

Ohio Early Intervention

**Individualized Family Service Plan
Guidance Document**

Ohio Early Intervention Individualized Family Service Plan (IFSP) Guidance Document

Created to help Early Intervention personnel complete the Individualized Family Service Plan (IFSP).

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Overview

The Ohio Early Intervention, or EI, program fulfills federal mandates found in the Individuals with Disabilities Education Act, Part C, Early Intervention Program for Infants and Toddlers with Disabilities. The mandates include to identify and serve children under the age of three with developmental delays and disabilities.

This guide assists EI personnel with completing the Individualized Family Service Plan, or IFSP, process using Form EI-04. The IFSP is a written plan for providing EI services to an infant or toddler with a disability and to the child's family. Form EI-04 must be used to document the requirements found in Ohio Administrative Code (OAC) 5123-10-02, including Appendices A, B, and C.

Early Intervention Services

Ohio EI services meet the federal requirements of IDEA because they are

- developed based on information obtained through the EI evaluation and assessment team process using IFSP Form EI-04,
- provided in natural environments where children participate in everyday routines and activities with familiar people,
- provided by qualified personnel as determined by the Ohio Department of Developmental Disabilities, also called DODD,
- supported by the research and evidence for how young children learn best,
- and aligned with the mission and key principles of EI in efforts to equip parents with the confidence and ability to enhance their child's development.



Claythan and Steven, twins from Hamilton County, use the county's Early Intervention program. Their dad, Troy, says he and his fiancé, Regina, noticed developmental delays soon after the twins were born. Regina knew to contact the county board for support.

Early Intervention Data System

Information captured in IFSP Form EI-04 must also be recorded in the Early Intervention Data System, or EIDS, application. DODD uses EIDS to capture key dates related to compliance with rules and to analyze trends in service delivery. The EI service coordinator is responsible for ensuring that data are entered into EIDS and for documenting the mandated service coordination activities in case notes. See OAC 5123-10-02(N)(15) for more information.

The IFSP process is central to the delivery of EI supports and services. The entire team — not one person — makes decisions, and the IFSP documents those decisions. It's a dynamic document that changes over time as the needs of the child or family change.

For assistance with EIDS, access resources on the [Ohio EI website](#) or email EIDS@dodd.ohio.gov.

Completing IFSP Form

The initial IFSP and periodic reviews are documented in the family's first IFSP.

When changes are made to the IFSP during a periodic review, the parent and other IFSP team members are given a copy of the updated pages. For example, if changes are made to the demographic page, the parents and IFSP team members are given a new demographic page that captures the updated information. Crossing out information and adding updated information is not permitted.

At an annual review, a new copy of the IFSP form is completed.

Be concise when documenting information on the IFSP. When it is not possible to provide all relevant information within the allotted space, type "See Overflow page attached" in that section and include an Overflow page with all the information for that specific section. Be sure to include the EIDS number and IFSP section reference. The Overflow page(s) should be attached to the back of the IFSP document.

Adobe Acrobat DC

All EI forms are provided in Adobe Acrobat DC fill-able format. Adobe Acrobat is free to download and use. For best results, download the latest version at <https://get.adobe.com/reader>.

For tutorials and instructions on adding, deleting, and moving pages in a PDF document, visit [Adobe's website](#).

Section 1: Child and Family Information

IFSP type and date <input checked="" type="checkbox"/> Initial <u>8/15/2019</u> <input type="checkbox"/> Periodic _____ <input type="checkbox"/> Annual _____ <input type="checkbox"/> Periodic _____ <input type="checkbox"/> Periodic _____			EIDS number 1234567899
Section 1: Child and Family Information			
Child's first name Savi	Last name Jones	Nickname N/A	Date of birth 6/14/2019
Languages spoken with child English	Interpreter needed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Child's race and ethnicity White, non-Hispanic	School district of residential parent Columbus Public
Parent name Bridget Jones	Address 6100 Sunflower Street, Columbus OH 43215		Child lives with? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to child if not biological or adoptive parent Aunt	Phone; Cell (C); Home (H); Work (W) 614-500-0001 (C)		
Email address Bridget.Jones@email.com	Preferred contact method <input checked="" type="checkbox"/> Call <input type="checkbox"/> Email <input checked="" type="checkbox"/> Text	Preferred contact times Monthly minutes limited; text is best	

IFSP Type and Date

At the top of the first page of the IFSP, check the appropriate circle for IFSP type and record the date of the meeting on the corresponding line. When an IFSP meeting includes a transition planning conference, the EI service coordinator must indicate this by writing or typing "TPC" next to the date. See OAC 5123-10-02(B) (14) for definitions for initial, annual, and periodic reviews.

Child's Name

Record the child's legal first and last name in the two fields, including a middle initial in the first name box. If the child is in the process of having their legal name changed, do not use the new name until it is legally changed by a court. This applies to both the IFSP and EIDS.

Much of the demographic information in this section can be completed prior to the IFSP meeting.

Nickname

If the child has a nickname and the parents want the EI team to use the nickname, record it in this section.

Date of Birth

Record the month, day, and year of the child's birth. Date of birth is critical because it is used to calculate the child's exact age for screening, evaluations, assessments, and transition requirements.

Languages Spoken with the Child

Ask the parent which languages are spoken in the home and record that information here.

Interpreter

Notes about the need for an interpreter may be sent from Central Intake or captured in EIDS. During the first contact with the family, the EI service coordinator confirms if an interpreter or a translation service is needed, and the parent's response is recorded.

Certain activities in EI must take place in the native language of the parent or child, including the child evaluation and assessment. The IFSP meeting must be conducted in the parent's native language except when it is not feasible to do so. This ensures parents understand EI activities and their rights pertaining to those activities. Required notices, forms, and surveys must also be interpreted or translated.

Child's Race and Ethnicity

Ask the parent to identify their child's race and ethnicity. EI service coordinators need to be prepared to explain that EI programs are required to collect race and ethnicity information for federal reporting purposes. If a parent chooses not to share this information, the EI service coordinator must make a determination based upon observation. Select one ethnicity option and one or more of the race options, and document on the IFSP form. See [Defining Race and Ethnicity from the National Center for Education Statistics](#) for more information on race and ethnicity options.

School District of Residential Parent

Record the school district where the child resides. For children residing in foster care, the EI service coordinator documents the foster parent's district. It is important to accurately reflect the school district where the child resides as this information will be used for required LEA notification and to ensure, when applicable, transition to the correct school district.

For parents who are divorced or have a formal custody agreement, the residential parent assigned by the court for school enrollment purposes will determine the school district. This information can be found and verified within a divorce decree or custody paperwork.

Parent Information

Two identical spaces are available to record parent information. Enter parent name and address.

Child Lives With

Check the appropriate box to indicate with whom the child resides.

Relationship to Child If Not Biological or Adoptive Parent

Write down the relationship of the caregiver with whom the child resides. For example, the child may live with a relative or in foster or protective care through a local children services agency.

It is the role of the EI service coordinator to identify and locate the child's parent, as defined in OAC 5123-10-02(B)(24), in order to carry out all required EI activities.

Phone

Record phone numbers the parent would like EI providers to use and indicate if it is a home, work, or cell phone number.

Email

Record the parent’s full email address, if provided, for the IFSP team to contact the parent about EI activities.

Note: All contacts with and on behalf of parents must comply with the participating agency’s privacy practices in accordance with OAC 5123-10-01(F).

Preferred Contact Times

Write down the best times to contact the parent. Be as specific as possible.

Section 2: Service Coordinator Information

Name of service coordinator Jennifer Green	Phone 614-200-0002	Email jennifer.green@parishd.org
Agency name Paris Health Department	Supervisor name and contact information Courtney Geller; 614-200-0001	

This section lists the mandated responsibilities of an EI service coordinator. It also lists the EI service coordinator’s contact information. It is the responsibility of the EI service coordinator to ensure information in this section is up to date. Parents must always know when, where, and how to contact their assigned EI service coordinator. See OAC 5123-10-02(K)(8).

Name of Service Coordinator

List the EI service coordinator’s first and last name.

Phone

Record the phone number for the EI service coordinator, including area code and extension. Ensure the number provided is the best number to contact the EI service coordinator. For example, if the EI service coordinator travels frequently, it may be better to list a work cell phone number instead of an office phone number.

Email

Record the work email address of the EI service coordinator. Any email address provided must have the appropriate security measures in place to protect personally identifiable information.

