



Multi- Disciplinary Evaluation for Eligibility

Evaluation and Assessment Methods and Procedures

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

- Review Medical Records
 Consultation with Healthcare Provider
 Family Interview
 Observation of The Child
 Developmental Screening
 Formal Evaluation/Assessment Tools Used:

Meets Criteria for This Category	Established Condition
	<i>List all physical or mental condition(s) that the child has, from the WV Birth to Three State Eligibility policy, that have a high probability in resulting in developmental delay. If a condition is not listed in the WV Birth to Three State Eligibility policy, list the diagnosis only if the team has written confirmation from the child's physician that the diagnosis will result in substantial delay for this child. Written documentation of the Established Condition is required.</i>

<input type="checkbox"/> YES <input type="checkbox"/> NO	Does the child have a diagnosed vision impairment? <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child have a diagnosed hearing impairment? <input type="checkbox"/> YES <input type="checkbox"/> NO	List other documented established conditions:
---	---	--

Meets Criteria for This Category	Developmental Delay
	<i>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 the equivalent of: 40% delay in one or more areas, a 25 % delay in two or more areas or atypical development in two or more areas. A child can be found eligible with a 25 % delay in one area and atypical development in another area that is not expected to resolve on its own. Written documentation supporting the developmental delay is required.</i>

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

Meets Criteria for This Category	At-Risk Factors
	<i>Document all risk factors as identified in WV Birth to Three State Eligibility policy, the child is experiencing that are likely to result in substantial developmental delay if early intervention services were not provided. To be eligible a child must be experiencing at least 5 or more of the risk factors below. Written documentation of the biological/medical risk factors is required.</i>

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



Eligibility Determination

- 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:
- The child has been found eligible for WV Birth to Three, but the parent(s) have declined any further service. Date:

Multi-Disciplinary Evaluation Team Members

Print Name and Sign with Credential	Date	Role on Team	Method of Contribution
			<input type="checkbox"/> Face to Face <input type="checkbox"/> By Report <input type="checkbox"/> Telephone Conference <input type="checkbox"/> Auth Representative
			<input type="checkbox"/> Face to Face <input type="checkbox"/> By Report <input type="checkbox"/> Telephone Conference <input type="checkbox"/> Auth Representative
			<input type="checkbox"/> Face to Face <input type="checkbox"/> By Report <input type="checkbox"/> Telephone Conference <input type="checkbox"/> Auth Representative
			<input type="checkbox"/> Face to Face <input type="checkbox"/> By Report <input type="checkbox"/> Telephone Conference <input type="checkbox"/> Auth Representative
			<input type="checkbox"/> Face to Face <input type="checkbox"/> By Report <input type="checkbox"/> Telephone Conference <input type="checkbox"/> Auth Representative
			<input type="checkbox"/> Face to Face <input type="checkbox"/> By Report <input type="checkbox"/> Telephone Conference <input type="checkbox"/> Auth Representative
			<input type="checkbox"/> Face to Face <input type="checkbox"/> By Report <input type="checkbox"/> Telephone Conference <input type="checkbox"/> Auth Representative

- 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.

Prior Written Notice: Eligibility Determination

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





 Parent/Legal Guardian Signature Date

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







Present Abilities, Strengths and Needs

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

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



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



Child Outcome Summary – submit to RAU once completed

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

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



Child Outcomes in Daily Routines

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.)***

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



Child Outcomes in Daily Routines

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.)*

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



Child Outcomes in Daily Routines

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.)*

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



Family Outcomes

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

Outcome #	What will be the focus for this family outcome?		
Functional Outcome Statement (What we can accomplish in the next six months related to this outcome?)			
Who		Will (do what)	
In order to or so that			
We will know this outcome has been achieved when:			
How will the team work with the family to help them achieve this outcome?			
How will the team measure progress (observable actions and behaviors)?			
<input type="checkbox"/> Intervention Activity notes	<input type="checkbox"/> Data Gathering	<input type="checkbox"/> Service Coordinator Activity Note	<input type="checkbox"/> Parent report
<input type="checkbox"/> Ongoing Team Communication	<input type="checkbox"/> Other – Describe"		



Transition Plan

WV Birth to Three must ensure a smooth transition of infants and toddlers receiving early intervention services to other services when exiting WV Birth to Three at age three. There are specific timelines and activities that must be completed for these children. (See Transition Checklist). **The WV Birth to Three team should begin development of the transition plan at least nine (9) months prior to child's third birthday. Every child must have a Transition Conference not fewer than 90 days, and no more than nine (9) months prior, to the child's third birthday.**

Third Birthday: _____

Anticipated Transition Conference Date: _____

Not applicable at this time

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

What services would the family like more information about?

