**West
Virginia
Birth to Three**

**The Individualized
Family Service Plan Instructions**

Revised 11-4-2022

The Individualized Family Service Plan

The Individualized Family Service Plan (IFSP) represents a collaborative partnership between the family and early intervention team. This partnership begins with the Family Assessment, incorporating the information gathered as part of the evaluation and assessment process and ends with a decision as to how early intervention can assist the family and other caregivers in enhancing the child's development and participation in the everyday activities and routines that are important to them.

The IFSP is a legal document describing the child's eligibility status and the early intervention service commitments for the eligible child and family. Identified service needs, including the intensity, frequency, delivery, and location of service, are based on assessment information, current research, the family's identified priorities, concerns and need for support and information. Any changes in service commitments must be completed through the IFSP process and team meetings.

NOTE: A family's need for information, resources and support can change over time requiring the ability of the Service Coordinator to be flexible in their provision of services. In situations where the family has identified a new need for information, resources, referral, or linkage to a community service, the Service Coordinator with the family will determine:

1) is this need something that can be taken care of through a non-Face to Face Service Coordination Activity?

OR

2) is this need something that will need more intensive support and will require an increase in the intensity and frequency of Service Coordination?

If the decision is to increase the intensity and frequency of Service Coordination services, it is not necessary to have a full IFSP team meeting. The Service Coordinator will schedule a visit to develop a Family Outcome to address the identified need. The Service Coordinator will also complete an IFSP review form with the family to document the increase in services. For more information, review the WV Birth to Three TA Bulletin: Providing for Flexibility in Service Coordination Services, at http://www.wvdhhr.org/birth23/tabulletins/tab_Providing_Flexibilty_Provision_SC_Services_382022.pdf

A child's eligibility is determined at the initial eligibility/IFSP meeting and annually for those children receiving WV Birth to Three services. If a child is determined not eligible at an initial eligibility, only pages 1 through 3 are completed. If a child is found not eligible at an annual eligibility, pages 1 through 3 and an Exit Child Outcome Summary Form are completed. If a child is 24 months of age or older, page 9 (the Transition Plan) may be completed as well.

The initial IFSP meeting must be held within 45 days of referral unless the family is not able to participate for reasons such as illness, vacation, severe weather, etc. The reason for any family delay must be documented in the child's record and a RAU Summary of 45 Day Timeline Delay form must be completed and submitted with the IFSP to data entry. The evaluation for eligibility and any further assessment should be completed prior to the initial IFSP meeting. The family should have an opportunity to review all assessment reports prior to development of the initial and/or annual IFSP.

IFSP Review pages are utilized at periodic reviews to evaluate progress towards achieving the identified outcomes. The IFSP must be reviewed six months from the start date and at other times if the family and/or team call for a review of outcomes and strategies.

The child's eligibility is re-determined annually, and if the child is eligible, a new IFSP is developed. An IFSP expires 12 months from the start date. The annual IFSP meeting must be held prior to the expiration date to ensure that there is not disruption of IFSP services.

NOTE: Page 1 of the IFSP may be completed prior to the meeting, however it is important to complete the remaining pages during the meeting, based on discussions with and input from the family and team members.

IFSP - Page 1

This page is completed at the Initial IFSP and then again at the Annual IFSP. The IFSP cover page is designed to provide the multi-disciplinary

evaluation/assessment and IFSP team with child and family demographic information.

Filling in the Blanks–

Header:

Child Last Name: Enter child's legal last name.

Child First Name: Enter child's legal first name.

MI: Enter child's middle initial. If child does not have a middle initial leave blank.

Date of Birth (DOB): Select the date from the calendar system or enter child's date of birth using month/day/year -MM/DD/YYYY or MM-DD-YYYY.

ID #: Enter the child's ID number from BTT Online.

Date: Select the date from the calendar drop down or enter the date using month/day/year - MM/DD/YYYY or MM-DD-YYYY.

NOTE: Some data from the header will populate into the document content.

Type/Date of Meeting: Check the type of IFSP meeting that is being held.

Initial IFSP – The first IFSP for a child after a primary referral.

Annual IFSP – An IFSP conducted yearly to determine eligibility for continued services, evaluate progress towards outcomes, and develop new outcomes if necessary.

Other IFSP – Designated to be used only when authorized by the WV Birth to Three State Office

Date: Enter the day of the IFSP meeting using the correct date format MM/DD/YYYY or MM-DD-YYYY. NOTE: This date will be auto filled to match the header date.

Gender: Check the correct box for the gender of the child.

Primary Language/Mode of Communication: Enter the primary language or mode of communication spoken within the home. NOTE: the default is English.

Interpreter Name: Enter the name of the Interpreter who attended the Eligibility/IFSP Meeting.

When completing Page 1, if there are any changes in child or family demographic information, please check this box:

If checked, please note the change of information on this form and complete a Change of Information form and submit to Data Entry at the RAU in which the child resides.

Child's Name: Enter correct spelling of the child's last name, first name and middle initial. NOTE: This will auto fill to match the child's name is the header.

Date of Birth: Enter Month/Day/Year of the child's birth. NOTE: This will auto fill to match the child's date of birth in the header.

Primary Contact: Enter the correct spelling of the Primary Contact for the child. Enter last name, first name, middle initial.

The primary contact is the person who will serve in the role of a "parent" on behalf of this child for the purposes of developing the IFSP. Individuals who may serve in the role of a "parent" are a biological or adoptive parent; a guardian; a person acting in the place of a parent such as a grandparent or stepparent with whom the child lives; a person who is legally responsible for the child's welfare; or a surrogate parent who has been assigned in accordance with the requirements of Part C of IDEA. A child protective service or foster care worker may not serve in the role of a "parent".

Relationship to Child: Enter the Primary Contact's relationship to the child.

Enter address, phone number and email address if available for the Primary Contact.

Secondary Contact/Alternate Contact

This section is used to document a secondary/alternate contact for the family. Examples of secondary contacts may be the other parent of the child (unless there is a court order that the parent may not be involved in educational services for the child); grandparent or other family member; the biological parent when a child is in foster care; a legal guardian; or a friend.

Relationship to Child: Enter the Secondary Contact's relationship to the child.

Enter address, phone number and email address if available for the Secondary Contact.

Service Coordinator Information: Enter the name, phone number and email address of the Ongoing Service Coordinator.

RAU: Enter the name, address, phone number and fax of the local Regional Administrative Unit (RAU).

RAU Parent Partner: Enter the name/s of the Parent Partner/s for the RAU.

