



WV Birth to Three
 Office of Maternal, Child and Family Health
 Bureau for Public Health
 Department of Health and Human Resources

**Individualized Family
 Service Plan (IFSP)**

Child's Name: _____
 Child's DOB: _____
 Date: _____

Individualized Family Service Plan

Under Part C of the IDEA, the purpose of the IFSP is to “enhance the capacity of families to meet the special needs of their children.”

Type/Date of Meeting **Initial IFSP** _____ **Annual IFSP** _____ **6-Month or Other Review** _____

Child's Name: _____ Date of Birth: _____

GENDER	
<input type="checkbox"/> M	<input type="checkbox"/> F

PRIMARY CONTACT	SECONDARY CONTACT
Parent/Foster Parent/Guardian/Family Member/Surrogate (Circle one)	Parent/Foster Parent/Guardian/Family Member (Circle one)
Name	Name
Address	Address
City State Zip	City State Zip
Phone (W) (H) (C)	Phone (W) (H) (C)
E-mail Address	E-mail Address
Primary Language Is Interpreter needed? Y / N	Primary Language Is Interpreter needed? Y / N
County of Residence	County of Residence
Alternate Contact (optional)	System Point of Entry Timelines (To be completed by Interim SC only)
Name	Date of Referral
Phone (W) (H) (C)	Date of Initial Contact
E-mail Address	Date of Intake
Initial Referral (To be Completed by Interim Service Coordinator)	Contact Information for When There Are Questions
Referral Source	RAU
Reason for Referral	Address
Address	Phone
Phone	Fax
Fax	Parent Partner
Interim Service Coordinator Contact Information	Ongoing-Service Coordinator Contact Information
Name	Name
Address	Address
Phone	Phone
E-mail Address	E-mail Address



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CHILD'S HEALTH HISTORY

Does your child have a primary care physician?
 Name: _____
 Address: _____

 Phone Number: _____ Fax Number: _____

What was the date of your child's last well child check up? _____
 Are his/her immunizations current? Yes No

Was your child born early or prematurely? Yes No
 If yes, how many weeks early was your child? _____

What was your child's:
 Birth weight: _____ Birth Length: _____

How much does your child weigh now? _____

Were there any complications with your pregnancy or your child's birth?
 Yes No If so, please describe.

Has your physician completed a developmental screen with your child?
 Yes No If so, when was it done, and what were the results? May we ask for a copy?

Has your child's vision been previously screened or tested? Yes No
 Do you have concerns now? Describe.

Has your child's hearing been previously screened or tested? Yes No
 Do you have concerns now? Describe.

Does your child have frequent ear infections? Yes No
 If yes, how many has your child had? How has the doctor treated them?
 (i.e. antibiotics, tubes, etc)

Does your child have any medical conditions or diagnosis? Yes No
 If so, what is the medical condition or diagnosis and what has your doctor told you about it?

Does your child see any health specialists? Yes No
 If so, who and what type?

Is your child currently taking any medications? Yes No
 If so, what is it, and what is it for? Include any side effects.

Has your child ever been hospitalized? Yes No
 Please tell us when, for how long and why?

What kinds of foods is your child eating? Do you have any questions about how your child eats or drinks?

Is there anything about your child's health (special equipment, allergies, family medical history) that the team should know about to better plan and provide services for your family?



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SUMMARY OF FAMILY CONCERNS, PRIORITIES AND RESOURCES AS THEY RELATE TO ENHANCING THEIR CHILD'S DEVELOPMENT

(The family has given permission on the Notice and Consent for Multi-disciplinary Evaluation/Assessment form for this interview to be conducted)

Family's Areas of Concern: What concerns do you have about your child's development? Have you talked to your physician or anyone else about it? Do you want to meet other families who have a child with special needs?

Daily Routines: How does your child spend his/her day? What are your child's typical activities and routines (meal times, play, trips outside home) What are his/her favorite things to do? What are things that motivate your child? Tell us about your child's sleep patterns (bedtime, naps, hour of sleep) Are there people other than your immediate family that your child interacts with often?

Challenges: Are any of parts of the day, routines, or activities difficult or challenging for your child? Do you have challenges in meeting your child's needs?



