

Family Resources Coordinator's Information

Family Resources Coordinator's Name:	Frances Davey	
Agency:	Anywhere Early Intervention Program	
Agency Address:	1111 Star Road	
City/State/Zip	Anywhere, WA 02468	
Phone Number:	(123) 456 - 4444	Work <input checked="" type="checkbox"/> Cell <input type="checkbox"/>
Email Address:	fdavey@anywhereeip.org	

Referral and Medical/Health Information

Referral Information		
Referral Date: 3/21/11		
Reason for Referral:	Failed Screening and family concern about behavior	
Referral Source:	ABC Pediatrics	
Address:	2901 Blue Ridge Drive	
City/State/Zip:	Anywhere, WA 02468	
Phone Number:	(123) 456 - 3333	Fax: (123) 456 - 3334 Email Address: ABCpeds@ABCpeds.com

Primary Care Information		
Primary Care Provider's Name:	Dr. Janee Morgan	
Address:	ABC Pediatrics; 2901 Blue Ridge Drive	
City/State/Zip:	Anywhere, WA 02468	
Phone Number:	(123) 456 - 3333	Fax: (123) 456 - 3334 Email Address: jmorganmd@ABCpeds.com

Child Health Information

Summary of child's health status based on review of pertinent records *(This includes child's birth history, medical conditions or diagnoses (i.e., allergies), illnesses, hospitalizations, medications, vision and hearing screenings, other developmental evaluations):*

Alex was born full-term with no complications. He is up-to-date on his immunizations. His pediatrician is Dr. Janee Morgan at ABC Pediatrics. He has never been hospitalized, is taking no medications, and has passed all previous hearing and vision screenings. He failed his most recent ASQ screening at Dr. Morgan's office.

What else should the team know about your child's health so we can better plan and provide services for your child and family?

N/A

II. Child/Family Routines and Activities

Understanding the routines and activities of children and families assists the team in identifying the numerous learning opportunities that can support children's learning and development.

Where does your child spend the day? Who is involved? How would you describe your child's relationship(s) with you and the people they spend the most time with in different settings?

Alex wakes happy and babbles to let parents know when he is awake. When Li is in town she feeds him soon after he gets up. Alex sits at the table in a booster seat. He will not tolerate being strapped in and likes to get down and back up several times during most meals. He prefers toast and cheese cubes or dry cereal. When his dad is home alone, Heath dresses him before breakfast so he can get Alex to the car as soon as Heath is ready to go. They make Alex's lunch most days as he is a very picky eater and will not eat most lunch foods at child care. Lunches are mostly finger foods- cheese cubes, crackers, cut apples or grapes, raw cut vegetables.

Alex spends weekdays at the YMCA child care near the family home. He mainly spends time with the teachers and he seems very comfortable with them. He hugs and talks to them, he seeks them out for comfort. Heath picks Alex up from school every day and Alex usually runs to and hugs him when he comes into the room.

Heath often cares for Alex by himself weekday evenings because Li travels out of town for work 3-5 days each week. Alex is always excited to see his Mom when she gets home from a trip and she spends all her time with him when she is home. Alex cuddles with his parents and child care teacher, but tends to avoid strangers, especially men. He warms up to women quickly, and smiles at women who say hello or wave to him when they are out in the community.

What are the things your child enjoys most (including toys, people, places, activities, etc.)?

Alex loves playing with trains. He has Thomas and many of the other trains in the Thomas the Train books. He has a train table in his room and can spend as much as a half hour at a time playing at the train table. He pushes cars and likes putting together and taking apart tracks. Alex also likes sitting on and pushing riding toys.

Alex enjoys story time at child care and at church, and reading books with Mom and Dad but he doesn't sit for more than 2 minutes in most situations. If the teacher at the YMCA holds him and asks him to turn every page, he can sometimes sit through an entire story. His nursery caregiver, Rose, notes he loves to play with the train in the nursery and with the plastic animals.

What does your family enjoy doing together and why? Who is involved? When does this occur?

Heath, Li, and Alex enjoy going to the park together, playing at home outside in the backyard, and playing with trains in Alex's playroom weekday evenings and on the weekends. They also enjoy going on family picnics most weekends, either alone as a family or with friends from church who have two girls that are older than Alex. Li and Alex go to church on Sundays and Alex goes to childcare at church.

What activities and relationships are going well?

Alex likes to see and play with his grandparents though he doesn't see them often. He also enjoys going to church. Li explains Alex really likes the play time there, especially the trains. He gets along with adults well in these places although he doesn't listen as well if there are lots of noises or other children present. He does best if the teacher is right next to him all or most all of the time when he is away from the his parents.

What, if any, routines and activities do you find to be difficult or frustrating for you or your child?

Going out to restaurants or shopping at stores with loud music, loud noises, flashing lights, or large crowds is very difficult. Alex cries, screams, takes parents by the hand and tries to pull them away, and hides under the table at restaurants.

Visiting close friends and his grandparents is hard because they have larger dogs or cats and Alex cries, climbs on parents, and tries to leave if he sees or hears them.

Alex seems to avoid other children. Heath is concerned that even when Alex is really having fun, such as playing with trains at church, or in a recent swimming class at the YMCA, he moves himself physically away from other kids his age. He will sometimes play near them but not with them.

What are the activities and routines your family currently does not do because of your child's needs, but is interested in doing now or in the near future?