Multi-Disciplinary Evaluation for Eligibility – Page 2

Evaluation under IDEA must be carried out by trained and qualified people, for the purposes of determining if a child is eligible for WV Birth to Three. Assessment activities should provide a "whole" picture of who the child is, who is important to the child, what the child can do, and in what ways the child may need help. Evaluation and assessment activities should identify the environments the child is in during his/her daily routines and how he is functioning in those daily activities and routines. In addition, assessment should include, to the extent a family desires, opportunity to address family needs within the context of how their daily life is being impacted.

The evaluation/assessment process should build on the concept of natural environments. Natural environments are the activities and routines that occur during the day that offer the child opportunities to learn, grow and develop. Through the evaluation/assessment process, information is gathered in various ways (methods) including talking with the family (interviews); watching the child in natural settings (observation); and conducting an appropriate (formal) tool. A formal tool is required to evaluate the child's skills and behaviors that children typically do at certain ages and to determine if a child meets the eligibility requirements and needs special help. This information is utilized by the multi-disciplinary team to make an informed clinical opinion about the child's developmental needs and eligibility status. 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.

Evaluation and Assessment Methods and Procedures

This page documents the evaluation and assessment activities completed by the multi-disciplinary team for the determination of eligibility. The Interim and On-Going Service Coordinators are responsible for making sure that all team members, including the family have access to pertinent medical, developmental, or social information prior to the meeting.

Filling in the Blanks–

Evaluation and Assessment Methods and Procedures page is completed at the initial IFSP and annual eligibility/IFSP meeting.

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: Check the activities completed by the MDT members as part of their evaluation/assessment process. This section provides an explanation of the activities and information that was used to form the team's clinical opinion regarding the child's eligibility.

- ☐ Review Medical Records
- ☐ Consultation with Healthcare Provider
- ☐ Family Interview
- ☐ Observation of the Child
- ☐ Developmental Screening
- ☐ Formal Evaluation/Assessment Tools Used: List the tools used by the evaluation/assessment team: _____

Established Conditions

This section is used by the multi- disciplinary team to record all diagnosed physical or mental conditions that are included in the Established Condition section of the WV Birth to Three Eligibility Policy

Meets Criteria for This Category - Check yes or no based on the informed clinical opinion of the MDT and WV Birth to Three eligibility policy. If the child is not experiencing any Established Conditions in accordance with WV Birth to Three policy, the answer will be 'no'.

Established Condition Category – Use the drop-down option to select the WV Birth to Three Established Conditions Category that the condition falls under according to the [WV Birth to Three Eligibility Policy](#).

In the Second column, use the Drop-Down option to select the Documented Established Condition that has a high probability in resulting in developmental delay.

You do not need to use the third column if the condition is listed in the [WV Birth to Three Eligibility Policy.](#)

Written documentation of Established Condition is required.

If a condition is not listed in the WV Birth to Three Eligibility Policy, in the first column you must select the appropriate category from the drop down that that best fits the condition.

Under the second column you must select the matching other category for the condition. Other options are: Other Chromosomal Abnormality/Genetic Disorder, Other Congenital Disorder, Other Deletion or Duplication of Chrom 1-22 (Not X or Y), Other inborn error of metabolism, Other Infectious Disease, Other Nervous System, Other Sensory Impairment, Other Sever Atypical Developmental Disorder, Other Toxic Exposure. For example: If you are documenting an "Other" condition under the category "Inborn error of metabolism" then you must select "Other Inborn error of metabolism" under the second column drop drown.

In the third column indicate the name of the "other" condition.

The team must have written confirmation from the child's physician that the diagnosis will result in substantial delay for this child.

<u>*Developmental Delay*</u>

This section is used by the multi-disciplinary team to document the developmental domains in which the child is experiencing a very substantial delay, substantial delay, or atypical development. It is important that the MDT document each area of delay even in circumstances when the child will not

qualify under the developmental delay category. This additional information will assist the team in better understanding the child's strengths and needs and in developing a comprehensive IFSP.

Meets Criteria for This Category - Check yes or no based on the informed clinical opinion of the MDT and WV Birth to Three eligibility policy.

Using the Drop-Down option in each developmental area, select whether the child is experiencing a developmental delay and to what extent.

An "option" must be selected. Blank indicates that you did not evaluate in that area.
Options

No delay
Atypical development
Substantial delay of 25%
Very substantial delay of 40%

To be eligible under Developmental Delay a child must have at least the equivalent of 40% delay in one or more areas; a 25 % delay in two or more areas; substantial atypical development in two or more areas that is likely to result in developmental delay without the benefit of early intervention services; or Substantial atypical development in one area in addition to a 25% delay on one other area

The WV Birth to Three Evaluation/Assessment Report Template should contain written documentation supporting the developmental delay.

<u>*At-Risk*</u>

This section is used by the multi-disciplinary team to record the biological and environmental risk factors that the child and family is experiencing, as identified through the evaluation and assessment process. It is important that the MDT record each risk factor even in circumstances when the child will not qualify under the At-Risk category. This additional information will assist the team to understand the child's strengths and needs and the family's challenges for future intervention planning.
Meets Criteria for This Category - To be eligible, the team must have documentation that the child is experiencing 5 or more of the listed risk factors.

Check yes or no based on the informed clinical opinion of the MDT and WV Birth to Three eligibility policy.

Check all risk factors that have been identified through the evaluation and assessment process. Written documentation of the biological/medical risk factors is required.

The WV Birth to Three Evaluation/Assessment Report Template should contain written documentation supporting the child and family risk factors/conditions.

Eligibility Determination for WV Birth to Three – Page 3

This page is used to record the team's decision regarding the child's eligibility for WV Birth to Three and is completed during the initial and annual eligibility/IFSP meeting.

☐ *As determined by the multi-disciplinary team, the child has been found eligible for WV Birth to Three.*
Date: _____

☐ *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: _____

☐ *As determined by the multi- disciplinary team, the child has been found eligible for WV Birth to Three, but the parent(s) have declined any further service.*
Date: _____

The Service Coordinator will check the box that represents the multi-disciplinary team's decision. Enter the date of the decision.

Multi-Disciplinary Evaluation Team Members

This section documents who and how the multi–disciplinary evaluation team members participated in the determination of eligibility. At the end of the Eligibility/IFSP meeting, the Interim or On-Going Service Coordinator who facilitated the meeting will send the IFSP document via secure electronic

means for parent and team member signature. In situations where the family does not have access to the internet, the Interim or On-Going Service Coordinator will send the document via secure electronic means to the team for signature, then send a copy via mail for the family to sign.