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SUMMARY OF FAMILY CONCERNS, PRIORITIES AND RESOURCES AS THEY RELATE TO ENHANCING THEIR CHILD'S DEVELOPMENT

Family: Who are the people living in your home? Who are the other important people in your family's life, especially those who can help you with your child's needs, or those who want to learn more about your child's development? Please include names and relationships.

Friends/Supports/Resources: Are there other agencies that you or your child receives services from? **If so, do you receive care coordination or case management services from these agencies?** Do you want to invite any of these people to be involved in the BTT meetings? Do you have health care insurance for your child? Do you have want to be linked to financial resources that could help you with the cost of your child's special needs? Do you want to be linked to any other type of resources in your community?

Priorities: Which concerns that have been discussed would you like to focus on first? What do you hope WV Birth to Three can help you with?

Date of Family Interview: _____

Information Provided By: _____ Person Who Conducted Interview: _____

Signature



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ELIGIBILITY DETERMINATION FOR WV BIRTH TO THREE

The Part C evaluation and assessment of each child must be based on informed clinical opinion of the multi-disciplinary team, assuring multiple sources of information have been utilized to evaluate child and family needs. The Part C evaluation also serves as a developmental screen/assessment for EPSDT eligible children.

SUMMARY OF CHILD'S PRESENT LEVELS OF DEVELOPMENT

Provide a written description of the child's functional abilities within the daily activities and routines of the child and family.

Gross/Fine Motor Skills - The child's ability to use large and small muscles.

Receptive and Expressive Communication – The child's ability to understand and use language.

Cognitive including pre-literacy – The child's ability to learn and solve problems.

Social Emotional – The child's ability to interact with others, including self-control.

Self-Help/Adaptive Skills – The child's ability to help themselves in feeding, dressing toileting.



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Evaluation and Assessment Methods and Procedures

The following evaluation and assessment activities were completed as part of the multi-disciplinary evaluation/assessment process for determining eligibility and planning for IFSP development when appropriate:

- REVIEW MEDICAL RECORDS
 CONSULTATION WITH HEALTHCARE PROVIDER
 FAMILY INTERVIEW
 OBSERVATION OF THE CHILD
 DEVELOPMENTAL SCREENING
 CURRICULUM BASED INSTRUMENT
 CRITERION REFERENCED INSTRUMENT
 NORM REFERENCED INSTRUMENT
 OTHER _____

Established Condition

MEETS CRITERIA FOR THIS CATAGORY *List all physical or mental condition(s) that the child has, from the WV Birth to Three State Eligibility policy, that have a high probability in resulting in developmental delay. If a condition is not listed in the WV Birth to Three State Eligibility policy, list the diagnosis only if the team has written confirmation from the child's physician that the diagnosis will result in substantial delay for this child. Written documentation of the Established Condition is required.*

- YES NO
 YES NO
Does the child have a diagnosed vision impairment? YES NO
Does the child have a diagnosed hearing impairment? YES NO
List all other documented established conditions:

Developmental Delay

MEETS CRITERIA FOR THIS CATAGORY *Document all developmental areas where the child is experiencing a very substantial delay (40%), a substantial delay (25%) or atypical development. To be eligible a child must have 40% delay in one or more areas, a 25 % delay in two or more areas or atypical development in two or more areas. A child can be found eligible with a 25 % delay in one area and atypical development in another area. Written documentation supporting the developmental delay is required.*

<input type="checkbox"/> YES <input type="checkbox"/> NO	Adaptive Development	40% Delay	25% Delay	Atypical Development
	Cognitive Development	40% Delay	25% Delay	Atypical Development
	Communication Development	40% Delay	25% Delay	Atypical Development
	Motor Development	40% Delay	25% Delay	Atypical Development
	Social Emotional Development	40% Delay	25% Delay	Atypical Development

At-Risk Factors

MEETS CRITERIA FOR THIS CATAGORY *Document all risk factors as identified in WV Birth to Three State Eligibility policy, the child is experiencing that are likely to result in substantial developmental delay if early intervention services were not provided. To be eligible a child must be experiencing at least 5 or more of the risk factors below. Written documentation of the biological/medical risk factors is required.*