The family doesn't eat out much because Alex can't sit still, tries to run away, and hides under the table. They would like to eat out as they did before Alex began acting this way, which was 2-3 times each week. The family would also like to take Alex to Disneyland, but currently feel this is impossible. They would love to take Alex to amusement parks or places that have rides because they think he would like the rides, but we are worried about how he will handle the crowds and noise.

Family Concerns, Resources, Priorities

Family's concerns and priorities drive the development of IFSP outcomes. Family resources and supports are critical for supporting and enhancing desired changes and children's functioning and learning. Families should share only the information they are comfortable sharing.

I choose **not** to share information about my concerns, priorities and resources and/or include this information in the IFSP. I understand that if my child is eligible, he/she can still receive appropriate services as determined by the IFSP team even if I choose not to complete this section.

_____ (parent's initials)

Summary of Family Concerns: *(based on challenges in everyday routines and activities)*

Generally Alex's parents worry about the way he gets upset when there are more than 3 or 4 people near him and how he gets upset around noises, music, and flashing lights. He has a hard time feeling or touching things gently; he plays hard when he does touch other kids and that often upsets the other children. Alex gets in trouble at child care for hitting other children, but Alex's parents don't think he hits on purpose. He gets frustrated quickly and kicks, hits, screams, and cries when adults can't guess what he wants.

Priorities of the Family: *(based on concerns identified above)*

- Would like Alex to be able to go out to eat, to a store, or to some place we think he'd enjoy, like an amusement park, without getting upset when there are other people, noises, or lights.
- Would like for him to have friends and play with other children.
- Would like for him to be able to talk clearly enough that other people can understand him and he can tell us what he wants without crying, rocking, kicking, screaming, and throwing things.

Strengths, Resources that Family has to Meet their Child's Needs: *(include family, friends, community groups, financial supports, etc. that are helpful to you)*

- Alex's child care teacher is very willing to do anything she can to help him. Heath and Li both work full time and Alex has health insurance through Li's job.
- His child care at the YMCA is also a great resource and teaching environment for Alex to learn to play with other children, specifically on the playground.
- Li belongs to a local church with a strong church community that's willing to work with Alex consistently every week on the family's goal for Alex to participate in group activities during Sunday school activities.
- Heath's parents live nearby and visit just about every month.
- Li has a large, supportive family who visit several times each year from New York.

In addition to the information you have already provided, do you have any additional concerns that you have not yet shared, or that others have shared with you about your child? Is there anything else you like to tell us that would be helpful in planning supports and services with you to address what is most important to your child and family?

Li wants to find a support group to help her cope better with Alex's trouble getting along with other kids and going out in the community. Heath wants to find a babysitter who Alex likes so he could visit friends occasionally during the week when Li is traveling.

III. Child's Present Levels of Development

Understanding a child's skills, as identified through evaluation and assessment (including observations, parent report, testing), assists the team (including parents) in planning supports and services that enhance the child's learning.

Developmental Area	Description of Skills/Status <i>(list child's skills in each developmental area/describe status; include information about sensory needs in each domain)</i>	Developmental Level <i>(% of delay, standard deviation, age equivalent)</i>	Information Source <i>(Instrument(s), Parent report, observation)</i>	Evaluator's Name and Evaluation/Assessment Date
Adaptive Feeding, eating, dressing, sleeping <i>(ex., holds a bottle; reaches for toy, helps dress himself or herself)</i>	Removes pants; lifts arms to help with dressing. Tries to use a spoon, but still prefers using his fingers. Goes to sleep well/sleeps through the night.	Delay: 1.5 std. dev.	Battelle Developmental Inventory (BDI-2), parent interview; OT observation	Parents with Frances Davey 4/1/11; Heath with Christina Dew, OT 4/21/11 & 4/25/11
Cognitive Thinking and learning <i>(ex., looks for dropped toy; pulls toy on a string; does a simple puzzle)</i>	Searches for removed toy; plays peak-a-boo; explores new places; does a simple puzzle.	Within typical range	BDI-2, parent report, SLP observation	Parents with Frances Davey 4/1/11; Heath with Jennifer Evans, SLP 4/21/11
Expressive Communication Making sounds, gesturing, talking <i>(ex., vocalizes vowels; points to objects to express wants; uses 2 or more words)</i>	Alex babbles in long sentence-like form. Has 3 words (Mama, Da, and no). He uses the words routinely and correctly. No is the word he uses most often. He points/grunts/screams to get what he wants.	Within typical range	BDI-2, parent report, SLP observation	Parents with Frances Davey 4/1/11; Heath with Jennifer Evans, SLP, 4/21/11
Receptive Communication Understanding words and gestures <i>(ex., looks when hears name; points to body parts and common objects when named; follows simple 1 & 2 step directions; understands simple words)</i>	Follows 2-step directions (e.g., "please get your shoes and bring them to me"); points to named objects; knows names of parents and other relatives (Mom, Dad, Gamma, Abuela, Tia Maria, Tia).	Within typical range	BDI-2, parent report, SLP observation	Parents with Frances Davey 4/1/11; Heath with Jennifer Evans, SLP, 4/21/11
Physical: Fine Motor Using hands and fingers <i>(ex., reaches for and plays with toys; picks up raisin; strings beads)</i>	Opens and closes small train parts; uses pincer grasp to feed himself; is trying to use a spoon.	Within typical range	BDI-2, parent report, observation	Parents with Frances Davey 4/1/11; Heath with Christina Dew, OT, 4/21/11 & 4/25/11
Physical: Gross Motor Moving and using large muscles <i>(ex., rolls from tummy to back; sits independently; walks holding on)</i>	Loves to run; walks up and downstairs with one hand held; parents note he can be clumsy, runs into things and people.	Within typical range	BDI-2, parent report, observation	Parents with Frances Davey 4/1/11; Heath with Christina Dew, OT, 4/21/11 & 4/25/11
Social/Emotional Interacting with others <i>(ex., smiles and shows joy; makes good eye contact; seeks help from familiar caregivers; takes turns; shares toys)</i>	Beginning to engage in parallel play; does not enjoy playing with other children; beginning to imitate his father during play. Explores house independently; smiles/shows joy at seeing parents & familiar adults; pats Mom when she is upset; cries when peers cry.	Delay: 1.5 std. dev.	BDI-2, parent report, observation	Parents with Frances Davey 4/1/11; Heath with Christina Dew, OT, 4/21/11 & 4/25/11
Vision <i>(ex., visually tracks object; attends to faces of familiar people; returns head to starting point when watching slowly disappearing object)</i>	Passed newborn screening, recognizes familiar adults from a distance, tracks objects all directions; parents report no concerns with his vision.		Screening, observation, parent report	Parents with Frances Davey 4/1/11; Heath with Jennifer Evans, SLP, 4/21/11
Hearing <i>(ex., turns head, smiles, or acts in response to voices and, sounds; responds to name)</i>	Turns head to loud and soft sounds, responds to name, passed screening.		Screening, observation, parent report	Parents with Frances Davey 4/1/11; Heath with Jennifer Evans, SLP, 4/21/11