Agency Name

Record the full name of the agency that employs the EI service coordinator.

Supervisor Name and Contact

Record the first and last name of the EI service coordinator’s supervisor and the supervisor’s contact information.

Timely receipt of services (TRS) due by 9/14/19

Periodic six-month review due by 2/11/2020

Transition outcome and planning conference (TPC) due not fewer than 90 calendar days and not more than 9 months prior to the child's 3rd birthday 3/16/22

July 2019

Several dates are recorded on the IFSP form so the EI service coordinator and parent can track and plan for important dates. The EI service coordinator is responsible for determining and recording the due dates, as well as assuring adherence to mandated timelines.

Timely receipt of services (TRS) due by

Record the date by which services documented on the IFSP must be initiated. The date must not exceed 30 calendar days from the date the parent consents to the EI services. See OAC 5123-10-02(K)(7).

Periodic six-month review due by

Record the date when the next periodic review is required to take place. The date must be no more than 180 calendar days from the most recent signed initial or annual IFSP. See OAC 5123-10-02(J)(2).

Transition outcome and planning conference (TPC) due not fewer than 90 calendar days and not more than nine months prior to the child's third birthday

Record the date that is 90 days prior to the child's third birthday. See OAC 5123-10-02(L)(2).



Dianne and her son, Patrick, from Licking County.

Section 3: Eligibility and Assessment

This section documents how the child is eligible for EI and identifies the eligible child's unique strengths and needs, gathered via the child assessment.

The EI service coordinator is responsible for coordinating and explaining the eligibility process and obtaining informed consent from the parent using form EI-02.

The child assessment information is organized into the three global early childhood outcomes. If a family chooses to participate in the family-directed assessment process, or FDA process, the family's priorities, resources (formal and informal), and concerns will be documented in this section. The requirements for determining eligibility and conducting assessments are specified in OAC 5123-10-02.

Who Is Responsible for Completing Section Three?

The EI service coordinator documents section 3A and 3D. The professionals who conduct the evaluation and assessment activities complete sections 3B, 3C, and 3E. Credentialed EI service coordinators may conduct and document the FDA (section 3C).

As part of data-driven decision-making, or DDDM, evaluation and assessment teams must complete the process of analyzing and interpreting the information gathered prior to recording the summary in section three. The DDDM process applies to evaluation and child and family-directed assessments.

Data-Driven Decision-Making

Gather evaluation and assessment information using multiple sources (interviews, tools and assessments, record reviews, and observation) with intentionality (i.e., determine who will gather what and when they will gather information).

Document evaluation and assessment information using multiple methods (written, numerical, symbolic, and artifacts) that capture the richness of family and child context.

Summarize evaluation and assessment information using multiple techniques (numerical, visual, and narrative) in order to provide a comprehensive and integrated picture of family and child.

Analyze evaluation and assessment information across multiple patterns (strengths, unexpected performance, lack of quality, assistance, behavior interfering, and time-toward-task) to sort and prioritize needs and strengths.

Interpret evaluation and assessment information for multiple decisions (eligibility, initial IFSP planning, IFSP review, and/or monitoring progress on IFSP child and family outcomes and strategies) accurately and efficiently.

Develop a plan of action based on decisions made using evaluation and assessment information.

For more information on DDDM see page 32.

Section 3A: Eligibility

Your child is eligible for Ohio Early Intervention (EI) due to:

Developmental delay, as determined by EI evaluation team, on _____ (date). See section 3B for the summary of eligibility.

Diagnosed physical or mental condition with a high likelihood of resulting in a developmental delay.

Diagnosed condition Neonatal Abstinence Syndrome (NAS)

Date EI service coordinator confirmed diagnosed condition 7/15/2019

Initial Eligibility

The EI service coordinator checks the appropriate box to document how the child was determined eligible for EI. For eligibility based on developmental delay, include the date of determination. For eligibility based on a diagnosed physical or mental condition, document the name of the condition and the date the EI service coordinator confirmed the diagnosis.

Find a list of eligible conditions in Appendix C of OAC 5123-10-02. It is the responsibility of the EI service coordinator to obtain written documentation from a medical professional confirming the diagnosis after consent is received from the parent. The EI service coordinator requests that a medical professional complete Form EI-12 Documentation of Diagnosed Condition for a child diagnosed with a physical or mental condition not listed in Appendix C but likely to cause a delay. Completed Form EI-12 serves as documentation of eligibility. The date the EI service coordinator receives the completed Form EI-12 will be the date of eligibility on the IFSP.

The EI service coordinator is responsible for obtaining documentation of the diagnosed condition within the 45-day timeline. The date documentation is requested and the date documentation is received will be documented in case notes and EIDS. A developmental evaluation is offered when documentation of diagnosis is not received in enough time to complete 45-day timeline activities.

When a child moves to Ohio, they may be able to use their eligibility determination from another state if they have a diagnosis listed in Appendix C or if a Bayley or Battelle tool was completed by a multi-disciplinary team and showed the child had at least a 1.5 standard deviation delay in at least one domain. Existing information and documents may be used to determine eligibility in accordance with OAC 5123-10-03(C)(1)(d). All information and documentation shall be dated within 180 days of EI program referral. If an EI service coordinator has questions about the process for establishing eligibility when a family moves into Ohio from another state, contact their assigned EI program consultant.

If a child is found not eligible, do not complete EI-04. Instead, the evaluation team will complete Form EI-09 Prior Written Notice of Determination of Ineligibility and the EI service coordinator will complete Form EI-10 Prior Written Notice of Exiting and provide copies of both to the parents.

Annual Eligibility

Your child is:

- Eligible until age three and re-determination of eligibility is not applicable.
- Eligible at this year's re-determination due to:
- Developmental delay, as determined by EI evaluation team, on _____ (date). See section 3B for the summary of eligibility.
 - Diagnosed condition _____
- Date EI service coordinator confirmed diagnosed condition _____

Annual Eligibility

Requirements for annual redetermination depend on how the child was initially found eligible. Redetermination of eligibility must be conducted no more than 90 days prior to the annual IFSP due date for

- Infants and toddlers found eligible because of a diagnosed physical or mental condition not listed in Appendix C and Form EI-12 established eligibility. See OAC 5123-10-02(C)(1)(b)(iii).
- Infants and toddlers found eligible because of a developmental delay determined by using informed clinical opinion in the absence of qualifying scores on the developmental evaluation tool. See OAC 5123-10-02(C)(1)(c)(ii).

Annual and periodic reviews of IFSPs that are due within 90 days of a child's third birthday must be completed no later than the end dates of the services on the IFSP. Redeterminations of eligibility and child and family assessments that are due within 90 days of a child's third birthday do not need to be completed unless the team determines that completing them would provide information necessary for program planning.

For children who do not require eligibility to be redetermined, the box for "Eligible until age three..." is checked.

While not all children need eligibility established yearly, assessments of the child and family must be completed every year. Prior to the annual IFSP, all children must be re-assessed for program planning. Prior written notice and consents need to be provided and obtained each time an EI activity requiring notice and consent is conducted. See OAC 5123-10-01(C) and (D).



Holly and her daughter, Heidi, from Muskingum County use EI services to work on Heidi's development.

Section 3B: Evaluation Summary

Complete this section only when an evaluation is conducted. Mark each area of this section "N/A" when an evaluation is not conducted, such as when eligibility is established via diagnosis.

The evaluation team must concisely document the findings that confirm eligibility in this section. When a child's eligibility is established in another state using an evaluation methodology that is accepted by Ohio, write in "See attached [name of state] evaluation report."

Section 3B: Evaluation Summary

Below is a summary of your child's current level of functioning in all developmental domains. The evaluation team explains what was learned about your child's development through the evaluation process.

- I. **Tool administration:** In this section, the evaluation team documents what tool was used, the date(s) of administration, and results (including whether a delay is present based on scores or clinical opinion) in all developmental domains (adaptive, physical [gross and fine motor, vision, hearing], communication, social emotional and cognition). The location of testing and notations of any adaption to the tool or environment (adaptive equipment, interpreter, sign language) are included.

N/A

Tool Administration

Here, the evaluation team (qualified personnel who administered the tool) documents what tool was used, the date(s) of administration, and the results (including whether a delay is present based upon scores or clinical opinion) in each developmental domain (adaptive, physical [gross and fine motor, vision, hearing], communication, social emotional, and cognition). The team also indicates if any special arrangements or adaptations were necessary during the tool administration.

