



WV Birth to Three
Office of Maternal, Child and Family Health
Bureau of Public Health
West Virginia Department of Health

Child Last Name: _____
Child First Name: _____ MI
DOB: _____ ID#: _____
FOLDER: _____ Date: _____

TITLE: _____

For _____ and Family

Our Mission: WV Birth to Three partners with families and caregivers to build upon their strengths by offering coordination, supports, and resources to enhance children's learning and development.

TYPE OF MEETING: **Initial IFSP** **Annual IFSP** **Other IFSP** **DATE:** _____ **Gender:** **M** **F**

Primary Language/Mode of Communication _____ **Interpreter Name:** _____

Family Information _____ *There is a change in information identified today for the child/family. Complete and submit Change of Information to RAU.*

Child Name: _____ **DOB:** Month/Day/Year _____
Last name First Name MI

Primary Contact Name: _____ **Relationship to Child:** _____
Last name First Name MI

Address: _____

Phone Number: Home: _____ Cell: _____ **Email:** _____

Secondary Contact/Alternate Contact Name: _____ **Relationship to Child:** _____
Last name First Name MI

Address: _____

Phone Number: Home: _____ Cell: _____ **Email:** _____

Service Coordinator Information _____ *If you have questions about this IFSP or any of the individuals working with your child and family, contact your service coordinator*

Service Coordinator Name: _____

Agency (If Applicable): _____

Phone Number: _____ **Email:** _____

Regional Administrative Unit (RAU) for WV Birth to Three _____

RAU/Name: _____ **Phone Number:** _____

Address: _____

Email: _____ **RAU Parent Partner:** _____



Multi-Disciplinary Evaluation for Eligibility

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 ☐ Developmental Screening
☐ Observation of the Child in Home and Community Settings ☐ Formal Evaluation/Assessment Tools Used:

| Meets Criteria for This Category | Established Condition | | | | |
|---|--|---|--|---|--|
| | <i>List all physical or mental condition(s) that the child has, using 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. You must choose an Established Condition from the drop-down choices. If not completing electronically you must select an Established Condition from the Eligibility Policy of listed Established Conditions. If using "OTHER" category, you must indicate which "Other" category you are using and then list the Established Condition. Written documentation of the Established Condition is required.</i> | | | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | Established Conditions Category | Select documented established condition: | | "Other" condition not listed under WVBTT Est. Conditions: | |
| | | | | | |
| Meets Criteria for This Category | Developmental Delay | | | | |
| | <i>Document the type of delay the child is experiencing based on the multidisciplinary team evaluations. Only one type of delay should be identified for each of the five areas of development. To be eligible a child must have the equivalent of: a 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 that is not expected to resolve on its own. Written documentation supporting the developmental delay is required. Written documentation supporting the developmental delay is required.</i> | | | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | Motor Development | Communication Development | Cognitive Development | Social Emotional Development | Adaptive Development |
| | | | | | |
| Meets Criteria for This Category | At-Risk Factors | | | | |
| | <i>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.</i> | | | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> Low Birth Weight | <input type="checkbox"/> Severe Asphyxia | <input type="checkbox"/> Small for Gestational Age | <input type="checkbox"/> Chronic Otitis Media | <input type="checkbox"/> Gestational Age |
| Check All That Apply | <input type="checkbox"/> Technology Dependent | <input type="checkbox"/> Substantiated Child Abuse or Neglect | <input type="checkbox"/> Family Barrier to Accessing Support | <input type="checkbox"/> Serious Parental Concern | <input type="checkbox"/> Primary Caregiver |
| | <input type="checkbox"/> Family Support Stressor | <input type="checkbox"/> Chromosomal Abnormality/Genetic Disorder | <input type="checkbox"/> Congenital Disorder | <input type="checkbox"/> Severe Sensory Impairment | <input type="checkbox"/> Nervous System Impairment |
| | <input type="checkbox"/> Inborn Error of Metabolism | <input type="checkbox"/> Infectious Disease | <input type="checkbox"/> Chronic Medical Illness | <input type="checkbox"/> Perinatal Factor | <input type="checkbox"/> Toxic Exposure |