Initial Eligibility for Part C Services

The evaluation and assessment of each child and the determination of the child's initial eligibility for Part C early intervention services must include the use of informed clinical opinion. Eligibility determination is a team decision.

Your child is **eligible** for Part C Services because he/she has (*check one or more below*):

A 1.5 standard deviation or 25% delay in development in one or more areas (*check all that apply*):

- Cognitive Physical: fine motor Physical: gross motor Adaptive
 Social or emotional Expressive Communication Receptive Communication

A diagnosed condition that is likely to result in delay in development (*identify*):

Informed Clinical Opinion (*check if this is the only method used for determining eligibility*):

Informed Clinical Opinion Summary (*given that informed clinical opinion must be used throughout evaluation and assessment, this section must be completed regardless of the criteria used to determine eligibility*):

In addition to delays in standardized test scores on the BDI, Alex scored in the atypical range on the Infant/Toddler Sensory Profile. Parent report and these scores indicate he is highly sensitive to daily activities with loud or bright environments and has a tendency to avoid activities that are over stimulating to him, such as those with noise, lots of bright or changing light, and lots of people. SLP observed Alex to demonstrate substantial frustration related to his inability to be understood by others. Although not significantly delayed, the SLP feels his lack of expressive communication contributes to his delays in social-emotional development.

Ongoing Eligibility for Part C Services

The evaluation and assessment of each child and the determination of the child's ongoing eligibility for Part C early intervention services must include the use of informed clinical opinion. Eligibility determination is a team decision.

Your child **continues to be eligible** for Part C Services based upon their present levels of development and/or diagnosed condition.

Summary of Functional Performance

Summarizing how a child uses skills in various domains to function across settings and situations provides information that assists the team (including the parents) in developing functional IFSP outcomes and strategies to meet these outcomes and so progress can be monitored over time. This information also assists in the completion of the Child Outcomes Summary information.

Positive Social/Emotional Skills (including social relationships): *(relating with adults; relating with other children; following rules related to groups or interacting with others)*

Summary of Child's Functioning:

Alex has some age-appropriate functioning, but exhibits more immediate foundational skills and behaviors. He shows affection to both parents and extended relatives, particularly female relatives and adult women who are friends of the family. Alex displays a range of emotion and responds empathically to others' sadness by showing sadness, and patting them or trying to give them a comfort object. Alex calls for his mom and dad by name when he wants them to help him or when he wants to share something with them. When adults ask him questions, he knows to nod in response, but these types of exchanges are typically limited to quiet settings like his home. It is harder for Alex to respond to questions from adults in busy or loud settings. Alex has not yet been observed using toys or other objects to engage peers although he will engage adults with his trains. These exchanges with adults are brief. For example, he will show or give one of his trains to the adult and then continue to play with the toy on his own. Alex jabbbers while showing his trains to his parents. The vocalizations are not yet articulated words or fully understandable sounds, so his parents don't usually converse back. When his parents imitate his vocalizations, he continues to vocalize more.

When another child is playing quietly, Alex will sometimes play alongside him or her in his YMCA classroom. Alex typically avoids playing alongside multiple children or playing alongside any children in settings with loud background noises. He often clings to his teacher during his school day and at church child care, particularly when many children are playing loudly inside. Alex frequently seeks out familiar adults for soothing himself when upset at home, in childcare, and during Sunday school childcare and in community settings. Alex often acts out by hitting or kicking whatever or whoever is around him when in busy environments with lots of noise or touching from other people if he is not constantly being held by parents or familiar caregivers. Alex is beginning to understand routines at child care and responds to the soft music they play when cleaning up to go outside or to eat lunch. Alex's score in personal-social was 1.5 standard deviations below the mean on the BDI-2.

Outcome Descriptor Statement (Select one):

At 23 months, Alex shows occasional use of some age-expected skills, but has more skills that are younger than those that are expected for a child his age in the area of positive social-emotional skills.