Informed clinical opinion, or ICO, is a critical part of evaluation and assessment. There are times when the evaluation team, using the professional judgement involved in ICO (making use of qualitative and quantitative information), will determine that the evaluation results from the tool administration do not indicate a developmental delay in any developmental domain, but the expertise of the evaluation team determines the child is eligible. Examples include when inconsistencies exist in test results, parent report, and observations of the child. See OAC 5123-10-02(C)(1)(c)(i).

II. Review of your child's history: This is a summary of what the evaluation team learned through parent interview and reviewing health (such as medical, vision, hearing, nutrition, genetics, and specialized clinic) and education records (such as early head start and childcare providers).

N/A

Review of Your Child's History

This is a brief summary of what the evaluation team learned about medical, health, and educational history. Medical and health information may include any medical diagnoses, family history of delay or disability, significant birth history, and chronic health conditions and hospitalizations. Educational history may include relevant early learning information from programs such as Head Start, home visiting, and child care.

III. Personal observation of your child: This is a summary of what the evaluation team learned from observing your child during the evaluation. This includes the type of activities your child participated in, with whom your child interacted, and your child's reaction to new and familiar situations and people, including the evaluation team.

N/A

Personal Observation of Your Child

The evaluation team documents the type of activities the child participated in, with whom the child interacted, and the child's reaction to new and familiar situations and people, including the evaluation team members. This section may include information such as the child's response to the evaluation setting and activities, preference in testing items, attention to activities, activity level, interaction with others, ability to transition between activities, warm-up time, spontaneity of skill demonstration, and compensatory strategies.

IV. **Information from other sources as necessary to obtain an understanding of your child's unique development:** Any other type of information that you shared but was not documented elsewhere may be included here.

N/A

Information from Other Sources as Necessary

Include any information that the family or evaluation team would like to share that is not documented in any other section. This could include whether the child's health, behavior, or other circumstances might have affected the results of testing and whether the parents felt the testing situation provided an accurate picture of their child.

Section 3C: Family-Directed Assessment Summary

The purpose of conducting the family-directed assessment, or FDA, is to understand more about the day-to-day life of the entire family, identify helpful relationships and resources, and recognize priorities and concerns that may lead to IFSP outcomes.

The FDA process allows families to paint a picture of how their child functions in a variety of settings and situations. Because parents and caregivers are the most important interventionists in their child's life, it is critical that assessors gather information regarding what information, services, and supports will assist parents to help their child during time between EI visits.

The focus of the FDA is to determine the family's strengths, needs, and priorities. The information obtained via the FDA process typically leads to family-focused IFSP outcomes.

It is the EI service coordinator's responsibility to explain to the parents the purpose of the FDA and how the IFSP team will use the information. Parents must be offered the opportunity to participate and be given prior written notice using Form EI-03 Prior Written Notice and Consent for the Family-Directed Assessment. However, participation in the FDA is voluntary.

Parents have the right to answer or not answer any questions asked during the FDA and to give only the information they are comfortable sharing.

If a parent chooses not to participate in the FDA process, the EI service coordinator explains the effect of the decision. The date the FDA was offered and the family's choice to decline will be documented on the EI-03 and in the EI service coordinator's case notes. Write "N/A" in section 3C in this circumstance. See OAC 5123-10-02(l)(5).

If the family chooses not to participate in the FDA process, the team is still responsible for obtaining information to complete the other portions of section three.

Section 3C: Family-Directed Assessment (FDA) Summary

This section summarizes what you told the assessment team about your family's priorities, concerns, and resources.

07/19/2019

RBI

Jennifer Green

Date completed

Name of assessment tool(s) used to conduct the FDA

Name of person who completed the FDA

Family resources: The people most important and routinely in our child's life and the role they play in our family:

Savi spends most of her time with her Aunt Bridget. Bridget has taken leave from work, to adjust to having Savi and find appropriate childcare for her. She has 2 children- Amelia (13) and Liam (15) who live with her and help when they can. She has a neighbor, Peg Keller, who is a nurse and has been helpful to answer her questions and lend support. She has also offered to watch Savi if Bridget needs a break.

The agencies, organizations, services, and activities that are most important to our family's life right now:

Savi receives the following from Nationwide Medical Center: pediatrician- Dr. Conrad Smith, Home Visiting-nurse family partnership- Betty Weston, and ECMH consultant- Shelly Bauf. Savi gets WIC and has Care Source. Her CPS caseworker is Kelli Dunst. Youth Advocate, Diane Travolta, who supervises mom's visitation.

Family routines: Our family enjoys participating in the following routines and activities:

Bridget and her children enjoy holding, talking, and singing to her. They love when they are able to soothe her, and she looks at their faces. They try to encourage her to hold onto their fingers and grasp a linking ring.

Family concerns: The concerns, difficulties, or challenges that our family experiences during daily routines and activities that would be helpful for the EI team to address:

Bridget expressed that nap time is an area of concern. When Savi is irritable she can be hard to console. Has major concerns when Savi is sleeping at night because that tends to be when she has the most tremors. She stiffens her body so that she can roll over onto her belly but she relaxes and can't turn back over. Bridget checks on Savi continuously through the night because she is fearful that she is going to get stuck on her belly and not pull her head up and turn to the side to breathe. Bridget feels exhausted all the time because she isn't getting much sleep.

Family priorities: These are the resources that our child and family need, including family support, activities, programs and organizations:

Bridget is very interested in support from early intervention. She is also interested in finding a support group for people who care for children diagnosed with NAS.

At this time, we would like the EI team to help us most with:

Finding ways to help Savi sleep without tremors and rolling. Bridget wants to learn how to ease her irritability and how to better understand how to respond when Savi is overstimulated. Bridget would also like help in finding support group.

Family Resources: The people most important and routinely in our child's life and the role they play in our family

Document who and what types of support the parent describes as important. These are typically referred to as informal or natural supports and may include neighbors, grandparents, and family friends.

Important Formal Support: The agencies, organizations, services, and activities that are most important to our family's life right now.

Document the family's formal supports and how they are helpful, such as Women, Infants, and Children (WIC) helping to cover the cost of formula. Formal supports could include other agencies, organizations, services, or activities that are important to the family's life at the time of the FDA.

Family Routines

Document what the family likes to do together, with friends, or in the community. For parents, include information about what they enjoy as a couple.

Family Concerns

Summarize the routines and activities the family finds challenging. Describe the activity or routine that the family wants to improve or would like to do but cannot right now. Determine and document what concerns the parents have, such as finances, safety, child not being able to make friends, spending time alone as a couple, or lack of connection to the community.

Family Priorities

Using information learned through the FDA process and interview, summarize parent priorities focused on daily routines and activities. For example, their child playing with others, sleeping through the night, or staying longer at the table during mealtime. Document the activity settings in which the family needs the most support.

Include family needs, such as obtaining a GED, finding a job, or seeking resources about their child's delay or disability.

Use this section to share how to best support the family, such as information about parent learning style.

What EI Team Can Support

Document what the family expresses as their top priorities.

Section 3D: Other Information

Section 3D: Other information: We would like our team to know:

It has been a long time since the Bridget has had a baby in the house and she wants continued support with understanding her development and knowing what she should be doing. Brittany doesn't have stable housing and is inconsistent with visiting Savi. Medical records show she was born with NAS and tested positive for several substances (opioids and marijuana) and spent one week in the NICU prior to being discharged to Brittany. Bridget indicated that Savi lived with biological mom for about two weeks with multiple adult caregivers.

This section is completed by the EI service coordinator and assessors.

Use this section to capture information the parents share that is not covered in 3C, including when parents decline to participate in the FDA. If the parents participate in the FDA and there is no additional information, write "N/A."

This section may also be used to record a summary of the child's history when section 3B is not completed due to eligibility being established by a diagnosed condition.

Section 3E: Assessment Summary

This section captures the results of the child assessment process. The assessment team members who conducted the child assessment complete this section. The information recorded within this section is organized within the context of the three global outcomes for early childhood.

1. Developing Positive Social-Emotional Skills
2. Acquiring and Using Knowledge and Skills
3. Using Appropriate Action to Meet Needs

For each section, the assessment team documents what was learned about the child's functioning based on observations, interviews, record reviews, and testing (formal and informal). The information addresses how the child's delay or disability affects interacting with others, participating in activities, and getting their needs met.