<input type="checkbox"/> YES <input type="checkbox"/> NO CHECK ALL THAT APPLY	Low Birth Weight	Severe Asphyxia	Small For Gestational Age	Chronic Otitis Media	Gestational Age
	Technology Dependent	Child Abuse or Neglect substantiated by CPS	Family Barrier to Accessing Support	Serious Parental Concern	Primary Caregiver
	Family Support Stressor	Chromosomal Abnormality/Genetic Disorder	Congenital Disorder	Severe Sensory Impairment	Nervous System Impairment
	Inborn Error of Metabolism	Infectious Disease	Chronic Medical Illness	Perinatal Factor	Toxic Exposure



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FAMILY and CHILD CENTERED OUTCOMES

Outcomes must be measurable and reflect the changes families would like to see happen for themselves and their children.

<p>Outcome # ____ What changes would the family like to see happen for the child/family in the next six months? (The outcome must be functional, measurable, and achievable within the next six months)</p> <p>What criteria will the family and team use to measure this outcome to know that it has been achieved? (When will we review progress and what will progress look like?)</p>	<p>What's happening now related to this outcome? (Give detailed description here of what is currently happening related to the desired change/outcome?)</p>
<p>How will the family work toward achieving this outcome? (Describe the methods and strategies the family/caregivers will use to support their child during their daily activities and routines.)</p>	<p>People who will help and their roles. (List informal supports already available to the family prior to considering more formal supports. Informal supports that should be considered include: other family members or friends; special health care programs; or other early childhood or parent education programs that the family is involved with.)</p>



SERVICE COORDINATION OUTCOMES

Service Coordinator role: To provide service coordination services that assist and enable an infant or toddler and the child's family to receive the services, rights and procedural safeguards authorized to be provided under the early intervention program. Service Coordination involves assisting the parents in gaining access to early intervention services, coordinating the provision of early intervention services and other services the child needs, facilitating linkages for parent to parent support services, facilitating the timely delivery of available services, and continuously seeking the appropriate services and situations necessary to benefit the development of the child for the duration of the child's eligibility.

The Service Coordinator will complete the following activities to support the child and family:

- ___ Assist the family in identifying the outcomes they would like to see for their child and family
- ___ Assist the family in identifying needs for community services and supports such as financial, medical, social, health or safety
- ___ Link the family to community services and supports to meet identified child and family needs
- ___ Coordinate and monitor (helping the family to evaluate) the timely delivery of available WV Birth to Three services
- ___ Coordinate an on-going communication process with all members of the child/family's IFSP team, including community partners and other care givers that the family would like to be involved
- ___ Coordinate with other case managers
- ___ Coordinate the performance of evaluations and assessments to re-determine eligibility and plan for annual IFSP
- ___ Coordinate and facilitate the development, review and evaluation of IFSP
- ___ Facilitate timely transition activities and the development of a transition plan, for every child exiting WV Birth to Three
- ___ Inform families of advocacy services

This family would like more information on and/or linkages for:

- Meeting with other families of children with special needs
- Finding or working with doctors or other specialists
- Dental care for my child
- Resources to help meet my child's nutritional needs
- How different services work or how they could work better for my family
- Planning for the future; what to expect
- Respite care, so we can have a break
- Activities for children in our community
- Leisure/recreational activities
- Community supports for housing , clothing, jobs, food, telephone
- Information on my child's special needs, what it means
- Ways to involve brothers, sisters, friends, extended family
- Support groups within our community, region or state
- Family leadership opportunities
- Education opportunities for our family
- Getting a GED
- Accessing child care
- Accessing transportation
- Programs and services for my child at age three
- Obtaining a copy of my child's birth certificate or immunization record
- Other _____



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SERVICES IN NATURAL ENVIRONMENTS

To the maximum extent appropriate to the needs of the child, early intervention services must be provided in natural environments.