Acquiring and Using Knowledge and Skills (including early language/communication): *(thinking, reasoning, remembering and problem solving; understanding symbols, understanding the physical and social worlds)*

Summary of Child's Functioning:

Alex engages in simple pretend play with his Dad when playing with trains and animals, making the animals eat or fight. He will search for objects that have been taken away, often looking for specific trains, but is not able to tell others which item he is looking for with words. Alex can turn toys on and off independently and make the toys function in a variety of ways. He has taken apart several of his trains recently, and has tried putting them back together, often fitting a piece or two before starting a different activity. Alex also puts together puzzles appropriate for children his age and takes apart and puts together train tracks. He likes to turn the remote control on and off, and likes to explore the drawers in his dresser. When asked to put away toys, Alex will put different toys in the appropriate place.

Alex's can say 3 words, however, these can be difficult for others outside the family to understand and are rarely heard other than during quiet times with his parents at home and during play with Dad, with the exception of the word, "No." He does not yet use words other than "no," "Mama," and "Da" regularly across settings and situations. He points to items that he wants, and understands familiar, recurring 2-step directions like going to get his shoes and bringing them to his Mom when he is getting ready for school. Alex uses gestures effectively to communicate when calm, but often gets overwhelmed in social situations with peers or in loud settings and may cry, scream, hit, or kick when he is frustrated rather than using gestures or words.

He will listen to a short story, but usually loses interest after about two minutes. He can point to pictures in a book and sometimes jabbbers along with the adult reading the book, imitating the adult's voice and some of the sounds in the words they use. Alex responds to his own name and recognizes lots of objects, showing his understanding of named objects by pointing to them from pictures or picking them out of a group. Alex's talking includes lots of jabbering that sounds like

sentences.

Assessment tools indicate that receptive communication and cognitive functioning were within normal limits for children Alex's age. Although parental concerns are present related to Alex's communication, he scored within typical range (within 1.0 standard deviations) in the communication domain using the BDI-2.

Outcome Descriptor Statement (Select one):

Relative to same-aged peers, Alex shows many age-expected skills, but continues to show some functioning that might be described like that of a slightly younger child in the area of acquiring and using knowledge and skills.

Use of Appropriate Behaviors to Meet their Needs: *(taking care of basic needs, e.g. showing hunger, dressing, feeding, toileting, etc.; contributing to own health and safety, e.g., follows rules, assists with hand washing, avoids inedible objects (if over 24 months); getting from place to place (mobility) and using tools (e.g., forks, strings attached to objects, etc.))*

Summary of Child's Functioning:

Alex likes to play outside and can independently climb a ladder to slide down with supervision for safety. He runs on grass and uses most playground equipment when the playground is not crowded with other children. Alex also follows safety rules such as holding hands when walking to the playground with parents. Alex sometimes climbs into a chair and occasionally uses the chair to reach what he wants on the counter tops. He tries to use a spoon with much spilling and usually abandons it after a couple of attempts to get the food in his mouth. He prefers using his fingers when eating. Alex can drink from a regular cup with some spilling. Alex can remove his pants by himself and helps his parents get him dressed by extending his arms and legs. He cooperates with tooth brushing, by holding still and opening his mouth upon request. Sometimes he tries to brush his own teeth, but only rubs back and forth on the front teeth before handing the toothbrush to his parents. Alex falls asleep on his own after his parents finish his bedtime routine. Alex rarely uses his words to communicate what he needs to others and is very difficult for others to understand. He typically fusses when hungry or gestures to show people what he wants or needs. Alex will go get toys himself or gesture to others for help in getting those out of reach. In particularly loud surroundings or settings with lots of other people, however, Alex rarely seeks out toys or initiates play independently, preferring instead to cling to a familiar caregiver or sometimes hitting or kicking other children if pressured into playing near them in these situations.

Gross and Fine motor subdomains on the BDI-2 were within normal limits. Adaptive skills were assessed at 1.5 standard deviations below the mean.

Outcome Descriptor Statement (Select one):

At 23 months, Alex shows occasional use of some age-expected skills, but has more skills that are younger than those that are expected for a child his age in the area of using appropriate behavior to meet his needs.

Date child outcomes descriptor statements were selected by the team: 5 / 1 / 11

Assessment Team

The following individuals participated in the evaluation and assessment:		
Printed name and Credentials	Role/organization	Assessment Activities
Jennifer Evans, CCC-SLP	Speech-Language Pathologist, CompHealth	<input checked="" type="checkbox"/> Child's Present Levels of Development <input checked="" type="checkbox"/> Eligibility for Part C Services <input checked="" type="checkbox"/> Contributed information for Summary of Functional Performance <input checked="" type="checkbox"/> Participated in selection of Outcomes Descriptor Statements
Christina Dew, OTR	Occupational Therapist, CompHealth	<input checked="" type="checkbox"/> Child's Present Levels of Development <input checked="" type="checkbox"/> Eligibility for Part C Services <input checked="" type="checkbox"/> Contributed information for Summary of Functional Performance <input checked="" type="checkbox"/> Participated in selection of Outcomes Descriptor Statements
Frances Day, FRC	Family Resources Coordinator	<input checked="" type="checkbox"/> Child's Present Levels of Development <input checked="" type="checkbox"/> Eligibility for Part C Services <input checked="" type="checkbox"/> Contributed information for Summary of Functional Performance <input checked="" type="checkbox"/> Participated in selection of Outcomes Descriptor Statements
Heath Brown	Parent	<input type="checkbox"/> Child's Present Levels of Development <input type="checkbox"/> Eligibility for Part C Services <input checked="" type="checkbox"/> Contributed information for Summary of Functional Performance <input checked="" type="checkbox"/> Participated in selection of Outcomes Descriptor Statements
Li Brown	Parent	<input type="checkbox"/> Child's Present Levels of Development <input type="checkbox"/> Eligibility for Part C Services <input checked="" type="checkbox"/> Contributed information for Summary of Functional Performance <input checked="" type="checkbox"/> Participated in selection of Outcomes Descriptor Statements