Name/Signature/Credential: Each person present at the IFSP meeting will electronically sign their name with credential. Names of those not present but providing input through report should be typed by the Service Coordinator facilitating the IFSP meeting.

NOTE: Practitioners will sign electronically using a valid digital or electronic signature. A *digital signature* is an electronic fingerprint which encrypts and identifies the individual who is using the form. They are considered digital as they are encrypted with a certificate based digital ID and the date a document is signed. An electronic signature is an image of your signature. An example of this would be signatures that are created with a stylus or signature capture application. The date in this case, will need to be added to the form.

Date: The Interim or On-Going Service Coordinator will type in the date of participation for each member of the IFSP team prior to sending to the family and team for signature.

Role on Team. The Interim and On-Going Service Coordinator will type in the role for person present should enter their role on the team. for example, "Service Coordinator", "Speech Therapist", "Developmental Specialist" prior to sending to the family and team for signature.

Method of Contribution: The Interim or On-Going Service Coordinator will use the Drop-Down option to select whether the practitioner participated face to face, via virtual teleconference or telephone only, sent an authorized representative or sent a written report prior to sending to the family and team for signature.

Face to Face- You are face to face in the same location as the family or caregiver.

Virtual Teleconference- You are providing services via a virtual platform such as Zoom, Microsoft Teams, Google Meet, etc.

Telephone Only- You are providing service via the telephone only- there is no video.

By Report- You have sent an assessment report.

Authorized Representative- You have sent a representative who is of the same discipline.

☐ *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.*

The family will check the boxes that reflect if they agree with the eligibility decision and if they have received a copy of the Procedural Safeguards when the IFSP is sent to them for signature.

If the child has been found to be ineligible,

☐ *Has a referral been made to Help Me Grow, WV?* Check yes or no.
☐ *Has the family been given a completed Transition Resource Information form?*
☐ Check yes or no.
☐ *List any referrals that were made for the family:*

_____

The Service Coordinator will check:
- *Has a referral been made?*
- *Has the family been given a completed Transition Resource Information form and list any referrals made*

The parent(s) will sign and date in the space provided when they receive the IFSP via secure electronic means or a copy is mailed to them following team signature.

NOTE: Review the *Prior Written Notice: Eligibility Determination* box with the family.

Present Abilities, Strengths, and Needs – Pages 4 and 5

These pages are completed based on the team's discussion of information gathered from the family and the evaluation and assessment process. The information on these pages will be useful in completing the Child Outcome Summary as well as

planning for and providing needed early intervention services and supports. The description should include the child's functioning within the context of daily activities and routines and identify where the child, family and other caregivers may need help and support. More extensive evaluation/assessment information is available in the formal reports of each member of the multi-disciplinary team.

Filling in the Blanks–

Routine, Task Difficulty and Activity: Provide a written description of the child's functional abilities within the daily activities and routines of child and family. Discuss with the family what is going well and what could be better. Document if the task is Easy, Some Concerns or Difficult. Even if there is no reason to believe there is a concern in a routine/activity area, it is helpful to give examples of what the child can do, what interests the child, what motivates the child, and any new skills that are emerging.

Developmental Areas Where Concerns Exist: Check the developmental area(s) where the team, including the family, have documented concerns in relation to the child's participation in the routine.

It could be easily said that every developmental domain is involved when we think of the behaviors and skills needed by children to successfully participate in typical daily activities and routines. The focus of this section is to identify the developmental areas where a delay is impacting the participation.

For example: John's parents report that dressing John can be quite difficult as his muscles tighten up and he cannot bend is arms or legs easily. Because of the family's identified priorities and concerns, the team documents the areas of movement/physical and self-help/adaptive as the developmental areas where concerns exist.

Related National Child Outcomes: Check the national child outcome(s) related to the child's participation in the related routine.

For example: The national child outcome that is impacted the most during the routine of dressing (movement/physical) for John is – Taking Appropriate Action to Meet Needs.

Child Outcome Summary – Page 6

The Child Outcome Summary (COS) page is to be used to record the team's, including the family's, evaluation of the child's individual status toward important developmental milestones as required by the U.S. Department of Education. The Child Outcome Summary is included as part of the IFSP and will be completed at Initial and Annual IFSP Meetings.

Ratings should consider the child's functioning across a full range of situations and settings where the child participates. Therefore, information should be considered from the many individuals that support the child's development. Individuals providing input for the discussion may include (but not be limited to): parents and family members, caregivers or childcare providers, practitioners, and physicians.

Many types of information could be considered in selecting an answer. This may include (but is not limited to): parent report, observation, evaluation and assessment information, service provider notes about performance in different situations, and issues identified in the IFSP.

The COSF rating should reflect the child's current functioning across the typical settings and situations that make up his/her day. If assistive technology or special accommodations are available in the child's everyday environments, then the rating should reflect the child's functioning using those adaptations. However, if technology is only available in some environments or is not available for the child, rate the child's functioning with whatever assistance is commonly present.

Filling in the Blanks–

Facilitator: Enter the name of the person who facilitated the completion of the COSF.

Discipline: Enter the discipline of the person who facilitated the COS.

Date: Enter the date the COS was completed.

Type of COSF completed today:

☐ *Initial COSF*

☐ *Annual COSF*

If a child is found not eligible at an annual review, or the annual review is within 30 days of the child's third birthday, the IFSP team will use the COSF on Page 6 and mark it as an Exit COSF. If the child's exit from WV Birth to Three occurs more than 30 days after an initial or annual meeting, the team will meet and complete a separate Exit COSF.

Initial COSF: Answer questions 1a, 2a AND 3a.

Annual COSF: Answer questions 1a, 1 b, 2 a, 2 b, 3 a, and 3 b.

WVBTT offers training for the Child Outcome Summary Form. Please visit the WVBTT training calendar on the WV Birth to Three website.

An Overview of Child and Family Outcomes

The goal of early intervention services is to enhance the capacity of the family to promote their child's development and to assure families have the necessary information, resources, and supports to be successful. Providing early intervention within naturally occurring activities (bath time, mealtime, reading, playing, etc.) within natural settings (home, childcare, playground, etc.) offers numerous opportunities for the child to learn and practice new skills. In developing the IFSP, outcomes and strategies are identified prior to determining necessary services and supports and where they will be provided. (Maine IFSP Guidance).

Outcomes should reflect the family's identified priorities and be based on the sum of information shared by the family through the evaluation/ assessment process. Outcomes must be stated functionally in terms of: What does the family want to achieve? What is to occur? What is expected as a result of these actions or what will be different when this outcome is achieved?