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

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

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



Services in Natural Environments

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

Related to Outcomes #:	Part C Service	Delivery	Location (Settings for Services)	Intensity/Frequency (How often, how long)	Method	Start Date	Anticipated Duration	Funding Source	Parent Consent and Initials
		<input type="checkbox"/> Face to Face <input type="checkbox"/> Telecon <input type="checkbox"/> Both <input type="checkbox"/> Pend	<input type="checkbox"/> Home <input type="checkbox"/> Child Care <input type="checkbox"/> Community Setting/NE <input type="checkbox"/> Residential Facility	_____ mins _____ xs <input type="checkbox"/> Once <input type="checkbox"/> Monthly <input type="checkbox"/> Daily <input type="checkbox"/> Yearly <input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C			<input type="checkbox"/> BTT/CFO <input type="checkbox"/> Other	
		<input type="checkbox"/> Face to Face <input type="checkbox"/> Telecon <input type="checkbox"/> Both <input type="checkbox"/> Pend	<input type="checkbox"/> Home <input type="checkbox"/> Child Care <input type="checkbox"/> Community Setting/NE <input type="checkbox"/> Residential Facility	_____ mins _____ xs <input type="checkbox"/> Once <input type="checkbox"/> Monthly <input type="checkbox"/> Daily <input type="checkbox"/> Yearly <input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C			<input type="checkbox"/> BTT/CFO <input type="checkbox"/> Other	
		<input type="checkbox"/> Face to Face <input type="checkbox"/> Telecon <input type="checkbox"/> Both <input type="checkbox"/> Pend	<input type="checkbox"/> Home <input type="checkbox"/> Child Care <input type="checkbox"/> Community Setting/NE <input type="checkbox"/> Residential Facility	_____ mins _____ xs <input type="checkbox"/> Once <input type="checkbox"/> Monthly <input type="checkbox"/> Daily <input type="checkbox"/> Yearly <input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C			<input type="checkbox"/> BTT/CFO <input type="checkbox"/> Other	
		<input type="checkbox"/> Face to Face <input type="checkbox"/> Telecon <input type="checkbox"/> Both <input type="checkbox"/> Pend	<input type="checkbox"/> Home <input type="checkbox"/> Child Care <input type="checkbox"/> Community Setting/NE <input type="checkbox"/> Residential Facility	_____ mins _____ xs <input type="checkbox"/> Once <input type="checkbox"/> Monthly <input type="checkbox"/> Daily <input type="checkbox"/> Yearly <input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C			<input type="checkbox"/> BTT/CFO <input type="checkbox"/> Other	
		<input type="checkbox"/> Face to Face <input type="checkbox"/> Telecon <input type="checkbox"/> Both <input type="checkbox"/> Pend	<input type="checkbox"/> Home <input type="checkbox"/> Child Care <input type="checkbox"/> Community Setting/NE <input type="checkbox"/> Residential Facility	_____ mins _____ xs <input type="checkbox"/> Once <input type="checkbox"/> Monthly <input type="checkbox"/> Daily <input type="checkbox"/> Yearly <input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C			<input type="checkbox"/> BTT/CFO <input type="checkbox"/> Other	
		<input type="checkbox"/> Face to Face <input type="checkbox"/> Telecon <input type="checkbox"/> Both <input type="checkbox"/> Pend	<input type="checkbox"/> Home <input type="checkbox"/> Child Care <input type="checkbox"/> Community Setting/NE <input type="checkbox"/> Residential Facility	_____ mins _____ xs <input type="checkbox"/> Once <input type="checkbox"/> Monthly <input type="checkbox"/> Daily <input type="checkbox"/> Yearly <input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C			<input type="checkbox"/> BTT/CFO <input type="checkbox"/> Other	

Method Codes:

A = Coaching the family and/or caregiver in the use of strategies to enhance the development of the child.
 B = Consultation to family and IFSP team related to ongoing progress monitoring of the child.
 C = Service Coordination-Provides coordination, linkage and referral.