Family role in Child Outcomes Summary process (check only one):

- Family was present for the discussion *and* the selection of the descriptor statements
 Family was present for the discussion, but not the selection of the descriptor statements
 Family provided information, but was not present for the discussion

Family information on child functioning (check all that apply):

- Received in team meeting Collected separately Incorporated into assessment
 Not included (Please explain :)

Assessment instruments informing child outcomes summary:

Battelle Developmental Inventory-2 (BDI-2)

Other sources of information (e.g., practitioner observation; information from child care provider):

Practitioner observation, parent report, child care provider information

IV. Functional IFSP Outcomes for Children and Families

Functional outcomes must reflect the changes families would like to see happen for themselves and their children and be based on family priorities and the developmental needs of the child.

Outcome # <u> 1 </u>	Start Date: <u> 5/1/11 </u> Target Date: <u> 8/1/11 </u>
What would your family like to see happen for your child/family? <i>(The outcome must be functional, measurable and in the context everyday routines and activities.)</i> Alex will eat a meal while sitting at the table at a restaurant.	
What's happening now related to this outcome? What is your family currently doing that supports achieving this outcome? <i>(Describe your child and/or family's functioning related to the desired change/outcome.)</i> Alex currently walks into a restaurant and sits in a booster seat. He allows his parents to carry him to the buffet and he lets them know what he wants by gesturing or through his other actions. Alex frequently gets under the table at restaurants, leans on parents, tries to pull them up to leave, and does not eat his food. Parents currently carry him when he asks to be carried and to get food; mother brings games and/or gives him her phone to play games to distract him; recently father tried putting him in a darker booth farther from noises which he found worked well to keep Alex from going under the table. Alex's parents also take his food to go and encourage him to eat it once they get home.	
What are the ways in which your family and team will work toward achieving this outcome? Who will help and what will they do? <i>(Describe the methods and strategies that will be used to support your child and family to achieve your outcomes within your daily activities and routines. List who will do what including both early intervention services and informal supports, including family members, friends, neighbors, church or other community organizations, special health care programs, parent education programs.)</i> Parents will try these strategies: <ul style="list-style-type: none">• sit by a window for natural light or sitting in darker areas in the restaurant,• choose a quiet corner at the restaurant,• give Alex sunglasses to wear inside if he chooses,• hold Alex when moving around in crowded spaces,• give Alex a break from the activity by putting on headphone to block out noise, covering him with a coat, or letting him get under the table when he shows signs of discomfort• help him choose his favorite foods,• bring games and toys for Alex, Occupational therapist (OT) will use coaching to help the family identify additional strategies to promote Alex's successful participation in going out to eat. OT will provide occupational therapy services to support Alex and assist the family in implementing strategies. SLP will provide speech-language pathology services to Alex and his family to help Alex communicate with his family more successfully during restaurant outings. Heath and Li will use strategies when going out to eat, will share what is working and not working; help develop additional strategies; and share Alex's progress towards this outcome.	
How will we know we've made progress or if revisions are needed to outcomes or services? <i>(What criteria [i.e., observable action or behavior that show progress is being made], procedures [i.e., observation, report, chart], and realistic timelines will be used?)</i> <ol style="list-style-type: none">1. Alex doesn't go under the table at the restaurant as soon as the family sits back down from getting food.2. Alex starts eating within 5 minutes of when the family returns to the table from the buffet.3. Alex eats his meal while there are mild distractions nearby such as sounds or bright lights.	
How did we do? <i>(Review of progress statement/Criteria for Success)</i> Date: _____ Achieved: We did it!	

Date: _____ Continue: We are part way there. Let's keep going.

The situation has changed:

Date: _____ Discontinue: It no longer applies.

Date: _____ Revise: Let's try something different.

Date: _____ Explanations/Comments:

Outcome # 2

Start Date: 5/1/11

Target Date: 8/1/11

What would your family like to see happen for your child/family? *(The outcome must be functional, measurable and in the context everyday routines and activities.)*

Alex will interact with other children during swimming classes at the YMCA.

What's happening now related to this outcome? What is your family currently doing that supports achieving this outcome? *(Describe your child and/or family's functioning related to the desired change/outcome.)*

Alex loves to play in the water. Alex last took swimming classes 2 months ago. In this class all the parents and toddlers got into the water together and the teacher provided a mix of parent-toddler activities as well as opportunities for the toddlers to interact with each other. Heath got in the water with Alex, and Alex was very excited at the beginning of each class. After about 5 minutes, he wanted to leave. When the toddlers were asked to line up along the side of kids' pool, Alex tried to get as far away from the other kids as possible and would not participate in any toddler group activities.

