West Virginia Birth to Three

The Individualized Family Service Plan Instructions

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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 during initial conversations with the family at Intake, incorporating the information gathered as part of the evaluation and assessment process and ends with a decision as to how early intervention can help the child and family.

The IFSP is a legal document describing the early intervention service commitments for the eligible child and family. Identified service needs, including the intensity and frequency of service, are based on assessment information, and the family's identified priorities for support and information that will assist them with their child's development. Any changes in service commitments must be completed through the IFSP process and team meetings.

The overall IFSP requirements, as described in the Individuals with Disabilities Education Improvement Act, have the following purposes and functions:

1. The IFSP meeting serves as a communication vehicle between parents and early intervention service practitioners to identify child and family needs and to develop integrated outcomes and objectives which address those needs.

2. The IFSP process provides an opportunity for resolving any differences between the parents and the early intervention practitioner concerning the early intervention needs of the infant and toddler: first through the IFSP meeting and, secondly, through the procedural protections that are available to the infant or toddler and family.

3. The IFSP sets forth, in writing, a commitment of resources necessary to enhance the child's development and meet the family's needs related to enhancing their child's development.

4. The IFSP is a management tool that is used to ensure that each Part C eligible child is provided early intervention services appropriate to the child's and the family's unique needs.

5. The IFSP is a compliance/monitoring document that may be used by authorized monitoring personnel from each governmental level to determine whether an infant or toddler and their family is actually receiving the early intervention services agreed upon and procedural protections that are available to the infant or toddler and family.

6. The IFSP service is an evaluation device for use in determining the extent of the child's progress toward meeting the desired outcomes.

The Individualized Family Service Plan (IFSP) used in WV Birth to Three has five separate and distinct components: 1) Pages 1-4 support the discussion with families as part of the evaluation/assessment process. Documentation on these pages should represent the gathering and sharing of information with the family in regards to the child's health history, typical routines and activities, challenges, and family priorities. These pages are shared with evaluation/assessment team members, assisting them to plan an appropriate evaluation/assessment process for each child/family; 2) Pages 5-7 serve as the documentation of the multi-disciplinary team's decision regarding whether or not the child is eligible to receive Part C services in West Virginia. A child's eligibility is determined at initial referral, and annually for those children receiving WV Birth to Three services; 3) If a child is found eligible for services, either at the initial referral or annual eligibility determination, then pages 8-13 are completed, documenting the outcomes that the family would like to achieve for their child and/or family, and the strategies and services needed for achieving those outcomes; 4) IFSP Review pages are utilized at periodic reviews to evaluate progress towards achieving the identified outcomes; and 5) an IFSP Transition Plan is developed for all children who will exit WV Birth to Three at age three.

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, etc. The reason for any family delay must be documented in the child's record. 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 IFSP.

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.

IFSP Cover Page – Page 1

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– Page 1

This page is completed as part of the Intake process for the Initial IFSP and then again in preparation for the Annual IFSP.

Header: Enter the child's legal name (first name, initial, last name); date of birth (month, day, year); and the date that the page was completed.

Type/Date of Meeting: Initial or Annual: Complete this line only for IFSP meetings. Check the type of meeting and enter the date the meeting was held.

Child's Name: Enter correct spelling of the child's first name, middle initial and last name.

Date of Birth: Enter Month/Day/Year of the child's birth.

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

Primary Contact: Parent/Guardian/Foster Parent/Family Member/Surrogate Parent:

Circle the category of 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" for the purposes of evaluation/assessment or the development of the IFSP.

Complete the name and contact information for the Primary Contact (parent) including email address if available.

Primary Language: Enter the language(s) spoken by the primary caregivers for the child in the home.

Is an interpreter needed? Circle whether or not a bilingual or foreign language interpreter will be needed to serve this child and family.

County of Residence: Enter the county in which the child resides.

Secondary Contact-Parent/Guardian/Foster Parent/Family Member/Surrogate Parent:

This section is used to document other primary caregiver information when appropriate. Examples of secondary contacts may be: the father of the child; another parent of the child (unless there is a court order that the parent may not be involved in educational services for the child); grandparent with whom the family lives; the biological parent when a child is in foster care; or a legal guardian, etc.

Circle the category of the person who is the secondary contact for the child.

Complete the name and contact information of the secondary contact.

Primary Language: Enter the language(s) spoken by the other primary caregiver for the child.

Is an interpreter needed? Circle whether or not an interpreter will be needed to serve this child and family.

County of Residence: Enter the county in which the secondary contact resides.

Alternate Contact (Optional): Ask the parent if they would like to have an alternate contact for scheduling changes or cancellations. Enter name, phone and email information.