Outcomes are generated at the initial IFSP and reviewed during the 6-month IFSP review or sooner if needed. New outcomes can only be added via the IFSP process so that all team members are part of the discussion, and strategies to achieve those outcomes can be integrated across domains.

Strategies are written to support primary caregivers in knowing how to provide children with everyday learning experiences within the daily activities and routines of the child and family. Strategies should include adaptations, modifications necessary to

increase success within these learning experiences
.
A separate page is used for each major outcome.

Child Outcomes in Daily Routines – Page 7

Child outcomes are based on the changes the family wants to see in their child's ability to successfully participate in the daily activities and routines that are important to them. ***(Use additional pages as needed as it is expected that most children will have more than one outcome that they are working towards.)***

Filling in the Blanks–

This page is completed at the Initial and Annual IFSP meeting, six-month IFSP Review or at other IFSP reviews.

Outcome # - Enter a number for each outcome.

What routine or activity will be the focus for this child outcome – Enter the routine or activity that will be the focus of this child outcome. These are events that occur typically during the child's day and are individualized to the family's culture; they are based on the family's priorities and concerns such as bedtime, outings, play or mealtimes. In situations where the family has concerns about their child's development but is unsure how those concerns are impacting the daily activities and routines of the family, ask the family: "What would be better within the routines of the day if your child could say more words, move about the house, play more independently etc.?"

Functional Outcome Statement (What we can accomplish in the next six months related to this routine or activity)

Who: Enter the name of the child who will be the focus of the outcome.

Will do what: Enter what the child will learn to do (what is reasonable for the child to achieve in the next 6 months). The action should be stated in the positive, be necessary for meaningful participation, and be observable and measurable. It should not be written in terms of what the child will not do; be domain, service, or milestone specific; or reference an item from a developmental scale or instrument.

Under What Conditions: Enter the specific conditions, adaptations or modifications needed to assist the child's participation. This is an optional component depending on whether the child may require the additional prompts, environmental arrangements, adaptations, or modifications to achieve the outcomes. The team will always start with low tech items before high tech assistive technology. Examples might be a built -up spoon handle, adaptive toys, a walker, or augmentative communication system. If a condition is not specified, it is assumed the child will demonstrate the outcome independently.

In order to or so that: Enter the reason the family would like to see this outcome achieved. It should be written in the parent's words and once again, reflect the family's context, values, and priorities.

Examples of well written Child Outcomes:

1. Sean will sit buckled in his car seat in order to visit grandmother on Sundays.
2. Tammra will play with her toys so that Kendra can cook breakfast and get the older kids off to school.
3. Max will sign milk or juice in order to indicate what he wants to drink during mealtimes.

We will know this outcome has been achieved when: Enter a description of how everyone on the team including the parents/caregivers will know that the outcome has been met. The criteria should be individualized to the child and should be a blend of specificity and family friendly terms. The statement should be observable for example how often, how much, how long or how well. The statement should not describe percentages or ratios, or as more or less, or an increase or decrease.

Examples of well written criteria statements:

1. Sean will remain seated and buckled in his car seat all the way to grandma's house five Sundays in a row.
2. Tammra will play independently for 15 minutes or more while Kendra is cooking breakfast before needing attention for three mornings a week for two weeks.
3. Max will identify food choices during two out of three meals a day for two weeks and family reports mealtimes are less stressful.

What activities/strategies will the family do with their child between visits to achieve the outcome?

(Strategies may change over time as needed)

List the strategies the family will use to assist the child in successfully participating in the daily activity or routine that is the focus of the outcome including any modifications, adaptations, or equipment that will be used to assist the child/family in achieving the outcome.

1. Describe what the family will do to set up a safe and nurturing learning opportunity within the daily activity or routine. For example: consider how the child may need to be positioned to support participation, what materials, objects, toys, or assistive devices are appropriate for the activity, are there considerations for appropriate lighting, or reduction of interfering sounds?
2. Describe what the family will be doing to teach their child and to encourage participation. For example: Providing the child with two choices and asking for a choice to be made, use of a verbal prompt to" take a bite", use of hand under hand to support success, placing hands on hips to prompt step taking, etc. Describe what the family will want to see the child do so the family will know when and how to praise their child.
3. Describe the assistive technology needed to support participation. For example: the use of a visual schedule, a Kaye walker, communication system etc.

How will the family be coached to learn these new strategies? Check the appropriate boxes for how the team will coach the family in implementing the activities/strategies within their daily routines:

Practitioner will model recommended strategies
☐ Practitioner will support the family through guided practice with recommended strategies
☐ Practitioner will observe child/family within the routine and provide feedback on use of recommended strategies
☐ Practitioner will design and teach family how to collect data, when appropriate
☐ Practitioner will provide written materials and answer questions.

How will the team measure progress (observable actions and behaviors)? Check the appropriate boxes for how the team will conduct progress monitoring over time.

☐ Intervention Activity Note
☐ Data Gathering
☐ Service Coordination Activity Note
☐ Parent Report
☐ Ongoing Team Communication
☐ Other:
_____

Note: *See 'Components of Functional, Meaningful Child Outcomes' chart for more guidance.*

Family Outcome – Page 8 (Optional)

Family outcomes assist families in obtaining the knowledge, skills, information, 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 childcare, meeting with other families with special needs children, learning new ways to do something for their child, accessing community activities. **(Use additional pages as needed.)**

Outcome # - Enter a number for each outcome.

What will be the focus for this family outcome? Enter the family priority or concern that will be the focus of this family outcome

Functional Outcome Statement (What we can accomplish in the next six months related to outcome.

Who: This will be a family member or caregiver.

Will do what: Enter what the family member or caregiver, will learn, or will do (that is reasonable to achieve in the next 6 months).

In order to: Enter the reason the family would like to see this outcome achieved. It should be written in the parent's words and once again, reflect the family's context, values, and priorities.

We will know this outcome has been achieved when: Enter a description of how everyone on the team including the parents/caregivers will know that the outcome has been met. The statement should be measurable. For example: Family reports they can coordinate child's medical appointments with Birth to Three services and other family events; the parents are attending a parent support group for families of children with Autism; or the child is

successfully enrolled in childcare.

How will the teamwork with the family to help them achieve this outcome? List the activities the family and team will do to achieve this outcome. This may include things such as: the service coordinator will provide the family with information on childcare subsidy; the family will attend a parent support group; the deaf educator will provide the family with information on communication options for their child; assist the family in learning sign language; or the speech therapist will teach the family how to program a communication device.