Related to Outcomes #:	Part C Service	AT Services Y/N	Location (Settings for services)	Intensity and Frequency (How often, how long)	Method	Start Date	Anticipated Duration	Funding Source	Parent Consent/Initials
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Home <input type="checkbox"/> Child care <input type="checkbox"/> Community setting/NE <input type="checkbox"/> Hospital Inpatient <input type="checkbox"/> Residential Facility	____min.- ____xs/	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C			<input type="checkbox"/> BTT/CFO <input type="checkbox"/> Other_____	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Home <input type="checkbox"/> Child care <input type="checkbox"/> Community setting/NE <input type="checkbox"/> Hospital Inpatient <input type="checkbox"/> Residential Facility	____min.- ____xs/	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C			<input type="checkbox"/> BTT/CFO <input type="checkbox"/> Other_____	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Home <input type="checkbox"/> Child care <input type="checkbox"/> Community setting/NE <input type="checkbox"/> Hospital Inpatient <input type="checkbox"/> Residential Facility	____min.- ____xs/	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C			<input type="checkbox"/> BTT/CFO <input type="checkbox"/> Other_____	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Home <input type="checkbox"/> Child care <input type="checkbox"/> Community setting/NE <input type="checkbox"/> Hospital Inpatient <input type="checkbox"/> Residential Facility	____min.- ____xs/	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C			<input type="checkbox"/> BTT/CFO <input type="checkbox"/> Other_____	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Home <input type="checkbox"/> Child care <input type="checkbox"/> Community setting/NE <input type="checkbox"/> Hospital Inpatient <input type="checkbox"/> Residential Facility	____min.- ____xs/	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C			<input type="checkbox"/> BTT/CFO <input type="checkbox"/> Other_____	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Home <input type="checkbox"/> Child care <input type="checkbox"/> Community setting/NE <input type="checkbox"/> Hospital Inpatient <input type="checkbox"/> Residential Facility	____min.- ____xs/	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C			<input type="checkbox"/> BTT/CFO <input type="checkbox"/> Other_____	

Method Codes:

A=Direct therapeutic developmental activities with the child designed to enhance the child's development.
 B=Providing the family and/or caregivers with information, skills, and support to enhance the development of the child.
 C=Providing support and consultation to a child's caregivers to increase the child's participation within community-based learning opportunities.



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SERVICES NOT PROVIDED IN NATURAL ENVIRONMENTS

"The provision of early intervention services for any infant or toddler occurs in a setting other than the natural environment only when early intervention cannot be achieved satisfactorily in a natural environment." 636(a)(5)

Related to Outcomes #:	Part C Service	AT Services Y/N	Location (Settings for Services)	Intensity/ Frequency (How often, how long)	Method	Start Date	Anticipated Duration	Funding Source	Parent Consent/Initials
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Service provider location <input type="checkbox"/> Program-children w/disabilities	____ min. - ____ xs/	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C			<input type="checkbox"/> BTT/CFO <input type="checkbox"/> Other____	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Service provider location <input type="checkbox"/> Program-children w/disabilities	____ min. - ____ xs/	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C			<input type="checkbox"/> BTT/CFO <input type="checkbox"/> Other____	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Service provider location <input type="checkbox"/> Program-children w/disabilities	____ min. - ____ xs/	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C			<input type="checkbox"/> BTT/CFO <input type="checkbox"/> Other____	

Method Codes: A=Direct therapeutic activities B=Providing the family and/or caregivers with information C=Providing support and consultation to caregivers

NATURAL LEARNING OPPORTUNITIES JUSTIFICATION - "If services are delivered in other than natural environments, include a justification as to why early intervention could not be achieved in a natural environment."

Why outcome/strategies cannot be satisfactorily achieved in daily settings.	How will strategies and activities be included in the daily settings?	Plan and time line to move service into daily settings.



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OTHER SERVICES/SUPPORTS NEEDED BUT NOT REQUIRED UNDER PART C OF IDEA

To the extent appropriate, the IFSP must include services that are not required or covered under Part C but are necessary to promote the health, safety, and well-being of the child and/or family.

Service or Support	List steps to be taken to secure services	Potential funding source

This family has chosen not to be linked to other services.

NOTE: The following community resources may help families to access 'other' needed services and supports:

WIC, SSI, WVCHIP, Medicaid, InRoads, CDCSP, CSHCN, NEMT, PERC, DD Council-Partners in Policymaking, WVPTI, WVA, HCB Waiver, Family Support, Child Care R&Rs, WVECTCR, Title V System Point of Entry.