System Point of Entry Timelines (To be completed by the Interim Service Coordinator only)

Date of Referral: Enter date of referral.

Initial Contact Date: Enter the date of initial contact. Contact must be within five days of referral.

Date of Initial Contact: Enter the date of the initial contact with the family. The initial contact with the family is to occur within five (5) days of referral.

Date of Intake: Enter the date of the Intake/Family Interview.

Initial Referral (To be completed by Interim Service Coordinator)

Referral Source: Enter the name and/or agency information of the primary referral source.

Reason for Referral: Enter the reason(s) for referral to WV Birth to Three including the developmental areas of concern, any medical diagnoses, conditions or risk factors.

Enter the address, phone number, and fax for the primary referral source.

Contact Information for When There Are Questions

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

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

Interim Service Coordinator Contact Information: Enter the name, address, phone number and email address of the assigned Interim Service Coordinator.

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

Child's Health History - Page 2

Share with family that the purpose of this section is to provide the eligibility/IFSP team with information on the child's current health status and medical history to plan appropriately for the evaluation/assessment process and the development of the IFSP. Medical diagnoses may impact the child's functional movement, ability to

see, hear or interpret information that is presented to them. Some conditions may require medical clearance from a child's physician before initiating evaluation or assessment activities or making recommendations for intervention strategies. This page should be completed by having a conversation with the family. Examples of follow up questions are included as a guide only. Completing this section requires the interviewer to use active listening skills in order to individualize the process for each family.

Filling in the Blanks– Page 2

The Child's Health History is completed at Intake and in preparation for the annual eligibility/IFSP meeting.

Header: Enter the child's legal name (first name, initial, last name); date of birth (month, day, year); and the date that the page was completed.

Does your child have a primary care physician? Enter the name, address, phone and fax number for the child's primary care physician. If the child does not have a primary health care provider, ask the family if they would like to be linked to a primary health care provider. Follow up questions may include: Do you have health care coverage for your child? Would you like to be linked to resources for health care coverage?

What was the date of your child's last well child check up? Enter the date of the last well child check. Follow up questions may include: Have you been able to keep all of your regularly scheduled medical appointments? Do you have transportation to attend medical appointments? Would like to know about transportation services within your community?

Are his/her immunizations current? Yes No Circle yes or no in regards to immunization status. Follow up questions may include: Would you like information on where in your community you can obtain immunizations or a copy of your child's immunization record?

Was your baby born early or prematurely? Yes No

If yes, how many weeks early was your child? Enter how many weeks early the child was. Prematurity is considered prior to 37 weeks gestation.

Note: A child must be 32 weeks gestation or less for premature status to be considered a biological risk for WV Birth to Three eligibility determination.

What was your child's birth weight, birth length?
Enter the child's birth weight and birth length.

How much does your child weigh now? Enter the child's current weight. Follow up questions may include: Do you have concerns about your child's height or weight? Has your physician ever expressed concerns that your child is over or under weight?

Were there any complications with your pregnancy or your child's birth? If so please describe.
Enter any complications that the mother or child experienced during the pregnancy or birth. Follow up questions may include: Did you experience toxemia, gestational diabetes, or high blood pressure during your pregnancy? Did you have any infections during your pregnancy such as rubella, CMV, toxoplasmosis? Do you know what your baby's Apgar scores were at birth? How long was his/her hospital stay? Did your baby require oxygen, bilirubin lights, medication or other interventions?

Has your physician completed a developmental screen with your child? If so, when was it done, and what were the results? May we ask for a copy? Enter family's response. Follow up questions may include: Does your physician have concerns about your child's development? What are his/her concerns? Have you been referred to any other services?

Has your child's vision been previously screened or tested? Do you have concerns now? Enter vision screening information. Follow up questions may include: When you look at your baby does he/she look back at you? Does your child track objects or follow you with his eyes as you walk across the room? Does your child only play with or notice toys of certain colors?

Has your child's hearing been previously screened or tested? Do you have concerns now? Enter hearing screening information. Follow up question may include: How does your child respond to loud noises? Does your child turn when you call his/her name? Does your child have difficulty following simple directions?

Does your child have frequent ear infections? If yes, how many has your child had? How has your
doctor treated them? Enter information in regards to any previous or current ear infections. Follow up questions may include: Is your child also experiencing a loss of appetite, difficulty sleeping, diarrhea or vomiting, drainage from the ear, difficulty with balance or hearing? Are there smokers in the home?

Does you child have any medical conditions or diagnosis? If so, what is the medical condition or diagnosis and what has your doctor told you about it? Enter information in regards to any medical conditions or diagnoses that the child has. Follow up questions may include: Did you doctor do specific kinds of tests as part of the diagnosis such as MRI, CAT scan, genetic testing or others? May we ask for a copy of any pertinent reports? Did the doctor tell you how this medical condition or diagnosis may impact your child's development? What questions do you or your family have about the medical condition or diagnosis?