Eligibility Determination

| |
|--|
| <input type="checkbox"/> As determined by the multi-disciplinary team, the child has been found eligible for WV Birth to Three. Date: _____ |
| <input type="checkbox"/> As determined by the multi-disciplinary team, the child is determined not eligible for WV Birth to Three because he/she did not meet any of the eligibility criteria. Date: _____ |
| <input type="checkbox"/> The child has been found eligible for WV Birth to Three, but the parent(s) have declined any further service. Date: _____ |

Multi-Disciplinary Evaluation Team Members

| Print Name and Sign with Credential | Date | Role on Team | Method of Contribution |
|--|------|--------------|------------------------|
| | | | |
| | | | |
| | | | |
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| | | | |
| | | | |

- ☐ I/We agree with the determination of my/our child's eligibility/ineligibility.
- ☐ I/We disagree with the determination of my/our child's eligibility/ineligibility.
- ☐ I/We have received a written copy of the WV Birth to Three Procedural Safeguards.

Parent/Legal Guardian Signature

Date

Prior Written Notice: Eligibility Determination

The 'Eligibility Determination for WV Birth to Three' section of this document summarizes the findings of the multidisciplinary evaluation team regarding this child's eligibility for WV Birth to Three. WV Birth to Three proposes this eligibility decision based on information gathered by the multidisciplinary team through the above referenced methods and activities. If you disagree with this decision, you have the rights as outlined in your Procedural Safeguards Booklet.





If the child has been found to be ineligible:

- Has a referral been made to Help Me Grow, WV? ☐ Yes ☐ No
- Has the family been given a completed Transition Resource Information form? ☐ Yes ☐ No
- List any other referrals that were made for the family:







Present Abilities, Strengths and Needs

Through the evaluation/assessment, we have learned a lot about your child and family. This information helps us understand your child's developmental strengths, as well as some of the things that are challenging for your child and may be affecting how he/she is able to participate in family and community activities. Let's work together to summarize what we learned.

| Routine | Task Difficulty | Activity | Developmental Areas Where Concerns Exist | Related National Child Outcomes |
|--|---|--|---|---|
| Waking Up  | <input type="checkbox"/> Easy <input type="checkbox"/> Some Concerns <input type="checkbox"/> Difficult | What is going well? What could be better? | <input type="checkbox"/> Communication <input type="checkbox"/> Movement/Physical <input type="checkbox"/> Learning/Cognition <input type="checkbox"/> Social/Emotional Behaviors <input type="checkbox"/> Self-Help/Adaptive | <input type="checkbox"/> Positive Social/Emotional Skills, Including Social Relationships <input type="checkbox"/> Acquiring and Using Knowledge and Skills <input type="checkbox"/> Use of Appropriate Behaviors to Meet Needs |
| Dressing/Toileting  | <input type="checkbox"/> Easy <input type="checkbox"/> Some Concerns <input type="checkbox"/> Difficult | What is going well? What could be better? | <input type="checkbox"/> Communication <input type="checkbox"/> Movement/Physical <input type="checkbox"/> Learning/Cognition <input type="checkbox"/> Social/Emotional Behaviors <input type="checkbox"/> Self-Help/Adaptive | <input type="checkbox"/> Positive Social/Emotional Skills, Including Social Relationships <input type="checkbox"/> Acquiring and Using Knowledge and Skills <input type="checkbox"/> Use of Appropriate Behaviors to Meet Needs |
| Meals/Feeding  | <input type="checkbox"/> Easy <input type="checkbox"/> Some Concerns <input type="checkbox"/> Difficult | What is going well? What could be better? | <input type="checkbox"/> Communication <input type="checkbox"/> Movement/Physical <input type="checkbox"/> Learning/Cognition <input type="checkbox"/> Social/Emotional Behaviors <input type="checkbox"/> Self-Help/Adaptive | <input type="checkbox"/> Positive Social/Emotional Skills, Including Social Relationships <input type="checkbox"/> Acquiring and Using Knowledge and Skills <input type="checkbox"/> Use of Appropriate Behaviors to Meet Needs |
| Outings  | <input type="checkbox"/> Easy <input type="checkbox"/> Some Concerns <input type="checkbox"/> Difficult | What is going well? What could be better? | <input type="checkbox"/> Communication <input type="checkbox"/> Movement/Physical <input type="checkbox"/> Learning/Cognition <input type="checkbox"/> Social/Emotional Behaviors <input type="checkbox"/> Self-Help/Adaptive | <input type="checkbox"/> Positive Social/Emotional Skills, Including Social Relationships <input type="checkbox"/> Acquiring and Using Knowledge and Skills <input type="checkbox"/> Use of Appropriate Behaviors to Meet Needs |