Direct links to most of these resources may be found on the WV Department of Health and Human Resources homepage (www.wvdhhr.org) or the WV Birth to Three website under 'Resources'. Parent Partners in each Regional Administrative Unit can provide additional information for resources in their community.



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IFSP TEAM MEMBERSHIP

Each agency or person who has a direct role in the provision of services is responsible for making a good faith effort to assist the eligible child and his/her family in achieving the outcomes on the child's IFSP.

Name and Signature/Credential	Date	Contact Information (Address, Phone, E-mail, Best Time to Call)	Contributed but not present (Include Method of contribution)

Parent's Informed Consent for WV Birth to Three Services:

- I have participated in the development of this IFSP and understand the content. I understand I can accept or refuse any or all of the services identified on the IFSP. I understand that my consent for services may be withdrawn at any time.
- I have received a written copy of Procedural Safeguards within the WV Birth to Three early intervention system, and the Interim Service Coordinator/ On Going Service Coordinator has explained this information verbally as well.
- I give informed, written consent to implement the services described in this Individualized Family Service Plan.
- I do not accept this Individualized Family Service Plan as written, however I do give permission for the following supports/services to begin.

Parent/Legal Guardian Signature

Date

Notice of Action – IFSP Development: The IFSP is the documentation of the multi-disciplinary team's decision for the provision of early intervention services for each child found eligible for WV Birth to Three. The IFSP identifies the services and supports needed to achieve the IFSP outcomes as identified by the MDT team. WV Birth to Three is proposing to implement this plan of early intervention services that have been individualized to meet the needs of the child and family listed above.



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TRANSITION PLAN (STEPS AND ACTIVITIES)

The IFSP must include the steps to be taken to support the transition of the child from the WV Birth to Three system. This section may be completed during a routine review or evaluation of the IFSP or at other times as appropriate.

*Consult each county's transition procedures for more details.

ACTIVITY	TIMELINE REQUIREMENTS	DATE COMPLETE	OTHER INFORMATION
Inform families of transition options and timelines. Offer linkage to PERC and WVPTI.	At least 9 months before child's third birthday. May begin earlier for late spring, summer or fall birthdays.		
Service coordinator contacts all appropriate "potential" receiving agencies that family wants invited to a face-to-face planning meeting. Schedule the date, time and location.	It is important that the service coordinator initiates contact early with the individuals that the family wants to invite to the meeting, and attempts to schedule the meeting at a time and place that will facilitate attendance of all parties. The transition meeting must be held at least 90 days and no more than 9 months prior to the child's third birthday.		Examples of early childhood programs and supports that the family may choose to invite include: county school system, Head Start, Parents as Teachers, Starting Points, or other parent education groups.
Obtain consent from parents for release of relevant information from the child's WV BTT educational record	Before sending notice of the face to face transition meeting and at any other appropriate juncture.		Parent consent must be specific about which documents are to be released to which parties.
Send Notice of Face-to-Face Transition Planning Meeting form to all IFSP team members, and other agencies or individuals who the family selects to attend the meeting. Attach copies of pertinent information from the child's WVBTT record (assessments, IFSP) to meeting notice.	At least two weeks prior to scheduled meeting and earlier if possible.		Face-to-face transition meetings are to be held for every child – even if the family does not desire to invite the school system or any other agencies to the meeting. The only exceptions are if families refuse to have such a meeting.
Remind other team members to be prepared to participate in the completion of the Transition Summary Update form at the face-to-face transition planning meeting or to send a summary of the child's current developmental status for the team's consideration if not able to attend the meeting face-to-face.	When sending notice of the meeting.		
Facilitate completion of the Transition Summary Update. Document discussion and activities of the face-to-face transition planning meeting utilizing the WV Birth to Three Teaming Activity note.	Team may complete prior to, or during the face to face meeting. Check the county procedures for preference. (posted on BTT website)		