Does your child see any health specialists? If so, who and what type? Enter the information in regards to health specialists the child has seen or currently sees. Follow up questions may include: How often do you see the health specialists for follow up appointments? Do you need help in getting to or preparing for these appointments?

Is your child currently taking any medications? If so what is it and what is it for? Include any side effects. Enter information on current medications the child is taking. Follow up questions may include: How often does your child take the medications? Does you child take the medication with food or formula? Has the medication caused any side effects? Do you think the medication is working the way it is intended too?

Has your child ever been hospitalized? Yes No *Please tell us when, for how long and why.*
Enter information in regards to any previous hospitalizations. Follow up questions may include: How often were you and your family able to visit your child while in the hospital? What kinds of medical interventions did your child receive during the hospital stay?

What kinds of food is your child eating? Do you have questions about how your child eats or drinks? Enter information in regards to the child feeding or eating habits, issues or concerns. Follow up questions may include: Do you have set mealtimes in your home? Do you think your child's appetite is good, fair or poor? Does your child have

any strong food likes or dislikes? Does your child eat better or differently for other people? Do you have concerns about how your child uses a bottle, cup or spoon?

Is there anything about your child's health (special equipment, allergies, family medical history) that the team should know about to better plan and provide services for your family? Enter any additional information provided by the family in regards to family history. Follow up questions may include: Has your child ever experienced seizures? Has your child ever had the measles, rubella, meningitis or chicken pox? Has your child ever experienced an injury to the head? Has anyone in your family been diagnosed with a hearing, vision or speech concern? Other disability?

Summary of Family Concerns, Priorities and Resources Related To Enhancing the Development of the Child – Page 3

IDEA federal regulations require a family-directed assessment of the concerns, priorities, and resources of the family in regard to enhancing the developmental needs of their child. This information is voluntary on the part of the family and must be gathered by personal interview. This information helps to identify what families want for their child and family and what they need from early intervention to meet those aspirations. It is important for families to express their concerns, priorities and resources as this information the foundation for the evaluation/assessment process as well as the development of the IFSP.

When completing this section of the IFSP, the Service Coordinator should use the same language and terms which are used by the family to convey their thoughts about their child, priorities of the family, and resources available to them. The Service Coordinator may support the family by lending encouragement, giving examples, brainstorming, etc. Through this supportive, interactive process, families share and professionals gather information in order to determine family priorities that will help to direct the evaluation and assessment process and later outcomes, services and supports.

Filling in the Blanks– Page 3

The Summary of Family Concerns, Priorities and Resources page is completed at Intake and in preparation for the annual eligibility/IFSP meeting.

Header: Enter the child's legal name (first name, initial, last name); date of birth (month, day, year); and the date that the page was completed.

Family's Areas of Concern: What concerns do you have about your child's development? Have you talked to your physician or anyone else about it? Do you want to meet other families who have a child with special needs? This section includes a summary of the family's concerns about the child's development, and/or developmental milestones that the family would like to see their child achieve. Examples of concerns the family may have might be: how will the diagnosis of Down Syndrome affect my baby's development, will she be able to walk and use her hands to play independently, he is not yet using words does that mean he is delayed, how can I teach her and help her grow? Examples of questions that may assist families in sharing information about their concerns for their child's development could include: how does your child communicate his/her wants and needs throughout the day, how does your child move, can he sit up independently, crawl across the floor or walk without falling, how does she use her hands to play, when he wants something out of reach, what does he do, how does she play with toys, is he a happy baby, does he calm quickly for you when he is upset, how does she play with others, etc?

Daily Routines: How does your child spend his/her day? What are your child's typical activities and routines (meal times, play, and trips outside the home)? What are his/her favorite things to do? What are things that motivate your child? Tell us about your child's sleep patterns (bedtime, naps, and hours of sleep). Are there people other than your immediate family that your child interacts with often? This section includes a summary of the child and family's description of their typical daily activities and routines to assist the evaluation/assessment and IFSP team in identifying with the family the natural learning opportunities that are available to the family and other caregivers for teaching and learning. This includes information about where the child spends time during the day, what kinds of activities they are engaged in and with whom. Important questions to ask may include; tell me about your day. What are

the routine/activities that you do daily or often? Ask about specific routines such as eating meals, bath, going shopping, spending time as a family. How does your child do with these activities? What do you feel you need help with? Ask if the child has opportunities to spend time with other children, would you like your child to be able to play and be with other children his/her age? Additional information may be gathered about the child's favorite things to do such as looking at books, riding in the car, playing with toys that make sounds. What things motivate the child such as going to the park to play, piggy back rides with dad, blowing bubbles. It is also important to gather information around the activities and routines of the family that do not occur daily or as often such as medical or other appointments, recreational, seasonal or other activities that the family engages in such as camping, visiting with relatives at holidays, community fairs or celebrations that are important to the family. How does your child do with these activities? What do you feel you need help with?