How will the team measure progress (observable actions and behaviors)? Check the appropriate boxes for how the team will conduct progress monitoring over time.

☐ Intervention Activity Note
☐ Data Gathering
☐ Service Coordination Activity Note
☐ Parent Report
☐ Ongoing Team Communication
☐ Other:
_____

Transition Plan – Page 9

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 is to be completed during an initial, annual, or routine IFSP review. 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 toddler'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 even when a child will not be transitioning to preschool or other services. When an Initial IFSP occurs between 150 days and 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. The IFSP should also include individualized outcomes and strategies to prepare the child and family for the transition.

Filling in the Blanks–

Third Birthday: Enter the date of the child's third birthday

Anticipated Transition Conference Date: Enter the projected date of the transition conference. The transition conference must be held not fewer than ninety (90) days prior to the child's third birthday.

List the possible options for services at age three that were discussed with the family: Enter the programs and/or services discussed with the family. It is recommended that the IFSP team review the Transition Resource Information Form as a guide.

What services would the family like to know more about? Enter the programs/services the family would like to know about based on your review of program/service options.

What information does the family need to help prepare the child and themselves for transition? Enter the information the family has identified that they need help with to prepare for transition. Examples may include how to get a birth certificate; information on how to select a "high quality" program; how to teach their child how to feed himself more independently; or how to teach their child to use playground equipment.

What information does the family want to share with other agencies/programs? Which programs will the family be sharing this information with? Enter the kinds of information that the family would like to share and with whom. For example: the family would like to share a recent speech assessment; the assessment report from the Hearing Specialist; a copy of the recent hearing evaluation; and the IFSP, with the local county school system.

What additional steps and services are needed to promote a successful transition? Enter the additional activities that will occur to support the child's transition. For example: the family will visit the preschool classroom; the Service Coordinator will ask the team to complete the Transition Summary update; or the family will schedule a health and dental check with the child's primary care physician.

Services in Natural Environments – Page 10

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

Services must be delivered where the child lives, learns, and plays to increase the likelihood that the skills learned will be functionally relevant to the

child's natural environment and that the child will practice the skill on an ongoing basis. The location in which a service will take place must be decided on an individual basis for each service, considering the child and family's need(s).

The IFSP process should ensure that the provision of WV Birth to Three services for any eligible child occurs in other than a natural environment (where the child spends time daily) only when the identified outcomes cannot be achieved satisfactorily for the infant or toddler in the natural environment. The child and family must not be isolated from settings or activities in which children without disabilities would participate. A child should not be removed from the natural age-appropriate environment in which he/she spends his/her day (the home, childcare center, or other community settings) to receive WV Birth to Three services.

WV Birth to Three services should only be provided in a childcare setting if the childcare providers have participated in identifying appropriate outcomes and are willing to provide the support and activities within the childcare setting. In addition, WV Birth to Three services are not provided in a childcare setting without active parent participation in services.

WV Birth to Three must provide services to meet the unique needs of the child and family based on the family's concerns, priorities, and resources as well as the assessment results by an interdisciplinary team. The decision regarding what service will be provided, which includes type, delivery, frequency, intensity, method, and location, must occur only after the development of outcomes, intervention strategies and activities. Services are selected through a collaborative process between parents and other team members and must be delivered as documented in the IFSP. Services may not be listed as a strategy for reaching an outcome.

When identifying needed services, remember that the delivery, frequency, intensity, and method are directly related to the role that each service and/or professional has in the achievement of the outcomes. Frequency and intensity may, and probably will, change over time depending on the role a discipline has for a particular child and family. Roles for each discipline include identifying intervention strategies, evaluating their usefulness, implementing them and/or teaching parents and other care givers how to implement specific strategies. A service may address more than one

outcome. For example, a home visit by a physical therapist once every two weeks may address more than one outcome. Review of the outcomes and strategies will be necessary to identify service commitments.

The decision to provide a service, including the frequency, intensity, method, and location, may not be based solely on service provider preferences. For example, if the family feels a face-to-face home visit is the best delivery method for them, the family must be offered individuals who can provide that service in the home. If there is no one available under that discipline to provide the service in the home, virtual services will be offered.

Each professional selected to provide an IFSP service is responsible for ensuring that the first service date occurs within 30 days of parental signature on the IFSP.

Filling in the Blanks–

This page is completed at the Initial and Annual IFSP meetings. Any changes to the service commitments after the development of the IFSP will be documented on the IFSP Review page.

Related to Outcomes #: Enter the number of the outcome(s) that this service will address.

Part C Service: Enter the Part C service that is appropriate to achieve the desired outcomes for this child. Part C services are as follows:

1. Family training and counseling- FC
2. Health services - H
3. Nursing services - HR
4. Nutrition services- HT
5. Occupational therapy- OT
6. Physical therapy- PT
7. Psychological services - PSY
8. Service Coordination - SC
9. Social work services – SW
10. Special instruction-
    (SI-ASL)- American Sign Language Specialist
    (SI-DS) Developmental Specialist,
    (SI-HS) Hearing Specialist
    (**SI-AU)** Special Education- Autism
    (**SI-BCBA)** Special Education - BA/BCBA/BCaBa
    (SI-BEH) Special Education - Behavior
11. Speech and Language pathology- SP
12. Vision services- V

☐ F to F
☐ Virtual

Location - Check the appropriate natural environment. If services are provided in both the home environment and a childcare center, each service location should be listed on separate lines including the identified frequency and intensity for each of these locations. For example, a child may receive physical therapy one time per week for one hour in the home; additionally, the child may receive physical therapy one time per month for 45 minutes in the childcare setting. This ensures a non-duplicated count of the total amount of service a child is receiving.

☐ *Home*
☐ *Childcare*
☐ *Community Setting/Natural Environment*
☐ *Residential Facility*

Frequency/Intensity - (how often, how long): For frequency, indicate how often the service will be provided. Specific frequencies should be stated so that the parents know what to expect.

For example, once a month. Intensity is how long" the service will be provided. An example is 30 minutes. An example would be: One time per month for 45 minutes.

_____ xs

☐ Once per authorization ☐ Daily ☐ Wkly ☐ Mthly
        ☐ Qrtly

_____ mins

Method: Check all methods that each team member will utilize in providing services to the child, family, or community partner. Direct Service methods for providing service include: (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 Coordinator methods for providing service include coordination, linkage, and referral; and/or (D) Assistive Technology. For more information on Assistive Technology services, review the WV Birth to Three TA Bulletin: "Clarification of Process for Identifying and Accessing Assistive Technology Service, Revised 2022".