What are the ways in which your family and team will work toward achieving this outcome? Who will help and what will they do? *(Describe the methods and strategies that will be used to support your child and family to achieve your outcomes within your daily activities and routines. List who will do what including both early intervention services and informal supports, including family members, friends, neighbors, church or other community organizations, special health care programs, parent education programs.)*

Occupational therapist (OT) will meet with Heath and Alex at the YMCA to observe settings and identify with Heath Alex's interests during play in the water and the challenges Alex has in staying engaged in water play when he is at the YMCA pool outside of class.

OT will use coaching to help the family identify additional strategies to promote Alex's successful participation in swimming classes.

OT will provide occupational therapy services to support Alex's successful participation in swimming classes and assist the family in implementing strategies.

SLP will provide speech-language services to Alex and his family to help Alex communicate with his family and others (especially other children) more successfully.

Heath will use strategies when taking Alex to play in the pool at the YMCA, will share what is working and not working; help develop additional strategies and share Alex's progress towards this outcome.

When swim classes start, OT will meet with Heath and Alex at the YMCA to observe swim class and Alex's participation during class. OT and Heath will identify strategies to assist Heath in promoting Alex's participation.

How will we know we've made progress or if revisions are needed to outcomes or services? *(What criteria [i.e., observable action or behavior that show progress is being made], procedures [i.e., observation, report, chart], and realistic timelines will be used?)*

1. Alex doesn't ask to leave before the parent- child activities that happen during swimming class end.
2. Alex and Heath can stay in swimming class the entire 45 minute period.

How did we do? *(Review of progress statement/Criteria for Success)*

Date: _____ Achieved: We did it!

Date: _____ Continue: We are part way there. Let's keep going.

The situation has changed:

Date: _____ Discontinue: It no longer applies.

Date: _____ Revise: Let's try something different.

Date: _____ **Explanations/Comments:**

Functional IFSP Outcomes Supported by the Family Resources Coordinator Related to Accessing Community Resources and Supports

Family Resources Coordination is provided to all families enrolled in early intervention services. A Family Resources Coordinator will help you identify and access community resources and supports that you or your child may need, based on your current priorities. This page outlines the steps and activities that you and your team will take to connect you with these resources.

Outcome # <u> 1 </u>	What do we want to accomplish? <i>(Desired Outcome)</i>	Start Date: <u> 5/1/11 </u>	Target Date: <u> 8/1/11 </u>
Li will identify and participate in a parent support group for parents of young children.			
Who will do what? <i>(Strategies/Activities)</i>			
<ol style="list-style-type: none"> 1. Frances will use coaching to identify what resources Li has already considered. 2. Frances will support Li in identifying options for specific parent support groups within an acceptable driving distance from her office and home. 3. Li will attend parent support group options and evaluate which best meets her needs with Frances' support. 			
Review Date: _____			
Progress Code (circle one): Achieved Continue Discontinue Revise			
Comments:			
Outcome # <u> 2 </u>	What do we want to accomplish? <i>(Desired Outcome)</i>	Start Date: <u> 5/1/11 </u>	Target Date: <u> 8/1/11 </u>
Heath and Li will agree upon and obtain babysitting services for Alex for Heath to access while Li travels.			
Who will do what? <i>(Strategies/Activities)</i>			
<ol style="list-style-type: none"> 1. Frances will use coaching to identify what resources Heath and Li have already considered. 2. Frances will support Heath and Li in establishing criteria for agreed upon babysitting services. 3. Frances will support Heath and Li in identifying options for babysitting services. 4. Heath will use the agreed upon babysitting services and evaluate the experience with Frances' support. 			
Review Date: _____			
Progress Code (circle one): Achieved Continue Discontinue Revise			
Comments:			
Outcome # <u> ___ </u>	What do we want to accomplish? <i>(Desired Outcome)</i>	Start Date: _____	Target Date: _____
Who will do what? <i>(Strategies/Activities)</i>			
Review Date: _____			
Progress Code (circle one): Achieved Continue Discontinue Revise			
Comments:			

V. Transition Planning

The Transition Plan outlines steps and activities to support children and families leaving early intervention and transitioning to other community or school services.

Priorities and goals for your child's transition:

Early Childhood Special Education Contact Information	
Early Childhood Special Education Contact's Name:	
Phone Number: () - Work <input type="checkbox"/> Cell <input type="checkbox"/>	Email Address:

Transition Planning Requirements and Activities	Action Steps	Role of Person Responsible	Date Initiated	Date Completed
1. Discuss with parents what "transition" from early intervention means, including eligibility and age guidelines for early intervention services and what can be done to plan for this transition.	- Explained Part C services and how Part C supports children and their families to age 3, at which time a transition will occur. - Gave brief overview of transition planning relative to Alex's age.	FRC	5/1/11	5/1/11
2. Discuss with parents possible program options (including preschool special education services; Head Start; child care and other community services) that may be available when child is no longer eligible.				
3. Provide LEA notification that the child is potentially eligible for Part B services (including child's name, address, phone number and date of birth.)				
4. Provide opportunity for parents to meet and receive information from the local education agency or other community program representatives as appropriate.				
5. Establish procedures to prepare the child for changes in service delivery, including steps to help the child adjust to and function in a new setting (i.e. visit the new program, meet with program staff prior to the child's first day, help family secure materials and supplies that will be needed (such as a back pack.)				