Challenges: Are any parts of the day, routines, or activities difficult or challenging for your child? Do you have any challenges in meeting your child's needs? This section includes a summary of where the child and family are experiencing challenges that impact their ability to participate in everyday routines. For example, the child has limited motor skills which impacts being able to play with big sister, the child has strong dislikes of different textures or new foods or liquids so mealtimes can be difficult and take a lot of time, the child does not like loud noises and can become easily upset so outings can be challenging. This section also is a summary of any challenges the family may have in meeting their child's needs such as the challenges of being a single parent or teenage mother, the lack of transportation for attending medical appointments, limited income to meet health care needs, a parent with a disability or several children with special needs.

Filling in the Blanks: Page 4

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

This section includes a summary of the primary caregivers for the child including the immediate family as well as other important caregivers such as grandparents, child care providers, Sunday school teacher, other family members or friends within the community who would like to know how to support the child's development or have their children play together.

Friends/Supports/Resources: Are there agencies that you or your child receives services from? If so, do you receive care coordination or case management services from these agencies? Do you want to invite any of those people to be involved in the BTT meetings? Do you have health insurance for your child? Do you want to be linked to financial resources that could help you with the cost of your child's special needs? Do you want to be linked to any other types of resources in your community? This section includes a summary of the formal resources and community agencies the family has accessed to support their child and/or family such as Right From The Start, Home and Community Based Waiver, Early Head Start, Parents as Teachers, CPS or others. Ask the family if they would like the case manager or other team members from these agencies to be involved in BTT meetings. If the family does not have health insurance for their child or is experiencing financial difficulties because of their child's special needs. Ask the family if they would like to be linked to financial resources that they may be eligible for such as Medicaid, CHIP, Children with Disabilities Community Services Program, Home and Community Based Waiver, Children with Special Health Care Needs, etc. Ask the family if there are any other community services or supports to which they would like to be referred or linked to.

Priorities: Which concerns that have been discussed would you like to focus on first? What do you hope WV Birth to Three can help you with? This section allows the family to prioritize areas of concern. It is not always necessary to address all concerns initially. Asking the family which concerns they wish to address at this time allows them to decide. Asking "Which should we start with?" , may help them to prioritize where they want to start. These may become outcomes for the IFSP.

Date of Family Interview: Enter the date of the Intake/Family Interview.

Information provided By: Enter the name of the individual who was interviewed.

Person Who Conducted Interview: The person who conducted the interview will sign their name.

ELIGIBILITY DETERMINATION FOR WV BIRTH TO THREE

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. Evaluation and 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 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, which has been introduced to the family during the intake process. Information is selected 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 look at skills and behaviors that children typically do at certain ages and that may indicate that a child is in need of 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. The Part C evaluation also serves as a developmental screen/assessment for EPSDT eligible children.

Summary of Child's Present Levels of Development – Page 5

This section is a summary of information gathered during the evaluation and assessment process about the child that will be useful in determining eligibility as well as planning for and providing needed early intervention services and supports. Information should include a description of the child's functioning within the context of daily activities and routines and the child's natural environments including where the child and family may need help and support. These are those environments and activities, when assistive technology and adaptations are used, in which the child can participate with family members and same age peers who are typically developing. More extensive evaluation/assessment information is available in the formal reports of each member of the multi-disciplinary team.

Filling in the Blanks– Page 5

Summary of Child's Present Levels of Development page is completed at the initial IFSP and annual eligibility/IFSP meeting.

Header: Enter the child's legal name (first name, initial, last name); date of birth (month, day, year); and the date that the page was completed.

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 the child can do now, interests, motivators, new skills, things to celebrate, and what's working well. Even if there is no reason to believe there is a concern in a particular 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 the child has learned in a particular area. Also discuss concerns, worries, frustrations, what's not working well, and things to work on next.

Gross and Fine Motor (This is the child's ability to use large and small muscles): Record a description of the child's functional ability in the area of gross motor (use of legs, head control, sitting, crawling, walking, large muscle involvement and muscle tone) and the area of fine motor (use of hands and arms including small muscle development, eye-hand coordination and manipulating objects).

Receptive and Expressive Communication (This is the child's ability to understand and use language) Describe the child's functional means of communication, including how he/she makes sounds, uses gestures and words, and understands words and gestures used by others.