Gather and include information about how the child is using hearing and vision in this section. Include examples such as "The child watched the cat walk across the room," "Child startled when his brother dropped the toy car on the tile floor," "Calmed when he heard dad's voice from the next room," or "Searched for ball that rolled under the sofa." The child's nutrition status must also be assessed. Complete this assessment with a parent interview or based on a medical professional report.

This information describes the child's developmental levels in all five domains and focuses on functional skills. Below the category title, note a description of what is included. The information paints a picture of how the child is using skills to participate in his or her everyday life. Completion of this section will assist the IFSP team with developing child-focused outcomes.

Child's Strengths

For each global child outcome, summarize the child's strengths that the team gathered from the process. Include the child's strengths across activities and settings and not just the skills the child demonstrated when the evaluation or assessment tool was administered.

Child's Needs

Summarize the child's needs that the team gathered through the process about the child and family's typical routines, situations, or activities. Notations may be included as to what the parents have identified as being priorities. This section is not a place to list specific skills that were missed on the evaluation or assessment tool or the child's next developmental steps.

The strengths and needs section represents the assessment summary and must be completed prior to the IFSP meeting. This information will be used to develop the functional IFSP outcomes.

Child Outcome Summary Statements

It is the responsibility of the EI service coordinator to coordinate the information gathering and documentation of the child outcomes summary (COS) statement at the initial and annual IFSP meetings and also at the time of the child's exit from EI [5123-10-02(N)(12)]. Parent involvement and input for choosing the appropriate COS statement is critical. As the facilitator of this process, the EI service coordinator must be able to understand, explain, and answer any questions the family has.

While the EI service coordinator is the facilitator of this process, all assessment team members are expected to understand and participate. This includes discussion about how a child's functioning compares with same-age peers. Over time, these statements assist the team in determining whether the EI program is meeting the child and family needs and how well the child is developing and participating in activities at home and in the community.

Teams have this conversation and document the appropriate statement for each of the three functional areas prior to developing IFSP outcomes. Statement decisions are determined at the initial IFSP, annual IFSP, and at exit (unless the child never had an initial IFSP or was exited due to loss of contact with the family or death of the child).

After reviewing the assessment summary with the family and eliciting additional questions or information, the team will use the [decision tree](#) to decide the most appropriate rating statement.

Reminders about the Assessment Process

- Assessment includes both the child assessment and FDA (when the parent consents). Although the child and FDA information are documented separately on the IFSP, both activities are part of assessment for program planning in EI. See OAC 5123-10-02(I).
- Program planning is the process of analyzing assessment data to determine the child's unique needs and the resources and supports needed for the family related to the child's development. This leads to identifying the outcomes, steps, and EI services appropriate to address those needs.
- All five developmental domains must be assessed by more than one discipline. See OAC 5123-10-02 (I)(1).
- Evaluation and assessment may occur simultaneously as long as the requirements of both are met. See OAC 5123-10-02(F)(2).

Using Appropriate Action to Meet Needs

Summary of how our child is beginning to take care of his or her own needs, such as moving from place to place, eating independently, and taking care of basic needs. This includes (1) letting me know when he or she is hungry, (2) letting someone know when he or she needs help, (3) working on getting something that is out of reach, and (4) how much help our child needs with dressing, eating, using the toilet, and communicating.

Child's strengths

Based on observation, discussions with Bridget, and reviewing medical records Savi startles to loud noises and will become upset sometimes making it difficult to calm her. During assessment she responded to Bridget's voice by calming and visually looking at her while she held Savi facing her and rocked her back and forth. Savi was observed turning her face towards Bridget when she rubbed her cheek with her hand. During assessment Savi demonstrated a slight inconsistent finger grasp when assessor placed their finger in the palm of her hand. During her diaper change Savi was observed kicking her legs in simultaneous motion while lying on her back and turned her head from side to side.

Child's needs

Based on observation, discussions, and reviewing medical records; Bridget stated when Savi is on her tummy, she can sometimes turn her head side to side but struggles to lift up, making it difficult to breathe. Bridget shared that this is what keeps her awake at night; she is constantly checking on Savi to make sure that she hasn't rolled onto her belly. During the assessment, Savi was observed to roll to her belly by stiffening her body. Once she was on her belly, her body relaxed and she was unable to roll back over. Bridget expressed that Savi fusses and produces the same high pitched cry whenever she is upset and she is always trying to figure out what is wrong. Medical records indicate that she struggled with feeding and has responded well to the premie flo nipple. At her last pediatrician appointment she was switched to 24 calorie formula to help with weight gain.

Child Outcome Summary (COS) Statement: Relative to same age peers, our child

- | | |
|--|--|
| <input type="checkbox"/> has all of the skills that we would expect of a child his or her age in the area of this outcome. | <input checked="" type="checkbox"/> is not yet using skills expected of his or her age. He or she does use many important and immediate foundational skills to build upon in the area of this outcome. |
| <input type="checkbox"/> has the skills that we would expect of his or her age in regard to this outcome; however, there are concerns. | <input type="checkbox"/> is showing some emerging or immediate foundational skills, which will help him or her to work toward age appropriate skills in the area of this outcome. |
| <input type="checkbox"/> 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 this outcome. | <input type="checkbox"/> might be described as like that of a much younger child. He or she shows early skills, but not yet immediate foundational or age expected skills in the this outcome area. |
| <input type="checkbox"/> shows occasional use of some age expected skills, but more of his or her skills are not yet age expected in the area of this outcome. | |

For annual IFSP and at exit. Has our child shown any new skills or behaviors related to *using appropriate action to meet needs* since the last child outcome summary rating? Yes No

Multidisciplinary Evaluation and Assessment Team Members

Printed name	Discipline	Contact information
Steve Hunnaman	Developmental Specialist	614-555-0006; 8/15/2019
Kelli Flood	Occupational Therapist	614-555-0007; 8/5/19
Jennifer Green	Service Coordinator	614-555-0016; 7/15/2019

At the annual IFSP meeting and when the child is preparing to exit EI, the following question is answered by the IFSP team for each COS statement: "Has our child shown any new skills or behaviors related to [global childhood outcome]?"

The team discusses what family members, caregivers, service providers, and others have seen during the past year based on ongoing assessment that will lead to an answer of "yes" or "no." Answering "yes" does not necessarily mean that the "score" or rating statement has changed, but it does mean that the IFSP team noticed new skills or behaviors. This question notes progress, even if the rating did not change or the rating decreased due to developmental expectations.

It is the responsibility of the EI service coordinator to facilitate the timely discussion of the COS information at the initial and annual IFSP meetings and also at the time of the child's exit from EI. They are also responsible for providing the IFSP meeting notice (Form EI-13) to required and needed participants in enough time for them to make arrangements to participate.

Additional COS Resources

Visit the [Ohio EI website](#) for additional information related to the child outcome summary process, as well as age and anchoring tools.

Identification of Evaluation and Assessment Team Members

The EI service coordinator ensures that each professional who took part in the evaluation and assessment process is listed in this section (bottom of page seven), in addition to the person's discipline and contact information. If the EI service coordinator was one of the qualified personnel conducting the child evaluation or assessment, they are included with their qualifying discipline information. The EI service coordinator is recorded in this section as an EI service coordinator if they facilitated the FDA. See Appendix B of OAC 5123-10-02 for a list of personnel qualified to conduct the child evaluation and assessment. The date the assessment was completed is documented next to the assessors' contact information.



Elizabeth, an EI specialist, works with Claythan from Hamilton County to develop goals and strategies for his family to use at home.

Section 4: Our Child and Family Outcomes

Once the eligibility and assessment processes are completed, teams move into the development of IFSP outcomes, strategies, and decisions about EI services.

The IFSP is an agreement about the focus of intervention and how services and supports will be provided. This means there must be a clear connection between the information the evaluation team, assessment team, and family have provided and how the outcomes support the child's ability to participate in daily routines and activities.

Outcomes must

- describe what the team, including the family, wants to see for the child and/or family as a result of EI supports and services,
- reflect the family's priorities,
- be functional, support active participation in daily life, and be meaningful to the family,
- be written in a way that all team members understand,
- and be written as a positive statement of change.

Outcome Number

Number each outcome starting with the number one. Add a separate outcome page for each outcome developed. The number assigned to an outcome will follow it continuously until it is completed or discontinued. Do not reuse numbers throughout a child's journey in EI.