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ACTIVITY	TIMELINE REQUIREMENTS	DATE COMPLETE	OTHER INFORMATION
<p>Facilitate face to face meeting, ensuring that: families are informed of eligibility criteria, enrollment procedures, and the notification and/or referral process for Part B and other early childhood programs/services in the community (including the need for a valid birth certificate and immunization records); plans are made for exchanging any additional information that may be needed; strategies are identified to support a successful transition for the child and family.</p>	<p>Face to face meeting must occur at least 90 days, and up to 9 months prior to the child's third birthday.</p> <p>Check each counties transition procedures posted on the WVBTT website for county dates for children with summer or early fall birthdays.</p>		
<p>Provide all participants with copies of completed activity note and Transition Summary Update.</p>	<p>Send copies within one week after meeting. Originals to the child record.</p>		
<p>If a Part B representative is not present at the meeting, and the family desires a referral to Part B, the service coordinator will assist the family to complete a letter of request for evaluation and will forward that request to the County Special Education director or designee. SC will document in child record.</p>	<p>Help family to complete letter during the face-to-face transition planning meeting.</p>		
<p>Arrange for return of all Assistive Technology equipment provided by WV Birth to Three unless it has been determined that the child continues to need the equipment. If the child needs the equipment after age three, the service coordinator will revise the WV Birth to Three Assistive Technology Loan Agreement to provide the family with the toll free numbers of the RAU and the WV Birth to Three State office in order to plan for return of the equipment to the State when no longer being used by the child.</p>	<p>During transition planning meeting – document on activity note and update loan agreement.</p>		<p>Remind the family that equipment purchased by BTT is state property and cannot be sold or otherwise disposed of by the family.</p>
<p>Follow up with family (and other participants as appropriate) to assure that activities identified during the face-to-face meeting are completed.</p>	<p>Immediately after meeting and until child transitions from BTT.</p>		
<p>Complete the Transfer/Transition form, recording all requested information. If the date of the face-to-face meeting was less than 90 days before the child's third birthday, be sure to include the reasons for the delay.</p>	<p>Within 5 days of the child's exit from WV Birth to Three.</p>		
<p>Submit completed Transition Pan to RAU.</p>	<p>Within 5 days of child's exit from WV Birth to Three.</p>		



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IFSP REVIEW – Page 1

In review of the IFSP, the early intervention team must describe how the intervention strategies and services have assisted the family to better be able to meet their child's unique needs and whether the child has improved their ability to participate in daily activities and routines of the family.

Outcome #	Progress or Lack of Progress	Status of Outcome	Major Revisions to Strategies*

1= Outcome achieved, 2= Making progress, outcome continued, 3= Not making progress, strategies modified, 4= New outcome on this date, 5= Outcome discontinued, no longer a need

*** If these modifications justify a need to revise or change services, complete the service grid on IFSP Review Page 2.**



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IFSP Review – Page 2

Modification of IFSP Services

Legend Code**	Modification in Service(s)	Related to Outcome #s	Freq/Intensity (Times/Wk/Mo /mins. perSession)	Start Date	End Date	Location	Payee/Practitioner Information	Fund Source(s)

*Indicates information stored electronically **Legend Code + = Addition of a Service - = Termination/Elimination of a Service

- I have participated in this review and consent to the changes discussed above and give permission for services to continue as described in the IFSP.
- I have received a written copy of the WV Birth to Three Procedural Safeguards.

*Parent/Legal Guardian Signature: _____ Date: _____

Name and Signature/Credential	Date	Contact Information (Address, Phone, E-mail, Best Time to Call)	Contributed but not present (Include Method of contribution)



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INTERIM IFSP

This plan is completed prior to the completion of the Initial IFSP in order to provide needed WV Birth to Three services when appropriate. The Interim IFSP can only be completed when the child, through the multi-disciplinary evaluation process, has been determined eligible for WV Birth to Three services and, due to child or family circumstances there is an immediate need for service.

CHILD AND FAMILY CENTERED OUTCOMES	
Outcome #____: What do we want to happen to meet the immediate needs of this child and family?	What's happening now?
How will we, as a family, work toward achieving this outcome within our daily activities and routines?	
People in the child's and/or family's life who will help implement the identified strategies:	
We will know this outcome has been met when:	
I give permission for services to begin as described in the Interim IFSP. I understand I can request changes in these service commitments. I know that even if I refuse permission for one/some services, all others will proceed as planned.	
Parent/Legal Guardian Signature/Date:	
Interim Service Coordinator/s Signature/Date:	

This page may be duplicated as needed.