Cognitive including pre-literacy (This is the child's ability to learn and solve problems): Record the child's functional ability and skills related to problem solving, learning, thinking and playing.

Social/Emotional (This is the child's ability to interact with others, including self control): Describe the child's functional ability, including how the child

shows feelings, copes in situations throughout the day and relates to other people.

Adaptive (This is the child's ability to help themselves in feeding, dressing, toileting): Describe the child's functional ability and skills related to daily living such as dressing, feeding, toileting, oral motor and getting needs met.

Eligibility Determination for WV Birth to Three - Page 6

Evaluation and Assessment Methods and Procedures

This section 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– Page 6

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

Header: Enter the child's legal name (first name, initial, last name); date of birth (month, day, year); and the date that the page was completed.

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 any and all of the activities completed by the MDT members as part of their evaluation/assessment process. The MDT should provide an explanation of each activity and what information was used to form their clinical opinion in regards to the child's eligibility.

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

Established Conditions

This section is used by the multi disciplinary team to record all diagnosed physical or mental conditions that the child is experiencing. See WV Birth to Three eligibility definition for further guidance.

Record all physical or mental condition(s) that the child has, from the WV Birth to Three State Eligibility policy, that have a high probability in resulting in developmental delay, for which the team has written documentation. 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.

Is the child diagnosed with vision impairment? Check yes or no

Is the child diagnosed with a hearing impairment? Check yes or no

For all other diagnosed medical conditions that meet the WV Birth to Three definition of an Established Condition – list the medical diagnosis(s).

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'.

Developmental Delay

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.

Document all developmental areas where the child is experiencing a very substantial delay (40%), a substantial delay (25%) or atypical development. To be eligible a child must have 40% delay in one

or more areas, a 25 % delay in two or more areas or atypical development in two or more areas. A child can be found eligible with a 25 % delay in one area and atypical development in another area. Written documentation supporting the developmental delay is required

Check the box immediately preceding the percentage of delay in each of the developmental areas where the team has determined the child is experiencing developmental delay or atypical development.

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.

At-Risk

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.

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

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.

Eligibility Determination for WV Birth to Three – Page 7

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

Filling in the Blanks– Page 7

Header: Enter the child's legal name (first name, initial, last name); date of birth (month, day, year); and the date that the page was completed.

☐   *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: _____

Check the box preceding the multi-disciplinary team's decision. Enter the date of the decision.

Multi-Disciplinary Evaluation Team Members – Page 7

This section documents who and how the multi–disciplinary evaluation team members participated in the determination of eligibility. Practitioners who attend the eligibility determination meeting face to face will complete the required information and provide signature. For practitioners who participate via phone, report or authorized representative, the Service Coordinator will complete required information and print the practitioner's name.

Name/Signature/Credential/Date: Enter name, sign with credential and date.

Role on Team: Enter role on MDT team; for example, "Service Coordinator", "Speech Therapist", "Developmental Specialist".

Telephone/Email: Enter telephone number and email address.

Method of Contribution: Enter whether the practitioner participated face to face, on the phone, sent an authorized representative or sent a written report.

Have the parent(s) check whether or not they agree with their child's eligibility and if they have received

a copy of their Procedural Safeguards.

☐ *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.*

Have the parent(s) sign and date in the space provided.

If the child has been found to be ineligible, what other referrals/linkages have been made for the family? Enter any referrals that have been made on behalf of the child and family.

Child Outcome Summary Tool

The Child Outcome Summary Tool (COST) is to be used to assist the team, including the family, in evaluating and reporting the child's individual progress toward important developmental milestones as required by the U.S. Department of Education.

Check the type of COST completed. Enter the date that the COST was completed. Date on the IFSP should match the date on the COST.

Type of COST completed today:

☐ *Initial COST * not required if child is 30 months or older at initial IFSP*

☐ *Annual COST*

☐ *Exit COST*
  * Enter date of Exit COST if done during an annual meeting.

  Date: _____

Family and Child Outcomes – Page 8

IFSP outcomes are broad statements that describe what the family wants to see for their child and/or themselves. Outcomes should reflect the family's identified priorities and be based on the sum of information shared by the family and team throughout the entire information gathering process including the evaluation and assessment. Outcomes are not based on services; rather,

services are based upon the outcomes. 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. A separate page is used for each major outcome.

Filling in the Blanks– Page 8

This page is completed at the Initial and Annual IFSP meeting, six-month IFSP Review or at other IFSP meetings as called upon.

Header: Enter the child's legal name (first name, initial, last name); date of birth (month, day, year); and the date that the page was completed.

Outcome # - What changes would the family like to see happen for the child/family in the next six months? (The outcome must be functional, measurable, and achievable within the next six months).