Part C Services Not Provided in Natural Environments

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

Related to Outcomes #:	Part C Service	Delivery	Location (Settings for Services)	Transportation Reimbursement Needed? *	Intensity/Frequency (How often, how long)	Method	Start Date	Anticipated Duration	Fund Source	Parent Consent & Initials
		<input type="checkbox"/> Face to Face <input type="checkbox"/> Telecon <input type="checkbox"/> Both <input type="checkbox"/> Pend	<input type="checkbox"/> Service Provider Location <input type="checkbox"/> Program – children with disabilities	<input type="checkbox"/> Yes <input type="checkbox"/> No	____ mins ____ xs <input type="checkbox"/> Once <input type="checkbox"/> Monthly <input type="checkbox"/> Daily <input type="checkbox"/> Yearly <input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C			<input type="checkbox"/> BTT/CFO <input type="checkbox"/> Other	
		<input type="checkbox"/> Face to Face <input type="checkbox"/> Telecon <input type="checkbox"/> Both <input type="checkbox"/> Pend	<input type="checkbox"/> Service Provider Location <input type="checkbox"/> Program – children with disabilities	<input type="checkbox"/> Yes <input type="checkbox"/> No	____ mins ____ xs <input type="checkbox"/> Once <input type="checkbox"/> Monthly <input type="checkbox"/> Daily <input type="checkbox"/> Yearly <input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C			<input type="checkbox"/> BTT/CFO <input type="checkbox"/> Other	
		<input type="checkbox"/> Face to Face <input type="checkbox"/> Telecon <input type="checkbox"/> Both <input type="checkbox"/> Pend	<input type="checkbox"/> Service Provider Location <input type="checkbox"/> Program – children with disabilities	<input type="checkbox"/> Yes <input type="checkbox"/> No	____ mins ____ xs <input type="checkbox"/> Once <input type="checkbox"/> Monthly <input type="checkbox"/> Daily <input type="checkbox"/> Yearly <input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C			<input type="checkbox"/> BTT/CFO <input type="checkbox"/> Other	

* *Transportation reimbursed only if service not available in natural environment*

Method Codes:
 A = Coaching the family and/or caregiver in the use of strategies to enhance the development of the child.
 B = Consultation to family and IFSP team related to ongoing progress monitoring of the child.
 C = Service Coordination-Provides coordination, linkage and referral.

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



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

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

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

Family has chosen not to be linked to other services.

NOTE:

The above community resources may help families to access “other” needed services and supports.

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



IFSP Team Membership

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

Print Name and Sign with Credential	Date	Role on Team	Telephone/Email	Method of Contribution
				<input type="checkbox"/> Face to Face <input type="checkbox"/> By Report <input type="checkbox"/> Telephone Conference <input type="checkbox"/> Auth Representative
				<input type="checkbox"/> Face to Face <input type="checkbox"/> By Report <input type="checkbox"/> Telephone Conference <input type="checkbox"/> Auth Representative
				<input type="checkbox"/> Face to Face <input type="checkbox"/> By Report <input type="checkbox"/> Telephone Conference <input type="checkbox"/> Auth Representative
				<input type="checkbox"/> Face to Face <input type="checkbox"/> By Report <input type="checkbox"/> Telephone Conference <input type="checkbox"/> Auth Representative
				<input type="checkbox"/> Face to Face <input type="checkbox"/> By Report <input type="checkbox"/> Telephone Conference <input type="checkbox"/> Auth Representative
				<input type="checkbox"/> Face to Face <input type="checkbox"/> By Report <input type="checkbox"/> Telephone Conference <input type="checkbox"/> Auth Representative

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

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

 Date

Notice of Action: IFSP Development

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