Transition Planning Requirements and Activities	Action Steps	Role of Person Responsible	Date Initiated	Date Completed
6. With parental consent, transfer records information (including evaluation and assessments and the IFSP).				
7. Assist parents to understand their rights and to develop advocacy skills.				
8. With parental agreement, schedule the transition conference (at least 90 days before the child's third birthday) and invite participants including parents, early intervention personnel, local education agency, Head Start, and other community providers as appropriate.				
9. At the transition conference:				
a. Decide what other activities need to be completed before the child moves into the new service setting (including enrollment; immunizations; transportation issues, medical needs etc.).				
b. Review current evaluation and assessment information. Decide if any further evaluations are needed to determine eligibility to Part B or other programs prior to transition.				
c. As appropriate, schedule IEP meeting date if the child will transition into preschool special education.				
d. If the child is transitioning to Part B, review with parents the program options for their child from the child's third birthday through the remainder of the school year.				
e. Decide if there is a need for post transition follow-up (including service coordination, consultation with new staff).				
10. Other transition planning activities:				

VI. Summary of Services

Services and supports are determined following the development of functional IFSP outcomes. They are designed to enhance the capacity of the family in supporting their child's development and to promote the child's learning and development through functional participation in family and community activities.

Early Intervention Services	Outcome # (list all that apply)	Frequency/Intensity	Methods	Setting	Natural Environment Y/N*	Payment Arrangements (if any)	Start Date	End Date	Agency(ies) Responsible
OT	1-2	12, 1 hr visits in 3 months	Direct Service	Home; Community	Y	Insurance	5/1/11	8/1/11	CompHealth
SLP	1-2	6, 1 hr visits in 3 months	Direct Service	Home; Community	Y	Insurance	5/1/11	8/1/11	CompHealth
FRC	FRC 1-2	4 visits in 3 months	Direct Service	Home; Community	Y	Part C funds	5/1/11	8/1/11	Anywhere Early Intervention Program

Documentation of discussions to reach consensus about services: *(Include discussions about any services refused or declined, as well as any negotiations about frequency, intensity or method of service delivery, i.e., Discussed parents' priority to work on feeding now and wait for motor outcomes until later; Discussed team recommendation for 24 one hour visits for the next 12 weeks, parent only wanted 12 one hour visits for the next 12 weeks.)*

Discussed parents' priority to work on eating out together in restaurants as a family, as well as Alex's successful participation in swimming lessons at the YMCA and getting along better with other children. Due to parent priorities and Alex's current needs, Christina, (OT) was recommended as primary service provider with ongoing support from Jennifer (SLP). Frances (FRC) will provide supports to Li and Heath regarding accessing a parent support group for Li and babysitting services that both parents feel comfortable with for Heath to access while Li travels.

All services offered were accepted and the parents and team consented on the frequency and methods of service delivery.

* If setting is not a natural environment, complete the justification.

Other Services

These are additional services that your child and family are currently accessing, but are not entitled under Part C. Such additional services may include medical services such as well-baby checks, follow-up with specialists for medical purposes, etc.

Do you or your child currently receive any of the following services?					
Check if applicable	<u>Financial & Other Basic Assistance</u>	Check if applicable	<u>Health and Medical Services</u>	Check if applicable	<u>General Services</u>
	Medicaid/Apple Health – child		WIC Nutrition Program		Early Head Start or Head Start
	Medicaid/Basic Health – parent		First Steps		Migrant Head Start – American Indian/Alaska Native Head Start
X	Health Insurance - child	X	Immunizations (Baby Shots)	X	Child Care
X	Health Insurance - parent		Family Planning Clinic		Home Visiting
	Medicaid Premium Payment Program	X	Well Child Care		Division of Developmental Disabilities (DDD, non-EIS services)
	Food Stamps		Children with Special Health Care Needs Program		Preschool
	Financial Assistance	X	Primary care - parent		Other general services:
	SSI	X	Medical specialists (i.e. cardiology, neurology, etc.)		Parent to Parent (P2P) referral
	Child Care subsidies		EPSDT/Medicaid Health Check		Washington State Fathers Network (WSFN) referral
	TANF	X	Dental care		
	Other financial services:		Indian Health Services		
			Other health services:		
Comments (include names, contact information and funding sources for above services as appropriate): Primary care physician – Dr. Janee Morgan; ABC Pediatrics; See contact information on page 2 of IFSP. Dentist – A Child’s Place Dentistry Services – Dr. Felipe Hernandez (123) 456 - 7171					

What other services do your child and family need, and want to access?		
Other Service	Provider	Steps to be Taken to Help Family Access These Services or Funding Sources to be Used

VII. Natural Environment Justification

Children learn best through natural learning opportunities that occur in settings where the child and family normally participate. Early intervention supports and services must be provided in settings that are natural or typical for children of the same age (i.e., natural environments). If the team decides that the outcome cannot be achieved in a natural environment, a justification must be provided including why that decision was made and what we will do to move services and supports into natural environments as soon as possible.

Outcome #	Service(s)/Support(s)	Setting (Non-Natural Environment Setting Where Service(s)/Support(s) Will be Provided)
Explanation of Why Outcome Cannot be Achieved in a Natural Environment:		
Plan for Moving Service(s) and/or Support(s) into Natural Environments:		

VIII. IFSP Agreement

Written Prior Notice and Parental Consent for Provision of Early Intervention Services

Written Prior Notice:

Written prior notice must be provided to parents of an eligible child a reasonable time before the program proposes or refuses to initiate or change the identification, evaluation or placement of the child or the provision of appropriate early intervention service to the child and the child's family.

Action Proposed:

To initiate the services listed on the IFSP for which consent is provided, according to the Summary of Services.