Child Outcome Number Addresses

The IFSP team determines if an outcome is child-focused or family-focused. If the outcome is child-focused, indicate which one of the three global child outcomes most closely aligns by checking the corresponding box. An outcome is child-focused when the child is the learner.

Family Outcome Addresses

The fourth box is checked to indicate the outcome addresses family-participation, family well-being, or information. This box is checked when the outcome focuses upon the family as the learner.

The Six-Step Criteria for Writing Outcomes

Outcomes are discipline free. The outcome is written with the family or child as the actor rather than the interventionist.

Outcomes are necessary to meet the family needs.

Outcomes reflect real life settings. For example, meal-time, bathing, riding in the car are all real-life contextual settings

Outcomes are jargon free. Words and phrases such as "range of motion," "oral motor," and "pincer grasp" are examples of professional jargon. It's important to avoid such words and rephrase the outcome so it is understandable to all team members.

Outcomes emphasize the positive or what the child or parent will accomplish. Avoid using the negative. Instead of "Johnny will not spit out food when eating with his family," write "Johnny will eat soft foods, such as yogurt and applesauce, as well as a few preferred chewy foods like bagels when eating with his family."

Outcomes avoid the use of passive words. Passive words are typically descriptors of activities done to a child rather than encouraging a child's or family member's active participation and engagement. Examples of passive words include tolerate, receive, increase or decrease, improve, and maintain.

Outcome number	1	This child outcome addresses	<input type="checkbox"/> Developing positive social relationships	<input type="checkbox"/> Acquiring and using new skills and knowledge	<input checked="" type="checkbox"/> Taking action to meet own needs	<input type="checkbox"/> Outcome addresses family participation, family well-being, or information	<input type="checkbox"/> Outcome addresses transition
<p>Given what you've shared about your family's daily life, what would you like to see happen within your family's activities as a result of EI supports and services. How will we know when it is accomplished?</p> <p>Savi will sleep through the night.</p>							
<p>What's happening now?</p> <p>Savi is very restless when napping and during the night. She can be very stiff and rigid causing her to roll on her belly. She is unable to independently roll back onto her back. Because she is sleepy, Bridget is very concerned that she will not be able to lift her head to the side and will struggle to breathe. Bridget worries and checks on her frequently during naps and throughout the night.</p>							
<p>Strategies: What steps and activities, including who and when, will help us meet the IFSP outcome?</p> <p>During visits Steve, DS/PSP, will model and practice with Bridget, techniques for infant massage to help relax her body in preparation for sleep. They will work together to establish regular calming routines such as lotions & swaddling. They will work together to find positions/activities that help Savi strengthen her head control such as Bridget using her voice to motivate Savi to work to turn her head side to side when on her belly or a boppy pillow.</p>							
<p>Supports that we currently have available to help us with this outcome (formal and natural, including services not provided by EI).</p> <p>Her neighbor-Peg Keller; Home Visiting-nurse family partnership- Betty Weston; ECMH consultant- Shelly Bauf; Early Intervention Service Coordinator (EISC): Jennifer Green; Developmental Specialist (DS)/Primary Service Provider (PSP): Steve Hunnaman</p>							

Outcome Addresses Transition

This box is checked when the outcome focuses on successful transition at age 3. Transition, alone, can be checked as the primary focus of an outcome or transition can be checked along with child-focused or family-focused outcome boxes to show that an outcome is also related to transition. An outcome related to transition must be included on the IFSPs of children not fewer than 90 calendar days but not more than nine months before a child's third birthday (5123-10-02 (L)(2)(a)). See the Transition from Part C to Part B Guidance Document for guidance related to the content of transition outcomes.

Place new pages on top of the previously developed pages and incorporate into the current IFSP (EI-04). Parents and other IFSP team members are to receive copies of revised or new pages.

Given What you Have Shared...

Record the specific outcome that the team develops in this box. If multiple outcomes are developed, use a separate page for each. Outcomes should follow the six-step criteria. See previous for additional information.

What's Happening Now?

This section includes a brief description of a child's present level of development related to the outcome. Examples include how much help a child currently needs to participate in a routine or a family's current level of knowledge related to a topic about which they would like more information. This box will serve as baseline criteria for measuring progress toward outcome achievement.

Strategies: What steps and activities, including who and when, will help us meet the IFSP outcome?

The team documents specifically what will occur to help the child and family achieve the outcome. These steps support how children learn and build on child and family interests, familiar activities, and routines. Strategies answer the question "Who is doing what to help the family achieve the outcome?" and are written with enough detail so that if a family's provider changes, the new provider can read the IFSP and know exactly how to support the family.

If the EI service coordinator is completing specific steps and activities to support an outcome, list those steps and activities in this area. For example, if the EI service coordinator is helping the family access subsidized childcare, a strategy might be, "Jane will help the family gather verification documents to complete a subsidized childcare application over the next two weeks." Steps and activities related to transition at age 3 need to clearly identify how the team will help a child and family adjust to a new setting (e.g., helping parents understand program options and examining the need for assistive technology within the new environment).

Note: As providers offer intervention and conduct ongoing assessment, it is expected that strategies may change frequently. It is not expected that IFSP revisions occur each time a strategy changes. New strategies used should be captured within the provider's case notes.

Supports that we currently have available to help us with this outcome (formal and natural, including services not provided by EI):

This section captures resources identified by the parents as meaningful and potentially useful for supporting achievement of the outcome. This can include both formal and informal supports.

Family identified resources may include emotional, informational, and material support such as extended family and friends, childcare, toddler programs in libraries, community groups, spiritual groups, recreation and sports programs, and social services.

Characteristics of High-Quality Strategies

- Describe what each IFSP team member, including the family, will begin doing to reach outcome achievement
- Adapt an existing activity to help the child be more involved in the activity
- Include assistive technology and supplementary aids and supports as needed
- Focus on something the family is interested in doing or learning.
- Are developmentally appropriate
- Are relevant to the outcome
- Are clear, specific, and concrete
- Include peer and sibling interactions and/or parent and child interactions
- Are informal, natural, and community-based

Review of this outcome: A review of the IFSP must occur at least every six months, but may occur sooner. You may request an IFSP review at any time.

Result of review

- | | | | | |
|--------------------------------------|--|---|---|--|
| <input type="checkbox"/> Outcome met | <input type="checkbox"/> Progress made; continue with current outcome, strategies and services | <input type="checkbox"/> Continue outcome and revise strategies and/or services | <input type="checkbox"/> Revise outcome, strategies, and services | <input type="checkbox"/> No longer parent priority |
| _____ | _____ | _____ | _____ | _____ |
| Date | Date(s) | Date(s) | Date(s) | Date |

New concerns or events that affect this outcome

Progress made toward meeting this outcome

Review of Outcome

Complete this section at each IFSP review, whether periodic or annual.

Outcome Met: If the outcome is met, check this box and record date of review. Develop a new outcome as needed based on ongoing assessment.

Progress made; continue with current outcome, strategies, and services: If progress has been made and the team will continue with the current outcome, strategies, and services, check this box and record date of review.

Continue Outcome and Revise Strategies and/or Services: In this case, rewrite the outcome on a new outcome page and keep the original outcome number. Record revised strategies or services on the new outcome page.

Revise Outcome, Strategies, and Services: In this case, document changes on new outcome page. The outcome will have a new outcome number.

No Longer Parent Priority: Develop a new outcome as needed.

New concerns or events may be described or marked N/A: Record new concerns or events or mark N/A.

Progress made toward meeting this outcome: Record progress or mark N/A.

Early Intervention Services

Early Intervention services: Using all of the information available, the IFSP team has identified the following EI services to support our outcomes.

El service type	Method	Location	How often	Session length	Provider agency	Funding source	Projected start date	Projected end date	Outcome number(s)
SI	D	H	22/180	45 mins	CBDD	CBDD	9/14/19	2/11/20	1

Method: Direct (D); Joint (J) • In-person: (P); Technology (T) Location: Home (H); Community (C); Other (O)

EI Service Type

Document the service type needed to meet the outcome(s). Appendix A of OAC 5123-10-02 provides a list of service types and definitions.

Method

Use the key listed below the grid to indicate the service delivery method.

- **Direct (D):** The interventionist is working directly with the parents and child.
- **Joint (J):** Service delivery is offered by two or more professionals at the same time. Typically, one EI service provider has been determined to be the primary service provider (PSP) working across outcomes with the support of other team members. The secondary service provider (SSP) uses this designation to identify a joint visit to coach or provide role assistance to the primary service provider.
- **In-person (P):** The interventionist is face-to-face with the parent and child.
- **Technology (T):** The interventionist provides direct or joint visit interventions to the parents, but does so remotely using technology that allows the interventionist and parents to see one another and provide the same interventions that would be provided if the interventionist were in the home or other community setting.