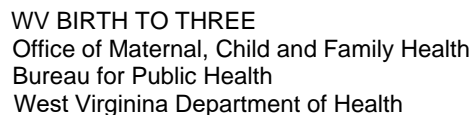
| Routine | Task Difficulty | Activity | Developmental Areas Where Concerns Exist | Related National Child Outcomes |
|--|---|-----------------------|---|---|
| Playtime  | <input type="checkbox"/> Easy <input type="checkbox"/> Some Concerns <input type="checkbox"/> Difficult | What is going well? | <input type="checkbox"/> Communication <input type="checkbox"/> Movement/Physical <input type="checkbox"/> Learning/Cognition <input type="checkbox"/> Social/Emotional Behaviors <input type="checkbox"/> Self-Help/Adaptive | <input type="checkbox"/> Positive Social/Emotional Skills, Including Social Relationships <input type="checkbox"/> Acquiring and Using Knowledge and Skills <input type="checkbox"/> Use of Appropriate Behaviors to Meet Needs |
| | | What could be better? | | |
| Bath Time  | <input type="checkbox"/> Easy <input type="checkbox"/> Some Concerns <input type="checkbox"/> Difficult | What is going well? | <input type="checkbox"/> Communication <input type="checkbox"/> Movement/Physical <input type="checkbox"/> Learning/Cognition <input type="checkbox"/> Social/Emotional Behaviors <input type="checkbox"/> Self-Help/Adaptive | <input type="checkbox"/> Positive Social/Emotional Skills, Including Social Relationships <input type="checkbox"/> Acquiring and Using Knowledge and Skills <input type="checkbox"/> Use of Appropriate Behaviors to Meet Needs |
| | | What could be better? | | |
| Bedtime/ Naptime  | <input type="checkbox"/> Easy <input type="checkbox"/> Some Concerns <input type="checkbox"/> Difficult | What is going well? | <input type="checkbox"/> Communication <input type="checkbox"/> Movement/Physical <input type="checkbox"/> Learning/Cognition <input type="checkbox"/> Social/Emotional Behaviors <input type="checkbox"/> Self-Help/Adaptive | <input type="checkbox"/> Positive Social/Emotional Skills, Including Social Relationships <input type="checkbox"/> Acquiring and Using Knowledge and Skills <input type="checkbox"/> Use of Appropriate Behaviors to Meet Needs |
| | | What could be better? | | |
| Child Care  | <input type="checkbox"/> Easy <input type="checkbox"/> Some Concerns <input type="checkbox"/> Difficult | What is going well? | <input type="checkbox"/> Communication <input type="checkbox"/> Movement/Physical <input type="checkbox"/> Learning/Cognition <input type="checkbox"/> Social/Emotional Behaviors <input type="checkbox"/> Self-Help/Adaptive | <input type="checkbox"/> Positive Social/Emotional Skills, Including Social Relationships <input type="checkbox"/> Acquiring and Using Knowledge and Skills <input type="checkbox"/> Use of Appropriate Behaviors to Meet Needs |
| | | What could be better? | | |