Reasons for Taking the Action:

After discussing all assessment information, including family observations and their concerns, priorities and resources, the IFSP team, including the family, agreed on the early intervention services and other supports to be provided to achieve desired outcomes.

Action Refused (if any):

Reasons for Refusal (if action refused):

Consent:

I participated in the development of this IFSP and I give informed consent for the Washington *Early Support for Infants and Toddlers* program and service providers to carry out the activities listed on this IFSP.

Consent means I have been fully informed of all information about the activities for which consent is sought, in my native language or other mode of communication; that I understand and agree in writing to the carrying out of the activities for which consent is sought; the consent describes the activities and lists of records (if any) that will be released and to whom; and the granting of my consent is voluntary and may be revoked in writing at any time.

I understand that I may accept or decline any early intervention service (except the required procedural functions under the regulations for Family Resources Coordination) and may decline such a service after first accepting it without jeopardizing any other early intervention service(s) my child or family receives through the Washington *Early Support for Infants and Toddlers* program. (NOTE: Complete the *Declining One or More Early Intervention Services* or *Declining Participation in the ESIT Program* form if appropriate.)

I understand that my IFSP will be shared among the early intervention providers and program administrators responsible for implementing this IFSP.

I have received a copy of Washington *Early Support for Infants and Toddlers* program, *Individuals with Disabilities Education Act (IDEA) Part C Procedural Safeguards [Parent Rights]* along with this IFSP. This information includes the complaint procedures and timelines I may use if I decide later that I disagree with any decisions. These rights have been explained to me and I understand them.

Signature(s) of (check one): Parent(s) Legal Guardian Surrogate Parent

Date

Heath Brown

Li Brown

5/1/11

IFSP Participants that attended the IFSP Meeting:			
<i>Printed name and Credentials</i>	<i>Role/organization</i>	<i>Signature</i>	<i>Date</i>
Heath Brown	Father	<i>Heath Brown</i>	5/1/11
Li Brown	Mother	<i>Li Brown</i>	5/1/11
Frances Day, FRC	Anywhere Early Intervention Program	<i>Frances Day</i>	5/1/11
Christina Dew, OT	CompHealth	<i>Christina Dew</i>	5/1/11
Jennifer Evans, SLP	CompHealth	<i>Jennifer Evans</i>	5/1/11

The following individuals did not attend the meeting but participated in the meeting through conference call or in writing (<i>specify which</i>):		
<i>Printed name and Credentials</i>	<i>Role/organization</i>	<i>Conference Call/In Writing</i>
Janee Morgan, MD	Pediatrician	In Writing

IX. IFSP Review

The IFSP is a fluid, flexible document that can be updated as you or your child's and family's needs change. Reviews of the IFSP must occur every six months, and additional reviews can be held whenever changes are needed to the IFSP. This page will summarize the changes being made to your child's IFSP at each review.

Date of Review: _____

Summary of Review Results *(i.e., progress made towards outcomes or new outcomes developed; changes in the family's concerns, resources and priorities; changes to service provision; plans until next review, etc).* Any changes to services and outcomes noted in this review must also be updated in the appropriate section of the current IFSP.

IFSP Review Agreement

Written Prior Notice and Parental Consent for Provision of Early Intervention Services

Written Prior Notice:

Written prior notice must be provided to parents of an eligible child a reasonable time before the program proposes or refuses to initiate or change the identification, evaluation or placement of the child or the provision of appropriate early intervention service to the child and the child's family.

Action Proposed:

To initiate the services listed on the IFSP for which consent is provided, according to the Summary of Services.

Reasons for Taking the Action:

After discussing all assessment information, including family observations and their concerns, priorities and resources, the IFSP team, including the family, agreed on the early intervention services and other supports to be provided to achieve desired outcomes.

Action Refused (if any):**Reasons for Refusal (if action refused):****Consent:**

I participated in the development of this IFSP and I give informed consent for the Washington *Early Support for Infants and Toddlers* program and service providers to carry out the activities listed on this IFSP.

Consent means I have been fully informed of all information about the activities for which consent is sought, in my native language or other mode of communication; that I understand and agree in writing to the carrying out of the activities for which consent is sought; the consent describes the activities and lists of records (if any) that will be released and to whom; and the granting of my consent is voluntary and may be revoked in writing at any time.

I understand that I may accept or decline any early intervention service (except the required procedural functions under the regulations for Family Resources Coordination) and may decline such a service after first accepting it without jeopardizing any other early intervention service(s) my child or family receives through the Washington *Early Support for Infants and Toddlers* program. (NOTE: Complete the *Declining One or More Early Intervention Services* or *Declining Participation in the ESIT Program* form if appropriate.)

I understand that my IFSP will be shared among the early intervention providers and program administrators responsible for implementing this IFSP.

I have received a copy of Washington *Early Support for Infants and Toddlers* program, *Individuals with Disabilities Education Act (IDEA) Part C Procedural Safeguards [Parent Rights]* along with this IFSP. This information includes the complaint procedures and timelines I may use if I decide later that I disagree with any decisions. These rights have been explained to me and I understand them.

Signature(s) of (check one): Parent(s) Legal Guardian Surrogate Parent

Date

IFSP Participants that attended the IFSP Meeting:			
<i>Printed name and Credentials</i>	<i>Role/organization</i>	<i>Signature</i>	<i>Date</i>

The following individuals did not attend the meeting but participated in the meeting through conference call or in writing (specify which):		
<i>Printed name and Credentials</i>	<i>Role/organization</i>	<i>Conference Call/In Writing</i>