Enter a number for each outcome.

Record the outcome that the family would like to achieve. Outcomes are based on the changes the family wants to see in their child's development or in their ability to help their child's development. Outcomes should be clearly stated. It is important that the family's language is used in wording the outcomes. A family will be more likely to feel ownership of the IFSP if the written document contains the same kind of language family members used when discussing their priorities. Outcomes should be easily measurable and achievable within a six month time frame or sooner. Examples of appropriately written outcomes include: "Jennifer will eat dinner at the table with her family each day", "Donald will move across the room on his own to join his family to play", John will point to the foods that he wants to eat at mealtimes to reduce his frustration", Kayla will play independently in the kitchen while mother is cooking", "Katherine will be enrolled in a day care center so that mother can go back to work part time".

What's happening now related to this outcome: (Give a detailed description here of what is currently happening related to the desired change/outcome).

Describe the child's current functional abilities and identified barriers such as a medical condition that is impacting development or family circumstances that are preventing progress towards the family's goals in relation to the desired outcome the family wants to achieve. If this is a family outcome, describe what is currently happening for the family in the area for which they are requesting support.

What criteria will the family and team use to measure this outcome to know that it has been achieved? (When will we review progress and what will progress look like?)

Describe the criteria that will be used to measure progress and success.

The criteria defines the who, what, when, where, and how the child will achieve the outcome. Criteria should be established that provides the team with sufficient information to evaluate: if the child's skills have changed and the outcome has been achieved, if the child's skills have changed to some degree and the outcome has been partially achieved or if the child's skills remain unchanged and decisions must be made about the effectiveness of the intervention strategies.

How will we, as a family, work toward achieving this outcome within our daily activities and routines? (Describe the methods and strategies the family/caregivers will use to support their child during their daily activities and routines).

List the strategies the family will use to achieve this outcome including any modifications, adaptations, or equipment that will be used to assist the child/family in achieving the outcome.

These strategies must be directly related to the outcome and be specific to meet the child's individual needs. Appropriate strategies are designed in a collaborative process between parents and all team members so that the strategies can be integrated across all disciplines working with the child and family. The strategies must support the child's and family's ability to achieve the outcomes and function where they live, learn, and play. Strategies will vary from family to family and should be based on the child's and/or family's unique needs. To do so, the IFSP team

must consider the natural supports and resources present in the child's environment and the activities in the child's daily routines that offer opportunities for the child to learn new skills.

People who will help and their roles. (List informal supports already available to the family prior to considering more formal supports.) Informal supports that should be considered include: other family members or friends, special health care programs, or other early childhood or parent education programs that the family is involved with).

List the people in the child's and/or family's life who will help implement the identified strategies to meet the outcome. The IFSP team must consider who can "teach" the child the new skills (i.e., parents, peers, siblings, other care givers, professionals) and whether or not the family or other care givers need assistance facilitating the child learning the new skill.

Service Coordination Outcomes-Page 9

Service Coordination is an *active, ongoing process* that involves:

- assisting parents of eligible children in gaining access to WV Birth to Three services and supports and assisting parents of eligible children in gaining access to other services identified in the Individual Family Service Plan (Other Services and Supports Needed But Not Required Under Part C of IDEA);
- coordinating the provision of WV Birth to Three services and supports with other services that the child needs or is being provided (such as medical services, Title XIX Waiver, Right From The Start, etc.)
- facilitating the timely delivery of services including insuring procedural safeguards are protected; and
- continuously seeking the appropriate services and situations necessary to benefit the development of each child being served for the duration of the child's eligibility

Service coordination needs vary from family to family. The intensity of need may be influenced by each family's "stage" of involvement within the WV Birth to Three system. For example, service

coordination needs are often more substantial during the family's entry into the system and again at annual IFSP meetings and then again at transition out of the system. Service coordinators provide the "critical link" in assisting families in gaining access to needed services and supports and do so through an ongoing supportive interview process.

The service coordination outcomes page of the IFSP serves to record the activities the service coordinator will use to assist the family in linking to, advocating for, and evaluating the services and supports identified to meet the outcomes the family desires for their child and family. This page also records what information or linkages the family would like to receive to assist them in meeting their child/family needs.

Filling in the Blanks– Page 9

This page is completed at the Initial and Annual IFSP Meeting. The Interim and/or On Going Service Coordinator will review and check off all service coordination activities with the family even if that service coordination activity is not an immediate need for the family as service coordination needs may change over the course of the IFSP.

Header: Enter the child's legal name (first name, initial, last name); date of birth (month, day, year); and the date that the page was completed.