Child Outcome Summary Form

Facilitator: _____ Discipline: _____ Date: _____
Type of COSF completed today: Initial COSF Annual COSF Exit COSF

| | | | | | | | |
|--|--|--|--|---|---|---|------------------------------|
| 1. POSITIVE SOCIAL-EMOTIONAL SKILLS (INCLUDING SOCIAL RELATIONSHIPS) - Check box that applies 1. A. To what extent does this child show skills/behaviors related to this outcome expected for his or her age across a variety of settings and situations? For example: attachment/separation/autonomy, expressing emotions and feelings, social interactions and play, following rules if older than 18 months. | | | | | | | |
| Completely | | Somewhat | | Emerging | | Not Yet | |
| The child uses age-expected skills/behaviors in all or almost all everyday situations – no concerns | The child uses age-expected skills/behaviors but there are still some significant concerns | The child uses a mix of skills/behaviors with more that are age-expected than not age-expected | The child occasionally uses age-expected skills/behaviors with more skills/behaviors that are not age-expected | The child uses immediate foundational skills/behaviors most of the time across settings and situations – not yet age expected | The child occasionally uses immediate foundational skills/behaviors across settings and situations – more foundational skills | The child only uses foundational skills/behaviors across settings and situations – might be described similar to a much younger child | |
| 1. B. Has the child shown any new skills/behaviors related to positive social emotional skills in the last 12 months? | | | | | Yes | No | Not Applicable, Initial IFSP |
| 2. ACQUISITION AND USE OF KNOWLEDGE AND SKILLS - Check box that applies 2. A. To what extent does this child show skills/behaviors related to this outcome expected for his or her age across a variety of settings and situations? For example: attends, explores, imitates, object permanence, early concepts, expressive language and communication, problem solving. | | | | | | | |
| Completely | | Somewhat | | Emerging | | Not Yet | |
| The child uses age expected skills/behaviors in all or almost all everyday situations – no concerns | The child uses age-expected skills/behaviors but there are still some significant concerns | The child uses a mix of skills/behaviors with more that are age-expected than not age-expected | The child occasionally uses age-expected skills/behaviors with more skills/behaviors that are not age-expected | The child uses immediate foundational skills/behaviors most the time across settings and situations - not yet age-expected | The child occasionally uses immediate foundational skills/behaviors across settings and situations – more foundational skills | The child only uses foundational skills/behaviors across settings and situations – might be described similar to a much younger child | |
| 2.B. Has the child shown any new skills/behaviors related to acquisition and use of knowledge and skills in the last 12 months? | | | | | Yes | No | Not Applicable, Initial IFSP |
| 3. USE OF APPROPRIATE BEHAVIORS TO MEET THEIR NEEDS - Check box that applies 3. A. To what extent does this child show skills/behaviors related to this outcome expected for his or her age across a variety of settings and situations? For example: independent mobility, use of objects to make things happen, feeding, toileting, dressing, requests | | | | | | | |
| Completely | | Somewhat | | Emerging | | Not Yet | |
| The child uses age expected skills/behaviors in all or almost all everyday situations – no concerns | The child uses age-expected skills/behaviors but there are still some significant concerns | The child uses a mix of skills/behaviors with more that are age-expected than not age-expected | The child occasionally uses age-expected skills/behaviors with more skills/behaviors that are not age expected | The child uses immediate foundational skills/behaviors most the time across settings and situations - not yet age-expected | The child occasionally uses immediate foundational skills/behaviors across settings and situations – more foundational skills | The child only uses foundational skills/behaviors across settings and situations – might be described similar to a much younger child | |
| 3.B. Has the child shown any new skills/behaviors related to use of appropriate behaviors to meet their needs in the last 12 months? | | | | | Yes | No | Not Applicable, Initial IFSP |



Child First Name:

DOB:

FOLDER:

ID#:

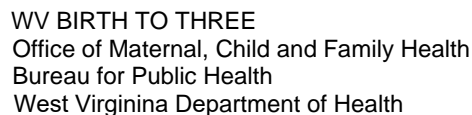
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Date:

Child Outcomes in Daily Routines

Child outcomes are based on the changes the family/caregiver wants to see in the child's ability to successfully participate in the daily activities and routines that are important to them. **(Use additional pages as needed.)**

| | | | |
|--|--|--|--|
| Outcome # | What routine or activity will be the focus for this child outcome? | | |
| Functional Outcome Statement (What we can accomplish in the next six months related to this routine or activity?) | | | |
| Who | | Will (do what) | |
| Under what conditions | | In order to or so that | |
| We will know this outcome has been achieved when: | | | |
| <p>What activities/strategies will the family/caregiver do with their child between visits to achieve this outcome? (Strategies may change over time as needed.)</p> | | | |
| <p>How will the family/caregiver be coached to learn these strategies?</p> <p> <input type="checkbox"/> Practitioner will model recommended strategies. <input type="checkbox"/> Practitioner will provide written materials and answer questions, when appropriate. </p> <p> <input type="checkbox"/> Practitioner will support the family/caregiver through guided practice with recommended strategies. </p> <p> <input type="checkbox"/> Practitioner will design and teach family/caregiver how to collect data, when appropriate. </p> <p> <input type="checkbox"/> Practitioner will observe child/family/caregiver within the routine and provide feedback on use of recommended strategies. </p> | | | |
| How will the team measure progress (observable actions and behaviors)? | | | |
| <input type="checkbox"/> Intervention Activity notes | <input type="checkbox"/> Data Gathering | <input type="checkbox"/> Service Coordinator Activity Note | <input type="checkbox"/> Parent/Caregiver Report |
| <input type="checkbox"/> Ongoing Team Communication | <input type="checkbox"/> Other – Describe | | |



Child First Name:

DOB:

FOLDER:

ID#:

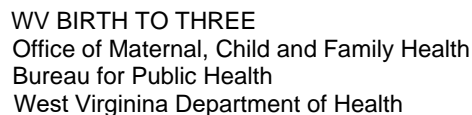
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Date:

Child Outcomes in Daily Routines

Child outcomes are based on the changes the family/caregiver wants to see in the child's ability to successfully participate in the daily activities and routines that are important to them. **(Use additional pages as needed.)**

| | | | |
|--|--|--|--|
| Outcome # | What routine or activity will be the focus for this child outcome? | | |
| Functional Outcome Statement (What we can accomplish in the next six months related to this routine or activity?) | | | |
| Who | | Will (do what) | |
| Under what conditions | | In order to or so that | |
| We will know this outcome has been achieved when: | | | |
| <p>What activities/strategies will the family/caregiver do with their child between visits to achieve this outcome? (Strategies may change over time as needed.)</p> | | | |
| <p>How will the family/caregiver be coached to learn these strategies?</p> <p> <input type="checkbox"/> Practitioner will model recommended strategies. <input type="checkbox"/> Practitioner will provide written materials and answer questions, when appropriate. </p> <p> <input type="checkbox"/> Practitioner will support the family/caregiver through guided practice with recommended strategies. </p> <p> <input type="checkbox"/> Practitioner will design and teach family/caregiver how to collect data, when appropriate. </p> <p> <input type="checkbox"/> Practitioner will observe child/family/caregiver within the routine and provide feedback on use of recommended strategies. </p> | | | |
| How will the team measure progress (observable actions and behaviors)? | | | |
| <input type="checkbox"/> Intervention Activity notes | <input type="checkbox"/> Data Gathering | <input type="checkbox"/> Service Coordinator Activity Note | <input type="checkbox"/> Parent/Caregiver Report |
| <input type="checkbox"/> Ongoing Team Communication | <input type="checkbox"/> Other – Describe | | |



Child First Name:

DOB:

FOLDER:

ID#:

MI

Date:

Child Outcomes in Daily Routines

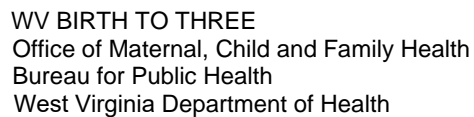
Child outcomes are based on the changes the family/caregiver wants to see in the child's ability to successfully participate in the daily activities and routines that are important to them. **(Use additional pages as needed.)**

| | | | |
|--|--|--|--|
| Outcome # | What routine or activity will be the focus for this child outcome? | | |
| Functional Outcome Statement (What we can accomplish in the next six months related to this routine or activity?) | | | |
| Who | | Will (do what) | |
| Under what conditions | | In order to or so that | |
| We will know this outcome has been achieved when: | | | |
| <p>What activities/strategies will the family/caregiver do with their child between visits to achieve this outcome? (Strategies may change over time as needed.)</p> | | | |
| <p>How will the family/caregiver be coached to learn these strategies?</p> <p> <input type="checkbox"/> Practitioner will model recommended strategies. <input type="checkbox"/> Practitioner will provide written materials and answer questions, when appropriate. </p> <p> <input type="checkbox"/> Practitioner will support the family/caregiver through guided practice with recommended strategies. </p> <p> <input type="checkbox"/> Practitioner will design and teach family/caregiver how to collect data, when appropriate. </p> <p> <input type="checkbox"/> Practitioner will observe child/family/caregiver within the routine and provide feedback on use of recommended strategies. </p> | | | |
| How will the team measure progress (observable actions and behaviors)? | | | |
| <input type="checkbox"/> Intervention Activity notes | <input type="checkbox"/> Data Gathering | <input type="checkbox"/> Service Coordinator Activity Note | <input type="checkbox"/> Parent/Caregiver Report |
| <input type="checkbox"/> Ongoing Team Communication | <input type="checkbox"/> Other – Describe | | |

Child Outcomes in Childcare Routines

Child outcomes are based on the changes the family/caregiver wants to see in the child's ability to successfully participate in the daily activities and routines that are important to them. ***(Use additional pages as needed.)***

| | | | |
|--|--|--|--|
| Outcome # | What routine or activity will be the focus for this child outcome? | | |
| Functional Outcome Statement (What we can accomplish in the next six months related to this routine or activity?) | | | |
| Who | | Will (do what) | |
| Under what conditions | | In order to or so that | |
| We will know this outcome has been achieved when: | | | |
| <p>What activities/strategies will the caregiver do with their child between visits to achieve this outcome? (Strategies may change over time as needed.)</p> | | | |
| <p>How will the caregiver be coached to learn these strategies?</p> <div> <input type="checkbox"/> Practitioner will model recommended strategies. <input type="checkbox"/> Practitioner will provide written materials and answer questions, when appropriate. </div> <div> <input type="checkbox"/> Practitioner will support the caregiver through guided practice with recommended strategies. </div> <div> <input type="checkbox"/> Practitioner will design and teach caregiver how to collect data, when appropriate. </div> <div> <input type="checkbox"/> Practitioner will observe child/caregiver within the routine and provide feedback on use of recommended strategies. </div> | | | |
| How will the team measure progress (observable actions and behaviors)? | | | |
| <input type="checkbox"/> Intervention Activity notes | <input type="checkbox"/> Data Gathering | <input type="checkbox"/> Service Coordinator Activity Note | <input type="checkbox"/> Parent/Caregiver Report |
| <input type="checkbox"/> Ongoing Team Communication | <input type="checkbox"/> Other – Describe | | |



MI

Date:

Family outcomes assist families in obtaining the knowledge, skills, and resources needed to meet their desired goals as a family. For example: learning about their child's diagnosis, researching communication options for their child, explaining the child's delay to other family members, locating quality child care, meeting other families with special needs children, learning new ways to do something for their child, accessing community activities. ***(Use additional pages as needed)***

IFSP-9



Transition Plan

WV Birth to Three must ensure a smooth transition of infants and toddlers receiving early intervention services to other services when exiting WV Birth to Three at age three. The IFSP team will establish a transition plan not fewer than 90 days and, at the discretion of all parties, not more than 9 months before the child's third birthday. A Transition Conference must also be held not fewer than 90 days and not more than 9 months before the child's third birthday. When an initial IFSP occurs between 150-90 days prior to a child's third birthday, an Interim Service Coordinator must facilitate a transition conference which includes the development of the transition plan.