Start Date: Enter the date the IFSP was signed by the parent or legal guardian, unless the parent has requested that the service not start until a future date in which case, enter the future date.

Anticipated Duration: Enter the anticipated duration of the service - how long it will be provided. Anticipated duration should reflect the expected need for an individual service at the indicated intensity and frequency level related to the implementation of the intervention strategies to achieve the desired outcomes of the family. The anticipated duration should not exceed the annual review date for the IFSP. The duration may typically be one year or until the child's third birthday if the birthday comes sooner than one year. If the anticipated duration of a particular service at the stated intensity/frequency is less than one year, indicate the appropriate length of time.

Funding Source: Check 'BTT/CFO' unless the service is covered by a community resource such as the Lion's Club, private donations, or another source. If service is covered other than through the WV Birth to Three Central Finance System, check other and list the appropriate funding source such as: Community Resource, or Private Donations.

Parent Consent/Initials: Parents will initial each service for which they have given their informed consent. Parents must provide their informed consent before any service may be initiated or changed. Parents have the right to refuse any service whether initially or later.

Services Not Provided in Natural Environments – Page 11

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.

This section identifies those services which are necessary to achieve the outcomes on the IFSP

that are not provided in the child's natural environment. If the IFSP team is considering service provision in a location other than a child's natural environment, the practitioners must show sufficient documentation to support the team's decision that the child's outcomes cannot be met by providing service in the child's natural environment even when supplementary supports would be provided by Birth to Three. The justification must be considered every 6 months and documented in the IFSP under "Natural Learning Opportunities Justification".

Filling in the Blanks–

Related to Outcomes #: Enter the number of the outcome(s) that this service will address.

Part C Service: Enter the Part C service that is appropriate to achieve the desired outcomes for this child.

Location: Check the appropriate location of service. For example, if a child receives physical therapy at the provider site, you check service provider location. If a child receives services in a group setting, which has been established and would no longer exist if there were no children with disabilities attending, check program for children with disabilities.

☐ Service Provider Location Program – children with disabilities

☐ *Transportation Needed:* Enter yes or no. Transportation can be reimbursed as a Part C service if the family must travel to receive another Part C service called for in the IFSP, and that service is not available to the family in their home setting. The Service Coordinator will inform the RAU of the family's need for transportation reimbursement. Each RAU has procedures for mileage reimbursement.

Note: Transportation is not entered into the data system.

Frequency/Intensity - (how often, how long): For frequency, indicate how often the service will be provided. Specific frequencies should be stated so that the parents know what to expect.

For example, once a month. Intensity is how long" the service will be provided. An example is 30 minutes. An example would be: One time per month for 45 minutes.

_____ xs

☐ Once per authorization ☐ Daily ☐ Wkly ☐ Mthly
　　　　☐ Qrtly

_____ mins

Method: Check all methods that each team member will utilize in providing services to the child, family, or community partner. Direct Service methods for providing service include: (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 Coordinator methods for providing service include coordination, linkage, and referral; and/or (D) Assistive Technology. For more information on Assistive Technology services, review the WV Birth to Three TA Bulletin: "Clarification of Process for Identifying and Accessing Assistive Technology Service, Revised 2022".

Start Date: Enter the date the IFSP was signed by the parent or legal guardian, unless the parent has requested that the service not start until a future date in which case, enter the future date.

Anticipated Duration: Enter the anticipated duration of the service - how long it will be provided. Anticipated duration should reflect the expected need for an individual service at the indicated intensity and frequency level related to the implementation of the intervention strategies to achieve the desired outcomes of the family. The anticipated duration should not exceed the annual review date for the IFSP. The duration may typically be one year or child's third birthday if the birthday comes sooner than one year. If the anticipated duration of a service at the stated intensity/frequency is less than one year, indicate the appropriate length of time.

Funding Source: Check 'BTT/CFO' unless the service is covered by a community resource such as the Lion's Club, private donations, or another source. If service is covered other than through the WV Birth to Three Central Finance System, check other and list the appropriate funding source such as: Community Resource, or Private Donations.

Parent Consent/Initials: Parents will initial each service for which they have given their informed consent. Parents must provide their informed consent before any service may be initiated or changed. Parents have the right to refuse any service whether initially or later.

Natural Learning Opportunities Justification: This section is required for the documentation of an appropriate justification for the provision of services in locations other than natural environments. Lack of resources is not an appropriate justification; therefore, this section may not be used under those circumstances. The justification must include (1) an explanation of why the IFSP team determined that the child's outcomes could not be met if the service was provided in the child's natural environment, (2) how resources, supports and services will be generalized into the child's and family's daily activities and routines, and (3) a timeline to move services into the child's natural environment.

Other Services Needed but Not Required Under Part C of IDEA – Page 12

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.

Filling in the Blanks–

This page is to be completed for all children as part of the IFSP process. If a family does not identify a need for linkage or referral, the Service Coordinator must indicate that on the page.

Service or Support: Check, as requested by the family, any medical, financial and/or other service that the child and or family is receiving or has identified as a need but is not required under Part C.

- ☐ Child Care
- ☐ Early Head Start
- ☐ Help Me Grow WV
- ☐ Women, Infants, and Children (WIC)
- ☐ WV Home Visitation Programs (HFA, PAT, MIHOW, HAPI, RFTS)
- ☐ WV Children's Health Insurance Program (CHIP)
- ☐ Children with Disabilities Community Service Program (CDCSP)
- ☐ Children with Special Health Care Needs (CSHCN)
- ☐ Medicaid
- ☐ Supplemental Security Income (SSI)
- ☐ Supplemental Nutrition Assistance Program (SNAP)

- ☐ Other (i.e., library, church, playgroups, Kindermusik)

If the Family does not want linkage or referral to occur at this time, check:

Family has chosen not to be linked to other services.

List steps to be taken to secure services/resources, including potential funding sources:

1.If the child/family is not already linked to this service, identify the steps that will be taken to assist the family in securing the service or support.
2.If a funding source is available to assist the family in accessing the service, list the appropriate funding source.

Other possible referrals or linkages that the family has identified to meet their individual needs:

Document other possible referrals or linkages to community programs or resources that the family has expressed interest in to be able to meet the individual child or family needs.