Location

Use the key listed below the grid to indicate where the service will be delivered.

- **Home (H):** Service will be delivered at the home of the parent or other caregiver where the child typically spends time.
- **Community (C):** Service will be delivered at a store, restaurant, childcare center, park, library, etc.
- **Other (O):** Service will be delivered at a county board of developmental disabilities, hospital, clinic, or other setting specifically for children with disabilities or specific diagnoses.

When implementing the primary service provider (PSP) approach to teaming, the family has access to the entire team without having to revise the IFSP for a consultation. If a secondary service provider (SSP) needs to accompany the PSP for a one-time visit, this is considered part of ongoing assessment. However, if ongoing assessment indicates a need for a new EI service, provide the parent and EI service coordinator with prior written notice (using form EI-11) and update the IFSP.

How Often

List the number of sessions that will be provided within a specific time to meet the outcome(s) of focus for the PSP or SSP, as determined by the IFSP team. All timelines will be 180 days unless a shorter timeline is more appropriate, or if the child will reach the age of 3 within the six-month time period. See OAC 5123-10-02(K)(5)9a).

Session Length

Record the total amount of time the provider plans to spend addressing the outcome(s) during each visit.

If joint visits will be conducted, specify the session length for each provider, which may be the same or different, depending on the amount of time needed to address outcome(s). If the PSP only addresses one of multiple outcomes during a joint visit, they must document in case notes the reason for not addressing all outcomes.

Provider Agency

Document the agency that employs the provider.

Funding Source

Record the name of the entity paying for the service. Examples include a county board, Title XX, Medicaid, or private insurance. Providers and their funding source are included here when the provider of developmental disabilities has agreed to provide the services outlined in the IFSP and per Part C requirements. It is the responsibility of the EI service coordinator to coordinate funding of EI services.

Projected Start Date

List the date the provider plans to begin services. All services must be provided

- after the IFSP is developed and the parent has consented to implementing the IFSP,
- within 30 days of the date the parent consents,
- and at the frequency, session length, etc., specified in the IFSP.

Services must start within 30 days of being added to the IFSP. Regardless of whether the 10-day notice is waived, 30-day TRS still applies. The team, including the provider, determines the projected start date, which may be the same day as the IFSP meeting, or any date prior to 30 days elapsing.

Projected End Date

List the date when the service is estimated to end (no later than 180 days or by the child's third birthday), when the next IFSP review is required, or when outcomes are anticipated to be completed.

Outcome Number

List the outcome number(s) from section 4 with which the service provider will be assisting the family.

If a service will be addressing each outcome at different frequencies and/or session lengths, a separate line on the grid needs to be completed for each.

For each EI service that will not be provided in our child's natural environment, an explanation of why the outcome(s) cannot be achieved in a natural environment.

For each service located in "Other (O)", the IFSP team is required to provide an explanation as to why the service is not being provided in the home or community. If all services are provided in the home or community, write "N/A."

List steps the service coordinator and family will take, including projected date, for moving the service into a natural environment.

For each service located in "Other (O)," list the steps the EI service coordinator and family will take to move the service to the home or community. If all services are provided in the home or community, write "N/A."

List any Early Intervention service that is needed, but not yet coordinated.

Document services that are identified to meet an outcome but are not currently available or for which the location has not yet been identified. For example, if a provider has not yet agreed to take part in the IFSP process, list the service here. If all needed services have been coordinated, write "N/A."

Steps that the service coordinator will take to coordinate the needed EI service(s).

Document the steps that the EI service coordinator will take to coordinate the service(s), such as researching contracted System of Payments providers in the area. If none, write "N/A."

For each EI service that will not be provided in our child's natural environment, an explanation of why the outcome(s) cannot be achieved in a natural environment is provided.

N/A

List steps that the service coordinator and family will take, including projected date, for moving the service into a natural environment.

N/A

List any EI service that is needed, but not yet coordinated.

N/A

Steps that the service coordinator will take to coordinate the needed EI service(s).

N/A

Timely receipt of services (TRS) due by 9/14/19

Timely Receipt of Services (TRS) Due By

Record the date by which services newly added to the IFSP grid must be initiated. The date is calculated as 30 calendar days from the date the parent consents to the EI service(s) being added. For IFSPs where no new services are added, record "N/A".

Section 5: Consent for EI Services

After the EI service coordinator has fully informed the parents of all information related to the provision of EI services (including answering all questions), the service coordinator requests that the parents provide consent to implement the IFSP. If they consent, they will print their first and last name on the parent name lines and sign their first and last name on the parent signature lines. The date listed is the date of the IFSP meeting.

For periodic reviews, the date of the IFSP is the date the parents sign the IFSP giving consent to implement services.

For example, a periodic review was conducted on August 14, 2018, via phone. The EI service coordinator faxed the parent a copy of the IFSP on August 15, 2018. The parent signed the IFSP form and mailed it back to the EI service coordinator. The EI service coordinator received the form on August 17, 2018, dated for August 16, 2018. The date of the periodic review would be August 16, 2018, and August 16, 2018, is the date entered into EIDS as the date the periodic review was held. Keep this in mind when scheduling reviews to ensure compliance with timelines.

If a parent does not provide consent, then EI services cannot be provided. The EI service coordinator must fully explain to the parents the implications of their decision to decline to sign the IFSP. EI service coordinators need to ensure that parents completely sign and accurately date the IFSP if they agree to implementation of the IFSP.

Complete a new section five for every IFSP meeting and embed it into the document for the current IFSP year. A new Form EI-04 is completed for annual reviews.

Signature, Name, Role and Agency

This section is for all other participants to document their attendance and participation at the IFSP meeting.

Electronic signatures are acceptable. On the next line, the participants type or print first and last names and roles of the team, such as evaluator, assessor, or service coordinator. Next, participants list their employing agency.

The EI service coordinator (or authorized representative of a provider) may fill out all of the participant information (name, role, agency, participation method, and date) except the signature for IFSP participants not present at the IFSP meeting. A signature is not required for participants who are not present *and* who will not be providing an EI service (e.g. a family member).

When the IFSP meeting participants are providers who have agreed to provide an IFSP EI service (and are participating in the meeting via other means), the IFSP will be sent to the provider for an electronic signature (or the provider may print the signature page, sign, and scan to return as quickly as possible to the EI service coordinator). As the EI service coordinator may receive multiple pages from multiple providers with signatures, the EI service coordinator will complete on the original IFSP in the signature column, "(signature on file)." The EI service coordinator will maintain all signatures for the IFSP in the child's record.

Participation Method

The participant documents how they were involved in the meeting. The requirements for who must be invited to and who must participate in IFSP meetings can be found in OAC 512310-02(J).

Date

Regardless of the means of participation, this date should match the date of the actual meeting. A representative can write in the name of a participant not physically present.

I have been fully informed and understand all information related to the provision of Early Intervention services described in this IFSP. I have a copy of the Ohio Early Intervention Parent Rights brochure and understand my rights for giving consent. I understand that I have dispute resolution options if I have an Early Intervention complaint. I have received prior written notice about the proposed Early Intervention services and agree to the provision of these Early Intervention services described in this IFSP.

Bridget Jones

Bridget Jones

8/15/2019

Parent signature

Parent name

Date

Parent signature

Parent name

Date

We acknowledge that the outcomes reflect the family's priorities and concerns and the EI services support those outcomes. We agree to carry out the plan in a manner that supports the family's ability to help their child participate in and learn from their everyday activities whenever possible.

Signature	Name, role, and agency	Participation method	Date
<i>Jennifer Green</i>	Jennifer Green, Service Coordinator, Paris Health Department	P	8/15/19
<i>S. Hunnaman</i>	Steve Hunnaman, Developmental Specialist, FCBDD	P	8/15/19
<i>Kelli Flood</i>	Kelli Flood, Occupational Therapist, FCBDD	P	8/15/19

Participation method: In-person (P); Technology (T); Written (W)

Citations

Pretti-Frontczak, K., Lyons, A. N., & Travers, K. (2015). Five steps to functional assessment: Evaluation and assessment base training and coaching content [PowerPoint developed for Ohio Department of Developmental Disabilities and Ohio Department of Health (DODD/ODH)]. Brooklyn, NY: B2K Solutions, Ltd.