Third Birthday: _____ **Anticipated Transition Conference Date:** _____ ☐ **Not applicable at this time**

List the possible options for services at age three that were discussed with the family:

What services would the family like more information about?

What information does the family need to help prepare the child and themselves for transition?

What information does the family want to share with other agencies/programs? Which programs will the family be sharing this information with?

What additional steps and services are needed to promote a successful transition?



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 | Delivery | Location (Settings for Services) | Frequency/Intensity (How often, how long) | Method | Start Date | Anticipated Duration | Funding Source | Parent Consent and Initials |
|------------------------|----------------|----------|----------------------------------|--|--------|------------|----------------------|------------------|-----------------------------|
| | | | | One time only authorization for _____ mins _____ xs Daily Weekly Monthly Qtrly _____ mins | | | | BTT/CFO Other | |
| | | | | One time only authorization for _____ mins _____ xs Daily Weekly Monthly Qtrly _____ mins | | | | BTT/CFO Other | |
| | | | | One time only authorization for _____ mins _____ xs Daily Weekly Monthly Qtrly _____ mins | | | | BTT/CFO Other | |
| | | | | One time only authorization for _____ mins _____ xs Daily Weekly Monthly Qtrly _____ mins | | | | BTT/CFO Other | |

Method Codes:

A = Coaching the family and/or caregiver in the use of strategies to enhance the development of the child.

B = Consultation to family and IFSP team related to ongoing progress monitoring of the child.

C = Service Coordination-Provides coordination, linkage, and referral.

D = Assistive Technology



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 | Delivery | Location (Settings for Services) | Frequency/Intensity (How often, how long) | Method | Start Date | Anticipated Duration | Funding Source | Parent Consent and Initials |
|------------------------|----------------|----------|----------------------------------|--|--------|------------|----------------------|------------------|-----------------------------|
| | | | | One time only authorization for _____ mins ____ xs Daily Weekly Monthly Qtrly ____ mins | | | | BTT/CFO Other | |
| | | | | One time only authorization for _____ mins ____ xs Daily Weekly Monthly Qtrly ____ mins | | | | BTT/CFO Other | |
| | | | | One time only authorization for _____ mins ____ xs Daily Weekly Monthly Qtrly ____ mins | | | | BTT/CFO Other | |
| | | | | One time only authorization for _____ mins ____ xs Daily Weekly Monthly Qtrly ____ mins | | | | BTT/CFO Other | |

Method Codes:

A = Coaching the family and/or caregiver in the use of strategies to enhance the development of the child.

B = Consultation to family and IFSP team related to ongoing progress monitoring of the child.

C = Service Coordination-Provides coordination, linkage, and referral.

D = Assistive Technology



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 | Delivery | Location (Settings for Services) | Frequency/Intensity (How often, how long) | Method | Start Date | Anticipated Duration | Funding Source | Parent Consent and Initials |
|------------------------|----------------|----------|----------------------------------|--|--------|------------|----------------------|------------------|-----------------------------|
| | | | | One time only authorization for _____ mins _____ xs Daily Weekly Monthly Qtrly _____ mins | | | | BTT/CFO Other | |
| | | | | One time only authorization for _____ mins _____ xs Daily Weekly Monthly Qtrly _____ mins | | | | BTT/CFO Other | |
| | | | | One time only authorization for _____ mins _____ xs Daily Weekly Monthly Qtrly _____ mins | | | | BTT/CFO Other | |
| | | | | One time only authorization for _____ mins _____ xs Daily Weekly Monthly Qtrly _____ mins | | | | BTT/CFO Other | |

Method Codes:

A = Coaching the family and/or caregiver in the use of strategies to enhance the development of the child.

B = Consultation to family and IFSP team related to ongoing progress monitoring of the child.

C = Service Coordination-Provides coordination, linkage, and referral.

