAL

Goal/Outcome Page (Page 7a [letters may be used for each goal, i.e., 7b, 7c, etc.]):

The IFSP must include a statement of each of the major goals/outcomes expected to be achieved for the child and family. [34 CFR 303.344(c)] Goals/outcomes are to be prioritized by the IFSP team.

Use a separate page for each goal/outcome, making multiple copies of the page as needed. Whether the goal/outcome is for the family and/or child, the "Goal/Outcome" page is used. Most plans will have several goal/outcome pages.

Goal/Outcome: Each goal/outcome statement is to be based on a family's identified concerns and priorities and on a synthesis of all the information gathered and shared by the family and service providers during first contacts, assessment planning, child assessment and identification of family strengths, concerns, and priorities. An goal/outcome must be stated in terms of what the family would like to see accomplished. The goals/outcomes are to be written in the language of the family.

Child/Family Strengths and Resources Related to this Goal: This section is based on the identification of the child and family's strengths, priorities, and concerns and the formal and informal supports they identify in relationship to the goal/outcome on this page. [34 CFR 303.344(b)]

Listing other child/family goals/outcomes beyond services coordination, special education and related services is helpful to both the child's family, services coordinator and the team. First, a more comprehensive representation of the child's and family's support needs is provided; and second, it is the services coordinator's and team members' responsibility to assist the family in securing additional supports needed.

What Will Be Done/By Whom: Each child/family goal/outcome must have intermediate (short-term) . steps between the child's present level of development or family's current status and the goal/outcome. These steps must indicate what will be done and by whom.

Progress Review: Each goal/outcome must contain appropriate measurable criteria and evaluation procedures and timelines for determining the degree to which progress toward achieving the goal/outcome is being made. Family goals/outcomes are different in that they will be evaluated primarily by the family and not in any way to imply that the family is being evaluated or judged. [34 CFR 303.344(c)]

Next Steps/Comments: This section is to be used to write progress notes as the IFSP is being carried out. This can and should be done at any time to make the document a living record of what is happening. If not before, the plan review section must be used to record progress at the time of the periodic review. Necessary modifications or revisions of the goal/outcome or services are also noted here. Page 7b is used as a continuation of 7a for each goal. [34 CFR 303.344(c]

NEBRASKA HHS FINANCE AND SUPPORT MANUAL

SERVICES PAGE (PAGE 8) AND OTHER MISCELLANEOUS ISSUES

The questions for special transportation are important issues to consider, but may not apply to every child.

The question regarding transportation is to provide information to any entity who might be providing transportation for the child.

Service: Listing of the services eliminates any misunderstandings of what will be provided to the family and who will be responsible for delivering and paying for the service. Any service provided to the family which supports the plan should be listed here. Remember to include "services coordination" as a needed service, as appropriate.

To the extent appropriate, medical and other services the child and family needs, but that are not required under Part C of IDEA or the Early Intervention Act and the funding sources to be used in paying for those services or the steps to secure those services through public or private sources, should also be included in the IFSP. However, this does not apply to routine medical services (i.e., immunization and well-baby care) unless the child needs those services, and they are not otherwise available or being provided.

How Often/Where/Group or Individual: Record frequency (how often a service is provided) using the following format: daily, 1x weekly, 2x weekly, etc.

Record location (where the service will be delivered) such as child's home, child's preschool, or early childhood program.

Record the method in which the service will be provided using a "G" or "I" to indicate whether the service will be delivered to the child individually or in a group setting.

How Much: Record intensity (length of time the service is provided during each session) using number of minutes (e.g., 30 minutes, 60 minutes, etc.).

When Will the Service Start/End: Record month, day, and year when the service will start and end. The services start as soon as possible after the IFSP meeting. If appropriate, the end date can be the date of the periodic or annual review. [34 CFR 303.344(f)]

Who Pays: If the service is services coordination, the Early Intervention Program is the payor; if the service is an entitlement for special education or related services, the payor is the school district of residence. For all other services, list the family/team member, agency or other provider if there is cost involved. [34 CFR 303.344]

Who Is Responsible: Fill in the team member who will be responsible for carrying out the objective. Each agency or person who has a direct role in the provision of early intervention services is responsible for making a good faith effort to assist each eligible child in achieving the goals/outcomes in the child's IFSP. However, Part C of IDEA does not require that any agency or person be held accountable if an eligible child does not achieve the growth projected in the child's IFSP. [34 CFR 303.346] The team, as a team, is ultimately responsible for the implementation of the IFSP, and the services coordinator is responsible for the monitoring of the IFSP to ensure it is being implemented as written.

