

Child's Name _____ Date of Birth ___/___/___ Date of IFSP meeting ___/___/___

(Program Letterhead)

INDIVIDUALIZED FAMILY SUPPORT PLAN (IFSP)

Type: Initial ___ Annual ___ Review ___ Start Date of IFSP ___/___/___ End Date of IFSP ___/___/___

Child's name _____ Date of Birth ___/___/___ Duck # _____

Parent _____ phone _____ (h) _____ (c) _____ (w)

Parent _____ phone _____ (h) _____ (c) _____ (w)

Address _____

Home Language _____ My family needs an interpreter. ___yes ___no Race/Ethnicity _____

Date of Initial Referral ___/___/___ If found eligible, date initial IFSP must be completed by ___/___/___

Referral Source/How our family heard about ESS _____

Area Agency _____ Contact _____

Service Coordinator _____ Phone _____ (w) _____ (c)

Program _____

Address _____

IFSP Team Members (at this meeting or not, who have helped in developing this plan.)

Agency	Name	Title	Present	Not present, input given
Family		Parent		
Family		Parent		
Family		Other:		
		Service coordinator		
		Service Provider / Evaluator		
		Service Provider / Evaluator		

____ I received prior written notice of the IFSP team meeting. Yes/no

Parent(s) Signature _____ Date ___/___/___.

(Program Letterhead)

FAMILY ASSESSMENT SUMMARY

Child Strengths: What our child does well. What she/he enjoys doing.

Child Needs: Areas of our child's development we would like help with so we can help our child.

Family Resources: What our family enjoys doing together. What resources our family has (such as family/friends who help; groups that give supports).

Family Concerns: What supports we'd like to know more about (see list on back of page).

Family Priorities: What is most important to us right now.

(Program Letterhead)

FAMILY ASSESSMENT SUMMARY (cont'd)

Here is a list of topics that your Service Coordinator can provide help with. There may be other topics that you would like help with that are not listed. These topics may also be used to help write family outcomes.

- Information about how children grow and develop
 - Particular conditions which impact child development
 - Activities to do with children
 - Appropriate toys for children
 - Other places in the community to get help
 - Childcare, babysitting, and/or "respite"
 - Children's behavior and how to handle it
 - Healthy meals and nutrition
 - How to answer other people's questions about your child
 - Resources for housing
 - Resources for employment
 - Resources for help with finances
 - Spiritual support or worship
 - Other _____
-

(Program Letterhead)

CHILD ASSESSMENT SUMMARY

(This information comes from all the different reports and information gathered during the evaluation process and on-going assessments.)

Gross Motor (how I move)

Right now I can:
What I need help with:

Fine Motor (how I use my hands and fingers)

Right now I can:
What I need help with:

Sensorimotor (how I respond to light, sound, touch, and how I use my eyes and ears)

Right now I can:	
This is how I use my eyes to see:	This is how I use my ears to hear:
What I need help with:	

Cognitive (how I think and solve problems)

Right now I can:
What I need help with:

Communication (how I tell people what I want and understand what people say to me)

Right now I can:
What I need help with:

CHILD ASSESSMENT SUMMARY (page two)

Social/Emotional (how I show my feelings and handle different situations)

Right now I can:
What I need help with:

Adaptive/Self-Help (how I take care of myself such as eating, dressing, and calming myself)

Right now I can:
What I need help with:

Current Health Status (any medical concerns; are my immunizations up-to-date)

I am healthy as shown by:	My primary doctor is: phone #
My health concerns are:	
I see other doctor(s) because:	Other doctor(s) I see:

Assessment Team Members (other than family member[s] of assessment team)

Assessment Completed: drop-down of Hawii or Infant Toddler

Assessor(s) (name and Title)	Date(s) of Assessment	Where It was Done

___ I received prior written notice of the evaluation and assessment. Yes/no Parent(s) Signature _____ Date ___/___/___
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_____ is eligible for Family-Centered Early Supports and Services based on:

___ Developmental Delay in _____ area(s) of development.

___ Atypical Behavior _____
(Description)

___ Established Condition of _____.

___ At Risk for Substantial Delay based on: _____, _____, _____, _____, _____.

_____ is not eligible for Family-Centered Early Supports and Services.

(Program Letterhead)

IFSP SUPPORTS and SERVICES (to help us reach our outcomes)

Specific EI Service to be Provided	How This Will Be Provided (Method)	How Often (Frequency / Duration)	How Long Each Time (Length of session)	Who Will Do This (Name of Person)	Where This Will Be Done* (Location)	Funding Source	Projected Start Date	End Date

Natural Environment Statement

***Each service is provided to my child in the natural environment to the maximum extent appropriate. Yes/No(circle one)**

***If any support/service cannot take place in our child's natural environment, the reason why and the plan for moving them back to our child's natural environment, including timelines.**

Service	Justification	Timeline

Other supports or services (community services, including medical, family support, autism, etc.)

Other Support or service	How will this be funded or how we will get this support/service through a public or private source

(Program Letterhead)

TRANSITION PLAN

Transition Plan	Will we do it?(Yes/No)	Who will do it?	When do we expect to do it?	When did we do it?
Transition plan initiated at IFSP meeting				
Determination of potentially eligible for preschool special education				
If potentially eligible, written referral made to special education				
If appropriate, referral to community services				
Training opportunities for parents				
If potentially eligible, Transition Conference with family, ESS, school, others as requested				
Submit request to have AA eligibility determined				
Eligibility for AA services determined				

I participated in the development of this plan.

Parent(s)/Guardian(s) signature _____
 ___/___/___

Date

Service Coordinator signature _____
 ___/___/___

Date

Transition Notes

PARENTAL CONSENT to IFSP SUPPORTS/SERVICES

Parents' Informed Consent for Early Intervention Supports/Services

I have taken part in developing this IFSP and understand everything in it. I understand I can accept or refuse any or all of the supports/services in this plan.

I accept the supports/services in this IFSP.

I do not accept the supports/services in this IFSP.

The following supports/services may take place while we discuss our disagreements:

I have been given a copy of the Know Your Rights! Booklet and my rights have been explained. This booklet includes information about your rights including the use of insurance to pay for FCESS. I understand that I can ask for help with any of the information in the booklet.

I consent to my private insurance being billed for the services listed in this IFSP.

Parent/Legal Guardian Signature Date ___/___/___

Parent/Legal Guardian Signature Date ___/___/___