D = Assistive Technology



Part C 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 | Location (Settings for Services) | Transportation Reimbursement Needed? * | Frequency/Intensity (How often, how long) | Method | Start Date | Anticipated Duration | Fund Source | Parent Consent and Initials |
|---|----------------|----------------------------------|---|---|--------|------------|----------------------|------------------|-----------------------------|
| | | | Yes | One time only authorization for _____ mins _____ xs | | | | BTT/CFO Other | |
| | | | No | Daily Weekly Monthly Qtrly _____ mins | | | | | |
| | | | Yes | One time only authorization for _____ mins _____ xs | | | | BTT/CFO Other | |
| | | | No | Daily Weekly Monthly Qtrly _____ mins | | | | | |
| | | | Yes | One time only authorization for _____ mins _____ xs | | | | BTT/CFO Other | |
| | | | No | Daily Weekly Monthly Qtrly _____ mins | | | | | |
| * Transportation reimbursed only if service not available in natural environment | | | Method Codes: A = Coaching the family and/or caregiver in the use of strategies to enhance the development of the child. B = Consultation to family and IFSP team related to ongoing progress monitoring of the child. C = Service Coordination-Provides coordination, linkage, and referral. D = Assistive Technology | | | | | | |

Natural Learning Opportunities Justification: Why are services not being provided in natural environments? How will strategies and activities be included in the family daily settings? What is the plan to move services to natural environments (include timeline)?



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

To the extent appropriate, the IFSP should include other services needed or being received by the family or child, and not funded under Part C

| Service or Resource | Receive | Need | List steps to be taken to secure services/resources, including potential funding source if relevant |
|---|--------------------------|--------------------------|---|
| Child Care | <input type="checkbox"/> | <input type="checkbox"/> | |
| Early Head Start | <input type="checkbox"/> | <input type="checkbox"/> | |
| Help Me Grow WV | <input type="checkbox"/> | <input type="checkbox"/> | |
| Women, Infants, and Children (WIC) | <input type="checkbox"/> | <input type="checkbox"/> | |
| WV Home Visitation Programs (HFA, PAT, MIHOW, HAPI, RFTS) | <input type="checkbox"/> | <input type="checkbox"/> | |
| WV Children's Health Insurance Program (CHIP) | <input type="checkbox"/> | <input type="checkbox"/> | |
| Children with Disabilities Community Service Program (CDCSP) | <input type="checkbox"/> | <input type="checkbox"/> | |
| Children with Special Health Care Needs (CSHCN) | <input type="checkbox"/> | <input type="checkbox"/> | |
| Medicaid | <input type="checkbox"/> | <input type="checkbox"/> | |
| Supplemental Security Income (SSI) | <input type="checkbox"/> | <input type="checkbox"/> | |
| Supplemental Nutrition Assistance Program (SNAP) | <input type="checkbox"/> | <input type="checkbox"/> | |
| Non-Emergency Medical Transportation | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other (<i>library, church, playgroups, Kindermusik, etc.</i>) | <input type="checkbox"/> | <input type="checkbox"/> | |

☐ Family has chosen not to be linked to other services.

Please note other possible referrals or linkages that the family has identified to meet their individual needs.



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.

| Print Name and Sign with Credential | Date | Role on Team | Telephone/Email | Method of Contribution |
|--|------|--------------|-----------------|---------------------------|
| | | | Phone: | |
| | | | Email: | |
| | | | Phone: | |
| | | | Email: | |
| | | | Phone: | |
| | | | Email: | |
| | | | Phone: | |
| | | | Email: | |
| | | | Phone: | |
| | | | Email: | |

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

- ☐ I/We have helped develop this Individualized Family Service Plan (IFSP). I/We understand and agree with its content. I/We agree to each of the services I/We have initiated. I/We understand that my consent for services may be withdrawn by written request at any time.
- ☐ I/We do not accept this IFSP as written, however I /We do give permission for the following services to begin:
- ☐ I/We have received a copy of the Procedural Safeguards. Our Interim/Ongoing Service Coordinator has reviewed our rights and answered any questions I/We have.

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.