Pretti-Frontczak, K., Bagnato, S., & Macy, M. (2011). Data driven decision-making to plan programs and promote performance in early childhood intervention: Applying best professional practice standards. In C. Groark (Series Ed.) & S. P. Maude (Vol. Ed.), Early childhood intervention: Shaping the future for children with special needs and their families, three volumes: Vol. 2 (pp. 55-80). Santa Barbara, CA: ABC-CLIO, Prager.

Learn More

Pretti-Frontczak, K. (2018). A framework for engaging in early childhood data-driven decision-making [handout for Framework and Formula for Writing Meaningful IEPs online class]. Brooklyn, NY: B2K Solutions, Ltd. Available at <https://kpfsite.s3-us-west-2.amazonaws.com/online+courses/IEP/Module+Two/Lesson+Two/Module+2+Lesson+2+DDDM+Handout.pdf>

Pretti-Frontczak, K. (2018). A framework for engaging in early childhood data-driven decision-making [Lesson 2.2 video for Framework and Formula for Writing Meaningful IEPs online class]. Brooklyn, NY: B2K Solutions, Ltd. Learn more at <https://kristiepf.com/join-iep-online-course>

Williams Family Scenario

The following scenario depicts documentation on EI-04 of a periodic review and a transition outcome being added.

Form EI-04 Individualized Family Service Plan (IFSP)

IFSP type and date Initial _____ Periodic _____ Annual _____
 Periodic _____ Periodic _____

EIDS number _____

Section 1: Child and Family Information

Child's first name		Last name		Nickname		Date of birth	
Languages spoken with child		Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Child's race and ethnicity		School district of residential parent	
Parent name		Address				Child lives with? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relationship to child if not biological or adoptive parent				Phone; Cell (C); Home (H); Work (W)			
Email address		Preferred contact method <input type="checkbox"/> Call <input type="checkbox"/> Email <input type="checkbox"/> Text		Preferred contact times			
Parent name		Address				Child lives with? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relationship to child if not biological or adoptive parent				Phone; Cell (C); Home (H); Work (W)			
Email address		Preferred contact method <input type="checkbox"/> Call <input type="checkbox"/> Email <input type="checkbox"/> Text		Preferred contact times			

Section 2: Service Coordinator Information

Your Early Intervention (EI) service coordinator serves as the single point of contact for carrying out the following activities during your participation in EI. This includes

- explaining and ensuring your rights in EI,
- coordinating your child's initial and ongoing eligibility,
- coordinating Individualized Family Service Plan (IFSP) meetings within required timelines including those requested by you,
- assisting the IFSP team with developing outcomes that are functional and reflect your concerns and priorities,
- assisting you in identifying, obtaining, funding, and monitoring needed EI services,
- assisting you with locating and connecting to other supports and resources that you need and want,
- and facilitating the development of a transition plan before age three.

Name of service coordinator		Phone		Email	
Agency name			Supervisor name and contact information		

Timely receipt of services (TRS) due by _____
 Periodic six-month review due by _____
 Transition outcome and planning conference (TPC) due not fewer than 90 calendar days and not more than 9 months prior to the child's 3rd birthday _____

Section 3: Eligibility and Assessment

Section 3A: Eligibility

Initial Eligibility

Your child is eligible for Ohio Early Intervention (EI) due to:

- Developmental delay, as determined by EI evaluation team, on _____ (date). See section 3B for the summary of eligibility.
- Diagnosed physical or mental condition with a high likelihood of resulting in a developmental delay.

Diagnosed condition _____

Date EI service coordinator confirmed diagnosed condition _____

Annual Eligibility

Your child is:

- Eligible until age three and re-determination of eligibility is not applicable.
 - Eligible at this year's re-determination due to:
 - Developmental delay, as determined by EI evaluation team, on _____ (date). See section 3B for the summary of eligibility.
 - Diagnosed condition _____
- Date EI service coordinator confirmed diagnosed condition _____

Training Purposes Only

Section 3C: Family-Directed Assessment (FDA) Summary

This section summarizes what you told the assessment team about your family's priorities, concerns, and resources.

Date completed

Name of assessment tool(s) used to conduct the FDA

Name of person who completed the FDA

Family resources: The people most important and routinely in our child's life and the role they play in our family:

The agencies, organizations, services, and activities that are most important to our family's life right now:

Family routines: Our family enjoys participating in the following routines and activities:

Family concerns: The concerns, difficulties, or challenges that our family experiences during daily routines and activities that would be helpful for the EI team to address:

Family priorities: These are the resources that our child and family need, including family support, activities, programs and organizations:

At this time, we would like the EI team to help us most with:

Section 3D: Other information: We would like our team to know:

Section 3E: Assessment Summary

For children to be active and successful participants at home and in their communities, they need to develop skills in three functional areas: (1) developing positive social-emotional skills; (2) acquiring and using knowledge and skills; and (3) taking appropriate action to meet their needs. Your team uses information about your child's present levels of development, your family's concerns, resources and priorities, and your daily routines to understand your child's individual needs in relation to same age peers. This information supports the development of meaningful outcomes for your child and family.

Developing Positive Social-Emotional Skills

Summary of how our child interacts and plays with the family, other adults, and other children. This includes skills, such as (1) communicating and interacting with family, friends, caregivers, and others, (2) showing his or her feelings, (3) playing social games, such as a peek-a-book or turn-taking, using words, sounds, signs, or gestures, (4) calming down when upset (5) and showing understanding of social rules, such as sharing and taking turns.

Child's strengths

Child's needs

Child Outcome Summary (COS) Statement: Relative to same age peers, our child

- | | |
|--|---|
| <input type="checkbox"/> has all of the skills that we would expect of a child his or her age in the area of this outcome. | <input type="checkbox"/> is not yet using skills expected of his or her age. He or she does use many important and immediate foundational skills to build upon in the area of this outcome. |
| <input type="checkbox"/> has the skills that we would expect of his or her age in regard to this outcome; however, there are concerns. | <input type="checkbox"/> is showing some emerging or immediate foundational skills, which will help him or her to work toward age appropriate skills in the area of this outcome. |
| <input type="checkbox"/> 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 this outcome. | <input type="checkbox"/> might be described as like that of a much younger child. He or she shows early skills, but not yet immediate foundational or age expected skills in the this outcome area. |
| <input type="checkbox"/> shows occasional use of some age expected skills, but more of his or her skills are not yet age expected in the area of this outcome. | |

For annual IFSP and at exit. Has our child shown any new skills or behaviors related to *developing positive social-emotional skills* since the last child outcome summary rating? Yes No

Acquiring and Using Knowledge and Skills

Summary of how our child learns new things and uses basic language, communication, and problem solving skills. This includes (1) copying others actions, (2) problem-solving, (3) using gestures, words, or signs, (4) communicating needs and wants, (5) understanding directions, (6) and communicating his or her own thoughts and ideas.

Child's strengths

Child's needs

Child Outcome Summary (COS) Statement: Relative to same age peers, our child

- | | |
|---|--|
| <p><input type="checkbox"/> has all of the skills that we would expect of a child his or her age in the area of this outcome.</p> <p><input type="checkbox"/> has the skills that we would expect of his or her age in regard to this outcome; however, there are concerns.</p> <p><input type="checkbox"/> 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 this outcome.</p> <p><input type="checkbox"/> shows occasional use of some age expected skills, but more of his or her skills are not yet age expected in the area of this outcome.</p> | <p><input type="checkbox"/> is not yet using skills expected of his or her age. He or she does use many important and immediate foundational skills to build upon in the area of this outcome.</p> <p><input type="checkbox"/> is showing some emerging or immediate foundational skills, which will help him or her to work toward age appropriate skills in the area of this outcome.</p> <p><input type="checkbox"/> might be described as like that of a much younger child. He or she shows early skills, but not yet immediate foundational or age expected skills in the this outcome area.</p> |
|---|--|

For annual IFSP and at exit. Has our child shown any new skills or behaviors related to *acquiring and using knowledge and skills* since the last child outcome summary rating?

Yes No

Using Appropriate Action to Meet Needs

Summary of how our child is beginning to take care of his or her own needs, such as moving from place to place, eating independently, and taking care of basic needs. This includes (1) letting me know when he or she is hungry, (2) letting someone know when he or she needs help, (3) working on getting something that is out of reach, and (4) how much help our child needs with dressing, eating, using the toilet, and communicating.