IFSP Team Membership – Page 13
Each initial IFSP meeting and each annual IFSP meeting must include the following participants: the parent(s) or legal guardian(s), the service coordinator, persons directly involved in the evaluation and assessment process, and people requested by the family such as other family members, friends and/or advocate. If one of the team members cannot attend the meeting, the person may participate through: a telephone conference call; sending a knowledgeable, authorized representative; or by making pertinent records available at the meeting. Decisions regarding IFSP services can only be made by the IFSP team during the IFSP meeting, so it is critical that all professionals involved in evaluation/assessment are present to participate in determining appropriate outcomes and needed services. **An initial or annual IFSP may not be completed with only the parent and service coordinator.**

Filling in the Blanks–

This section provides a listing of those individuals who provide input into the development of the IFSP. It also indicates how participants provided that input.

Name/Signature/Credential: Each person present at the IFSP meeting will electronically sign their name with credential. Names of those not present but providing input through report should be typed by the Service Coordinator facilitating the IFSP meeting.

NOTE: Practitioners will sign electronically using a valid digital or electronic signature. A *digital signature* is an electronic fingerprint which encrypts and identifies the individual who is using the form. They are considered digital as they are encrypted with a certificate based digital ID and the date a document is signed. An electronic signature is an image of your signature. An example of this would be signatures that are created with a stylus or signature capture application. The date in this case, will need to be added to the form.

Date: The Interim or On-Going Service Coordinator will type in the date of participation for each member of the IFSP team prior to sending to the family and team prior to sending for signature.

Role on Team. The Interim and On-Going Service Coordinator will type in the role for person present should enter their role on the team. for example, "Service Coordinator", "Speech Therapist", "Developmental Specialist" prior to sending to the family and team for signature.

Telephone/Email: Each person present will enter their telephone number and email. For individuals not present, but providing input, the Service Coordinator will enter contact information.

Method of Contribution: The Interim or On-Going Service Coordinator will use the Drop-Down option to select whether the practitioner participated face to face, via virtual teleconference or phone, sent an authorized representative or sent a written report prior to sending to the family and team for signature.

Face to Face- You are participating face to face in the same location as the family or caregiver.

Virtual- You are participating via a virtual platform such as Zoom, Microsoft Teams, Google Meet, etc.

Phone Call- You are participating via the telephone only- there is no video or ability to see shared documents.

By Report- You have sent an assessment report.

Authorized Representative- You have sent a representative who is of the same discipline.

Parent's Informed Consent for WV Birth to Three Services: Provide the family with a copy of the WV Birth to Three Procedural Safeguards and review with them.

☐ *I/We have helped develop this Individualized Family Service Plan (IFSP). /We understand and agree with its content. I/We agree to each of the services. I/We have initialed. 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.*

The family will check the boxes that reflect that they helped in the design of the IFSP, they agree with the IFSP as written and if they have received a copy of the Procedural Safeguards when the IFSP is sent to them for signature.

Parent/Legal Guardian Signature: **The parent(s) will sign and date in the space provided when they receive the IFSP via secure electronic means or a copy is mailed to them following team signature.**

NOTE: Review *Notice of Action: IFSP Development* **with the family.**

IFSP Review Pages – R 1 – R4

This section of the IFSP allows the team to record the systematic and periodic review of progress toward achieving the outcomes desired by the family, evaluation of the effectiveness of intervention strategies and services, and make needed changes and modifications to the IFSP. This section of the IFSP should be completed at 6 months from initial start date of the IFSP and when IFSP review is requested by the family or provider. An IFSP Review may be completed by the Service

Filling in the Blanks– R 1

Header:

Child Last Name: Enter child's legal last name.

Child First Name: Enter child's legal first name.

MI: Enter child's middle initial. If child does not have a middle initial leave blank.

Date of Birth (DOB): Select the date from the calendar systems or enter child's date of birth using month/day/year -MM/DD/YYYY or MM-DD-YYYY.

ID #: Enter the child's ID number from BTT Online.

Date: Select the date from the calendar system or enter the date using month/day/year - MM/DD/YYYY or MM-DD-YYYY.

NOTE: Some data from the header will populate into the document content.

6-Month Review: Check if this review serves as the 6-month review required under Part C of IDEA and provide a date of the meeting.

☐ *Other Review:* Check if this review is an "Other Review" that has been requested either by parent or IFSP team members and provide a date of the meeting.

Outcome #: List the number of the outcome reviewed.

Progress or Lack of Progress: Provide a summary description of the child's progress or lack of progress towards achieving the outcome being reviewed. Site new skills that have been acquired, emerging skills, what has been tried and what is working. Site possible barriers towards progress such as: illness of the child, new diagnoses, special family circumstances, change in practitioners, etc.

Status of Outcome: Provide a numerical rating for the progress towards achieving the outcome using the scale provided.

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

Major Revisions to Criteria/Strategies: When a child is not making progress towards an identified outcome, the team will need to consider the need for changes in current strategies that are being implemented by the family. Do we need to modify the strategies and activities, consider modifications and/or adaptations of the materials or methods we are using, explore low tech or high-tech assistive technology? Or do we need to look at our criteria and what we will consider success?

Provide a description of changes to the criteria or strategies.

Modification of IFSP Services- Page R-2

Filling in the Blanks

This page is used to document changes in the service commitments to the family. Changes in services must be based on child/family progress or lack of progress and is a team decision.

The decision to provide a service, including the frequency, intensity, delivery, and location, may not be based solely on service provider preferences. For example, if the family feels a face-to-face home visit is the best delivery method for them, the family must be offered individuals who can provide that service in the home. If there is no one available under that discipline to provide the service in the home, virtual services will be offered.

Legend Code: List (+) if the addition of a service, (-) if the termination of a service.

Modification in Services: List Part C service to be modified.

Related to Outcomes: List # (s) of related outcomes to the Part C service to be modified.

Delivery – Select one service option from the drop-down menu per service line. For example, if the speech therapist is going to provide services face to face within the home twice a month- there will be one line that documents this service commitment. If the speech therapist is also going to provide services virtually twice a month- there will be one line that documents that service commitment.

☐ F to F
☐ Virtual

Location: Check the appropriate natural environment. If services are provided in both the home environment and a childcare center, each service location should be listed on separate lines including the identified frequency and intensity for each of these locations. For example, a child may receive physical therapy one time per week for one hour in the home; additionally, the child may receive physical therapy one time per month for 45 minutes in the childcare setting. This ensures a non-duplicated count of the total amount of service List location using choices from the Services in a child is receiving.

☐ *Home*
☐ *Childcare*
☐ *Community Setting/Natural Environment*
☐ *Residential Facility*

Frequency/Intensity - (how often, how long): List changes in intensity and frequency. Specific frequencies should be stated so that the parents know what to expect.

For frequency, indicate how often the service will be provided. For example, once a month. Intensity is how long" the service will be provided. An example is 30 minutes. An example would be: One time per month for 45 minutes.