NEBRASKA HHS FINANCE AND SUPPORT MANUAL

Natural Environment: To the maximum extent possible, early intervention services must be provided in the types of settings (natural environments) in which infants and toddlers without disabilities would participate. [34 CFR 303.12(b)].

The IFSP includes a statement of the natural environment in which early intervention services shall appropriately be provided, including a justification of the extent, if any, to which the services will not be provided in a natural environment.

A new service page is to be used for services and the box should be checked for which meeting it corresponds to.

IFSP Transition Plan (Page 9)

Transition planning is an ongoing, interagency process and begins with the determination of eligibility for early intervention services. The child's transition from current programs and services into a new program(s) requires adjustments by the child and family and cooperation among the agencies that provide these programs. The purpose of the plan is to ensure continuity and provision of services to the child and family on an uninterrupted basis.

The agency contracting for services coordination is responsible for convening, with the approval of the child's family, a conference including the family and school district at least 90 days (and at the discretion of all such parties, up to six months) before the child's third birthday or at least 90 days before completion of the early intervention program. The purpose of the meeting is to ensure a smooth transition for toddlers receiving early intervention services to preschool or other appropriate services.

Estimated Transition Date: The date that the child will most likely leave the Early Intervention Program and go to another program or no longer need services.

What Needs to be Done: Specific steps are identified to support the transition of the child to preschool services to the extent that those services are considered appropriate for the child and/or other services that may be available. The steps must include discussions with, and training of, parents regarding future placement and other matters related to the child's educational transition; 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 other agencies as appropriate to ensure continuity of services, including evaluation and assessment information and copies of IFSPs that have been developed and implemented [34 CFR 303.344(h)]. Steps should also focus on transitioning from having a services coordinator with the Early Intervention Program to having services coordination provided by another agency, by the family, or not provided at all. For those children receiving services through the Early Intervention Waiver, steps should focus on transitioning off the waiver and to other programs, if applicable.

Who is Responsible: Identify who is responsible for ensuring that the step(s) identified are carried out. This may include the family, the services coordinator, and various service providers.

Timeline: Include the date(s) the step(s) will begin, or an activity will take place.

NEBRASKA HHS FINANCE AND SUPPORT MANUAL

Date Completed: Indicate the date when the step(s) are completed.

Child/Family Team Page (Page 10)

This page serves as (1) a directory for all service providers; and (2) a signature page for the IFSP team meeting participants.

Team Members Present at the Meeting: This section is for the team members who were present at the IFSP meeting. The person's name is printed, they sign as a participant of the meeting, date their signature, and list their role on the team, address, and telephone. Signatures of the IFSP team meeting participants indicate a commitment to this collaborative process. If subsequent meetings are held without a new plan being developed (for example, at a periodic review), each participant should sign and date to document their presence. New team members should sign in the original signature section.

Signatures of required participants are necessary prior to IFSP implementation [34 CFR 303.343(a)]

Others Who Are Part of the Child/Family Teams: Members of the child/family team who do not attend the meeting can also be listed for everyone's information.

Parent(s)/Family (Page 11): It is the responsibility of the Services Coordinator to make sure the contents of the IFSP are fully explained and that the family understands the purpose of the IFSP meeting and what is being planned for the child and family and gives their consent prior to the provision of early intervention services. If the parents do not provide consent with respect to a particular early intervention service, or withdraw consent after first providing it, that service may not be provided. List any service that the parents do not want, and document the reply. The early intervention services to which parental consent is obtained must be provided. [34 CFR 303.342(e)]

<u>Distribution</u>: The IFSP is to be written at the meeting, copied, and given or sent to all IFSP team members immediately, or within seven days if the logistics of the meeting site do not provide for copying. Members of the team who are in attendance at the meeting will automatically get a copy of the IFSP.

If the family wants a copy of the IFSP sent to absent team members, they must initial and date in the area provided on page 10.

Note: If the family specifically requests that a goal/outcome (page 6) not be shared with all team members, the IFSP distribution may be modified in this way on a need-to-know basis.

<u>Retention</u>: Form EI-1 is retained in the services coordination early intervention record for five years after the completion of the activities for which early intervention funds were used.