Child's strengths

Child's needs

Child Outcome Summary (COS) Statement: Relative to same age peers, our child

- has all of the skills that we would expect of a child his or her age in the area of this outcome.
- has the skills that we would expect of his or her age in regard to this outcome; however, there are concerns.
- 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 this outcome.
- shows occasional use of some age expected skills, but more of his or her skills are not yet age expected in the area of this outcome.
- is not yet using skills expected of his or her age. He or she does use many important and immediate foundational skills to build upon in the area of this outcome.
- is showing some emerging or immediate foundational skills, which will help him or her to work toward age appropriate skills in the area of this outcome.
- might be described as like that of a much younger child. He or she shows early skills, but not yet immediate foundational or age expected skills in the this outcome area.

For annual IFSP and at exit. Has our child shown any new skills or behaviors related to *using appropriate action to meet needs* since the last child outcome summary rating? Yes No

Multidisciplinary Evaluation and Assessment Team Members

Printed name	Discipline	Contact information
_____	_____	_____
_____	_____	_____
_____	_____	_____

Section 4: Our Child and Family Outcomes

This section identifies a child or family outcome based on what you want to accomplish, as well as the steps to meet your outcome. The outcome is based on information the team learned from the child and family assessment(s). Each IFSP outcome must be written in words easily understandable by everyone and in a way that clearly relates to what you stated as your priorities during the family-directed assessment (if conducted).

Outcome number	This child outcome addresses	<input type="checkbox"/> Developing positive social relationships	<input type="checkbox"/> Acquiring and using new skills and knowledge	<input type="checkbox"/> Taking action to meet own needs	<input type="checkbox"/> Outcome addresses family participation, family well-being, or information	<input type="checkbox"/> Outcome addresses transition
----------------	------------------------------	---	---	--	--	---

Given what you've shared about your family's daily life, what would you like to see happen within your family's activities as a result of EI supports and services. How will we know when it is accomplished?

What's happening now?

Strategies: What steps and activities, including who and when, will help us meet the IFSP outcome?

Supports that we currently have available to help us with this outcome (formal and natural, including services not provided by EI).

Review of this outcome: A review of the IFSP must occur at least every six months, but may occur sooner. You may request an IFSP review at any time.

Result of review

- | | | | | |
|--------------------------------------|--|---|---|--|
| <input type="checkbox"/> Outcome met | <input type="checkbox"/> Progress made; continue with current outcome, strategies and services | <input type="checkbox"/> Continue outcome and revise strategies and/or services | <input type="checkbox"/> Revise outcome, strategies, and services | <input type="checkbox"/> No longer parent priority |
|--------------------------------------|--|---|---|--|

_____ Date

_____ Date(s)

_____ Date(s)

_____ Date(s)

_____ Date

New concerns or events that affect this outcome

Progress made toward meeting this outcome

Section 4: Our Child and Family Outcomes

This section identifies a child or family outcome based on what you want to accomplish, as well as the steps to meet your outcome. The outcome is based on information the team learned from the child and family assessment(s). Each IFSP outcome must be written in words easily understandable by everyone and in a way that clearly relates to what you stated as your priorities during the family-directed assessment (if conducted).

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----------------	------------------------------	---	---	--	--	---

Given what you've shared about your family's daily life, what would you like to see happen within your family's activities as a result of EI supports and services. How will we know when it is accomplished?

What's happening now?

Strategies: What steps and activities, including who and when, will help us meet the IFSP outcome?

Supports that we currently have available to help us with this outcome (formal and natural, including services not provided by EI).

Review of this outcome: A review of the IFSP must occur at least every six months, but may occur sooner. You may request an IFSP review at any time.

Result of review

- | | | | | |
|--------------------------------------|--|---|---|--|
| <input type="checkbox"/> Outcome met | <input type="checkbox"/> Progress made; continue with current outcome, strategies and services | <input type="checkbox"/> Continue outcome and revise strategies and/or services | <input type="checkbox"/> Revise outcome, strategies, and services | <input type="checkbox"/> No longer parent priority |
|--------------------------------------|--|---|---|--|

_____ Date

_____ Date(s)

_____ Date(s)

_____ Date(s)

_____ Date

New concerns or events that affect this outcome

Progress made toward meeting this outcome

Section 4: Our Child and Family Outcomes

This section identifies a child or family outcome based on what you want to accomplish, as well as the steps to meet your outcome. The outcome is based on information the team learned from the child and family assessment(s). Each IFSP outcome must be written in words easily understandable by everyone and in a way that clearly relates to what you stated as your priorities during the family-directed assessment (if conducted).

Outcome number	This child outcome addresses	<input type="checkbox"/> Developing positive social relationships	<input type="checkbox"/> Acquiring and using new skills and knowledge	<input type="checkbox"/> Taking action to meet own needs	<input type="checkbox"/> Outcome addresses family participation, family well-being, or information	<input type="checkbox"/> Outcome addresses transition
----------------	------------------------------	---	---	--	--	---

Given what you've shared about your family's daily life, what would you like to see happen within your family's activities as a result of EI supports and services. How will we know when it is accomplished?

What's happening now?

Strategies: What steps and activities, including who and when, will help us meet the IFSP outcome?

Supports that we currently have available to help us with this outcome (formal and natural, including services not provided by EI).

Review of this outcome: A review of the IFSP must occur at least every six months, but may occur sooner. You may request an IFSP review at any time.

Result of review

<input type="checkbox"/> Outcome met	<input type="checkbox"/> Progress made; continue with current outcome, strategies and services	<input type="checkbox"/> Continue outcome and revise strategies and/or services	<input type="checkbox"/> Revise outcome, strategies, and services	<input type="checkbox"/> No longer parent priority
_____	_____	_____	_____	_____
Date	Date(s)	Date(s)	Date(s)	Date

New concerns or events that affect this outcome

Progress made toward meeting this outcome

Early Intervention services: Using all of the information available, the IFSP team has identified the following EI services to support our outcomes.

El service type	Method	Location	How often	Session length	Provider agency	Funding source	Projected start date	Projected end date	Outcome number(s)

Method: Direct (D); Joint (J) • In-person: (P); Technology (T)

Location: Home (H); Community (C); Other (O)

For each EI service that will not be provided in our child's natural environment, an explanation of why the outcome(s) cannot be achieved in a natural environment is provided.

List steps that the service coordinator and family will take, including projected date, for moving the service into a natural environment.

List any EI service that is needed, but not yet coordinated.

Steps that the service coordinator will take to coordinate the needed EI service(s).

Timely receipt of services (TRS) due by _____

Early Intervention services: Using all of the information available, the IFSP team has identified the following EI services to support our outcomes.

El service type	Method	Location	How often	Session length	Provider agency	Funding source	Projected start date	Projected end date	Outcome number(s)

Method: Direct (D); Joint (J) • In-person: (P); Technology (T)

Location: Home (H); Community (C); Other (O)

For each EI service that will not be provided in our child's natural environment, an explanation of why the outcome(s) cannot be achieved in a natural environment is provided.

List steps that the service coordinator and family will take, including projected date, for moving the service into a natural environment.

List any EI service that is needed, but not yet coordinated.

Steps that the service coordinator will take to coordinate the needed EI service(s).

Timely receipt of services (TRS) due by _____

Section 5: Consent for EI Services

I have been fully informed and understand all information related to the provision of Early Intervention services described in this IFSP. I have a copy of the Ohio Early Intervention Parent Rights brochure and understand my rights for giving consent. I understand that I have dispute resolution options if I have an Early Intervention complaint. I have received prior written notice about the proposed Early Intervention services and agree to the provision of these Early Intervention services described in this IFSP.

<i>Keisha Williams</i>	Keisha Williams	1/12/19
Parent signature	Parent name	Date
 <i>Trevor Williams</i>	Trevor Williams	1/12/19
Parent signature	Parent name	Date

We acknowledge that the outcomes reflect the family's priorities and concerns and the EI services support those outcomes. We agree to carry out the plan in a manner that supports the family's ability to help their child participate in and learn from their everyday activities whenever possible.

Signature	Name, role, and agency	Participation method	Date
<i>Mandy Pearson</i>	Mandy Pearson, Service Coordinator, London County DD	P	1/12/19
<i>Kate Metz</i>	Kate Metz, SLP, London County DD	P	1/12/19

Participation method: In-person (P); Technology (T); Written (W)