_____ xs

☐ Once per authorization ☐ Daily ☐ Wkly ☐ Mthly
☐ Qrtly

_____ mins

Method: Check all methods that each team member will utilize in providing services to the child, family, or community partner. Direct Service methods for providing service include: (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 Coordinator methods for providing service include coordination, linkage, and referral; and/or (D) Assistive Technology. For more information on Assistive Technology services, review the WV Birth to Three TA Bulletin: "Clarification of Process for Identifying and Accessing Assistive Technology Service, Revised 2022".

Start Date: List date new services are to begin.

End Date: List date old services are to end.

Payee/Practitioner Information: List name of practitioner and payee organization.

Part C Services Not Provided in Natural Environments- Page R-3

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.

This section identifies those services which are necessary to achieve the outcomes on the IFSP that are not provided in the child's natural environment. If the IFSP team is considering service provision in a location other than a child's natural environment, the practitioners must show sufficient documentation to support the team's decision that the child's outcomes cannot be met by providing service in the child's natural environment even when supplementary supports would be provided by Birth to Three. The justification must be considered every 6 months and documented in the IFSP under "Natural Learning Opportunities Justification".

Filling in the Blanks

Related to Outcomes #: Enter the number of the outcome(s) that this service will address.

Part C Service: Enter the Part C service that is appropriate to achieve the desired outcomes for this child.

Location: Check the appropriate location of service. For example, if a child receives physical therapy at the provider site, you check service provider location. If a child receives services in a group setting, which has been established and would no longer exist if there were no children with disabilities attending, check program for children with disabilities.

☐ Service Provider Location Program – children with disabilities
☐ *Transportation Needed:* Enter yes or no. Transportation can be reimbursed as a Part C service if the family must travel to receive another Part C service called for in the IFSP,

and that service is not available to the family in their home setting. The Service Coordinator will inform the RAU of the family's need for transportation reimbursement. Each RAU has procedures for mileage reimbursement.

Note: Transportation is not entered into the data system.

Frequency/Intensity - (how often, how long): For frequency, indicate how often the service will be provided. Specific frequencies should be stated so that the parents know what to expect.

For example, once a month. Intensity is how long" the service will be provided. An example is 30 minutes. An example would be: One time per month for 45 minutes.

_____ xs

☐ Once per authorization ☐ Daily ☐ Wkly ☐ Mthly
           ☐ Qrtly

_____ mins

Method: Check all methods that each team member will utilize in providing services to the child, family, or community partner. Direct Service methods for providing service include: (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 Coordinator methods for providing service include coordination, linkage, and referral; and/or (D) Assistive Technology. For more information on Assistive Technology services, review the WV Birth to Three TA Bulletin: "Clarification of Process for Identifying and Accessing Assistive Technology Service, Revised 2022".

Start Date: Enter the date the IFSP was signed by the parent or legal guardian, unless the parent has requested that the service not start until a future date in which case, enter the future date.

Anticipated Duration: Enter the anticipated duration of the service - how long it will be provided. Anticipated duration should reflect the expected need for an individual service at the indicated intensity and frequency level related to the implementation of the intervention strategies to achieve the desired outcomes of the family. The anticipated duration should not exceed the annual review date for the IFSP. The duration may typically be one year or child's third birthday if the birthday

comes sooner than one year. If the anticipated duration of a service at the stated intensity/frequency is less than one year, indicate the appropriate length of time*.*

Funding Source: Check 'BTT/CFO' unless the service is covered by a community resource such as the Lion's Club, private donations, or another source. If service is covered other than through the WV Birth to Three Central Finance System, check other and list the appropriate funding source such as: Community Resource, or Private Donations.

Parent Consent/Initials: Parents will initial each service for which they have given their informed consent. Parents must provide their informed consent before any service may be initiated or changed. Parents have the right to refuse any service whether initially or later.

Natural Learning Opportunities Justification: This section is required for the documentation of an appropriate justification for the provision of services in locations other than natural environments. Lack of resources is not an appropriate justification; therefore, this section may not be used under those circumstances. The justification must include (1) an explanation of why the IFSP team determined that the child's outcomes could not be met if the service was provided in the child's natural environment, (2) how resources, supports and services will be generalized into the child's and family's daily activities and routines, and (3) a timeline to move services into the child's natural environment.

IFSP Signature Page R-4

Filling in the Blanks

Method: Check all methods that each team
   ☐ 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 copy of the WV Birth to Three Procedural Safeguards.

The family will check the boxes that reflect that they participated in the review of the IFSP, they agree with the IFSP as written and if they have received a copy of the Procedural Safeguards when the IFSP is sent to them for signature.

Parent/Legal Guardian Signature: **The parent(s) will sign and date in the space provided when they receive the IFSP via secure electronic means or a copy is mailed to them following team signature.**

This section provides a listing of those individuals who provide input into the development of the IFSP. It also indicates how participants provided that input.

Name/Signature/Credential: Each person present at the IFSP meeting will electronically sign their name with credential. Names of those not present but providing input through report should be typed by the Service Coordinator facilitating the IFSP meeting.

NOTE: Practitioners will sign electronically using a valid digital or electronic signature. A *digital signature* is an electronic fingerprint which encrypts and identifies the individual who is using the form. They are considered digital as they are encrypted with a certificate based digital ID and the date a document is signed. An electronic signature is an image of your signature. An example of this would be signatures that are created with a stylus or signature capture application. The date in this case, will need to be added to the form.

Date: The Interim or On-Going Service Coordinator will type in the date of participation for each member of the IFSP team prior to sending to the family and team prior to sending for signature.

Role on Team. The Interim and On-Going Service Coordinator will type in the role for person present should enter their role on the team. for example, "Service Coordinator", "Speech Therapist", "Developmental Specialist" prior to sending to the family and team for signature.

Telephone/Email: Each person present will enter their telephone number and email. For individuals not present, but providing input, the Service Coordinator will enter contact information.

Method of Contribution: The Interim or On-Going Service Coordinator will use the Drop-Down option to select whether the practitioner participated face to face, via virtual teleconference or phone, sent an authorized representative or sent a written report prior to sending to the family and team for signature.

Face to Face- You are participating face to face in

the same location as the family or caregiver.

Virtual- You are participating via a virtual platform such as Zoom, Microsoft Teams, Google Meet, etc.

Phone Call- You are participating via the telephone only- there is no video or ability to see shared documents.

By Report- You have sent an assessment report.

Authorized Representative- You have sent a representative who is of the same discipline.

NOTE: Review *Notice of Action: IFSP Review* **with the family.**