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

___ Assist the family in identifying the outcomes they would like to see for their child and family

___ Assist the family in identifying needs for community services and supports such as financial, medical, social, health or safety

___ Link the family to community services and supports to meet identified child and family needs

___ Coordinate and monitor (helping the family to evaluate) the timely delivery of available WV Birth to Three services

___ Coordinate an on-going communication process with all members of the child/family's IFSP

team, including community partners and other care givers that the family would like to be involved

___ Coordinate with other case managers

___ Coordinate the performance of evaluations and assessments to re-determine eligibility and plan for annual IFSP

____ Coordinate and facilitate the development, review and evaluation of IFSP

___ Facilitate timely transition activities and the development of a transition plan, for every child exiting WV Birth to Three

___ Inform families of advocacy services

The Interim and/or On Going Service Coordinator will check each resource or item that the family would like information or linkage to.

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

☐ Meeting with other families of children with special needs
☐ Finding or working with doctors or other specialists
☐ How different services work or how they could work better for my family
☐ Planning for the future; what to expect
☐ Respite care, so we can have a break
☐ Community supports for housing, clothing, jobs, food, telephone
☐ Information on my child's special needs, what it means
☐ Coordinating early intervention and other services
☐ Ways to involve brothers, sisters, friends, extended family
☐ Support groups within our community, region or state

Services in Natural Environments – Page 10

To the maximum extent appropriate, services should be delivered which support the child and family in their natural environments. Services must be delivered where the child lives, learns, and plays in order 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 on a daily basis) 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, child care center, or other community settings) in order to receive WV Birth to Three 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, 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 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. Methods include direct therapeutic developmental activities with the child designed to enhance the child's development, providing the family and/or care givers with information, skills, and support related to enhancing the development of the child and providing support and consultation to a child's care givers to increase the child's participation within community-based leaning opportunities. Roles for each discipline include identifying intervention strategies, evaluating their usefulness, implementing them and/or teaching care givers and others how to implement specific strategies. A particular 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 in order to identify service commitments.

The decision to provide a service, including the frequency, intensity and location, may not be based solely on factors such as nature or severity of disability, age of child, availability of services, availability of space, administrative convenience, family preference, payment methodology, or service provider preferences.

Filling in the Blanks– Page 10

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.

Header: Enter the child's legal name (first name, initial, last name); date of birth (month, day, year); and the date that the page was completed.

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 particular child. Additionally, you may include the person's name, if appropriate. Part C services are as follows:

1. Assistive Technology
2. Audiology
3. Family training and counseling
4. Health services
5. Medical services only for diagnostic or evaluation purposes
6. Nursing services
7. Nutrition services
8. Occupational therapy
9. Physical therapy
10. Psychological services
11. Service Coordination
12. Social work services
13. Special instruction
14. Speech and language pathology
15. Transportation
16. Vision services

Assistive Technology Services - Check if the service practitioner providing the Part C service will also be providing assistive technology services for the child and family.

Add description of AT

Location - Check the appropriate natural environment. If services are provided in both the home environment and a child care 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 a month for one and one-half hours in the home; additionally, the child may receive physical therapy one time per week for 45 minutes in the child care setting. This ensures a non-duplicated count of the total amount of service a child is receiving.

Intensity/Frequency - (how often, how long): For intensity, indicate "how long" the service will be provided. An example is 30 minutes. Frequency is "how often" the service will be provided. Examples include one time per week and two times per month. Intensity and frequency should not be listed as total time per month (i.e. 240 minutes per month) this would mean the child and family would receive a 4 hour home visit once a month which is not developmentally appropriate or best practice.

Method: Check all methods that each team member will utilize in providing services to the child, family or community partner. Methods include: direct therapeutic developmental activities with the child designed to enhance the child's development; providing the family and/or care givers with information, skills, and support related to enhancing the development of the child; and providing support and consultation to a child's care givers to increase the child's participation within community based learning opportunities. Service Coordinators can only check (B).

Start Date: Enter the anticipated beginning date for each service.

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. It should not be a blanket one year or until the child's third birthday.

Funding Source: Check with the WV Birth to Three Central Finance Office unless the service is covered by a community resource such as the Lion's Club, private donations, or another source such as Title XIX Waiver. If service is covered other than through the WV Birth to Three Central Finance System, check other and list the appropriate funding source from the following list: Community Resource, Children's Specialty Care, Early Head Start, Private Donations, State Education (for SKI HI and Insight services), Private Insurance if the family would like to own the recommended assistive technology.

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 at a later date.

Services Not Provided in Natural Environments – Page 11

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– Page 11

This page is completed only when IFSP services are to be provided outside of the child's natural environments.

Header: Enter the child's legal name (first name, initial, last name); date of birth (month, day, year); and the date that the page was completed.

Location: Check the appropriate location of service. For example, if a child receives physical therapy at the provider site, you would 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.

Natural Learning Opportunities Justification: This section allows 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 time line to move services into the child's natural environment.

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

This section identifies other services that a family may identify as a need but are not required services under Part C.

Filling in the Blanks– Page 12

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.

Header: Enter the child's legal name (first name, initial, last name); date of birth (month, day, year); and the date that the page was completed.

Service or Support: List, as requested by the family, any medical and/or other service that the child needs but is not required under Part C. This may include services and supports to meet medical needs such as well-baby checks, immunizations, specialty care clinics such as cleft palate and orthopedic, and services and supports to meet typical developmental needs such as WIC and parenting classes, etc.

List Steps to Be Taken to Secure Services: 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*.*

Potential Funding Source: If a funding source is available to assist the family in accessing the service, list the appropriate funding source such as: Medicaid, Non Emergency Medical Transportation, Family Support, WV CHIP, Children's Special Health Care Needs Program, Private Donations, Child Care Subsidy, State Education (for SKI HI and Insight services), Title XIX Waiver, or Private Insurance.

□ *This family has chosen not to be linked to other services.* Check the box if the family does not want linkage or referral to occur at this time.

IFSP Team Membership – Page 13

Each initial IFSP meeting and each annual 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 be involved through a telephone conference call, have a knowledgeable, authorized representative at the meeting, or make pertinent records available at the meeting. An IFSP may not be completed with only the parent and service coordinator.

Filling in the Blanks– Page 13

Header: Enter the child's legal name (first name, initial, last name); date of birth (month, day, year); and the date that the page was completed.

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 should sign their name. Names of those not present but providing input should be printed.

Date: Enter the date of participation for each member of the IFSP team.

Contact Information: List the best way and best time for each member of the IFSP team to be contacted.

Contributed but not present: List how members of the IFSP team contributed to the development of the IFSP when they were not present. This may be by providing a written report which was interpreted by a qualified representative or by teleconference.

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. Have the family check if they have received the copy of their rights, if they are providing informed written consent to the services described in the IFSP or if the family does not accept all or some of the IFSP services. List which services the family would like to receive and complete the "Written Prior Notice" form.

□ *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 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.*

Parent/Legal Guardian Signature: Have the parent(s) or legal guardian sign.

Date: Have the parent(s) or legal guardian date.

IFSP Review – R 1 and R2

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.

Filling in the Blanks– R 1

Header: Enter the child's legal name (first name, initial, last name); date of birth (month, day, year); and the date that the page was completed.

□ *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.
Header: Enter the child's legal name (first name, initial, last name); date of birth (month, day, year); and the date that the page was completed.

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.

Frequency/Intensity: List changes in frequency and/or intensity.

Start Date: List date new services are to begin.

End Date: List date old services are to end.

Location: List location using choices from the Services in Natural Environments or Services Not Provided in Natural Environments pages.

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

Fund Source: List fund source from choices on Services in Natural Environments page.

☐   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.

Parent/Legal Guardian Signature: Have the parent(s) or legal guardian sign.

Date: Have the parent(s) or legal guardian date.

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 should sign their name. Names of those not present but providing input should be printed.

Date: Enter the date of participation for each member of the IFSP team.

Contact Information: List the best way and best time for each member of the IFSP team to be contacted.

Contributed but not present: List how members of the IFSP team contributed to the development of the IFSP when they were not present. This may be by providing a written report which was interpreted by a qualified representative or by teleconference.

Individualized Family Service Plan – Additional Page

This page is provided to document additional information provided by the family and/or team during the development of the IFSP. For example, a child may have an extensive medical history that the family has provided during gathering information on the Child Health Status. This form may be used to record the information as part of page 2 of the IFSP.

Transition Plan (Steps and Activities) Page T1 and T2

The IFSP must include the steps to be taken to support the transition of the child from the WV Birth to Three system. This section may be completed during a routine review or evaluation of the IFSP or at other times as appropriate. A Transition Plan must be written for all eligible children at least 9 months prior to the child's third birthday even when the child will not be transitioning to preschool services. The IFSP should also include individualized outcomes and strategies to prepare the child for the transition.

Filling in the Blanks: Pages T1 and T2

The Interim/On Going Service Coordinator will document the date that each transition activity has been completed. The original Transition Plan is submitted to the RAU for inclusion in the child's early intervention record with the Transfer/Transition Summary form within 5 days of the child's exit from WV Birth to Three.

Header: Enter the child's legal name (first name, initial, last name); date of birth (month, day, year); and the date that the page was completed.

Date Completed: Record the date of each activity completed as part of the transition steps.