Alabama's Early Intervention System

Alabama's Early Intervention System
Part C Individualized Family Service Plan (IFSP)

Child's Name: _____ Child's DOB: _____ ☐ For Initial Plan ☐ For Annual Plan

Program: _____ Service Coordinator: _____

Phone: _____ Email: _____

Date of IFSP Meeting: _____ Begin/End Dates: _____ / _____

Basis of Eligibility: ☐ Developmental Delay ☐ Eligible Diagnosis: _____

☐ Informed Clinical Opinion Updated: _____ ☐ Developmental Delay ☐ Eligible Diagnosis: _____

Child's Present Level of Development: (✓confirmed 25% or greater delay)

☐ Physical ☐ Cognitive ☐ Communication ☐ Adaptive ☐ Social or Emotional ☐ Vision ☐ Hearing

Parent/Caregiver: _____ Email Address: _____

Contact#: _____ Alternate#: _____

Address: _____ City: _____ State: AL Zip: _____ County: _____

Child Has: ☐ Medicaid #_____ ☐ EPSDT ☐ Private Insurance ☐ All Kids ☐ No Coverage

☐ Vital Message provided & reviewed with family

Date IFSP sent (parent and providers): _____ ☐ mailed ☐ delivered ☐ emailed

We will review your child's progress, change plan services or add new information as needed. You may request a review at any time and required reviews will be based on *target* dates indicated below. (§303.342)

Six-month review: _____ _____ Date due Date completed	Purpose: Discuss progress, evaluate progress, and change plan if needed
Annual Review (in person): _____ Date due	Purpose: Discuss progress, evaluate progress, and change plan if needed
Transition Meeting at 27 months or initial IFSP if child is 27 months or more: _____ _____ Date due Date completed	Purpose: Discuss where your child will continue to do his/her best when he/she turns 3. Discuss notification to a Local Education Agency (pre-school) or other community placements.
Transition Planning Meeting with LEA prior to 33 months unless parent Opts Out: _____ _____ Date due Date completed	Purpose: Discuss your child's educational pre-school needs and introduce your family to school system personnel OR meet with an alternate community placement agency of your choice.

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AEIS VOLUNTARY FAMILY ASSESSMENT REPORT

Federal regulations require the use of a family assessment tool and an interview [§303.321(c)(2)(iii)]. This process identifies resources, priorities, and concerns and the supports and services necessary to enhance a family's capacity to meet the developmental needs of their child.

☐ **I chose to voluntarily participate _____ (parent initial)** ☐ **I chose not to participate _____ (parent initial)**

ECOMAP: (RESOURCES FOR FAMILY such as friends, recreation opportunities, relatives, day care, clinics, agencies, etc. Intervention is about helping you enhance the development of your child and improving your lives. Existing supports may play a part in your family's plan. *indicate any changes made at 6-month or additional reviews)

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<u>CHILD/FAMILY CONCERNS AND PRIORITIES (INFORMAL OUTCOMES)</u>: So we know what to help you work on, describe what concerns you most about your child or your family's situation during daily (eating, bathing, etc.) and family routines (trips, shopping, church, etc.) and the importance of addressing each.

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<u>ADDITIONAL REVIEW CONCERNS</u>

(List informal outcomes; be sure to include a priority number. You will need this for your matrix.)

	#
	#
	#
	#
	#
	#

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6-MONTH REVIEW CONCERNS

(List new and existing informal outcomes, in priority order.)

	#
	#
	#
	#
	#
	#
	#
	#
	#
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	#
	#
	#
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	#

ADDITIONAL REVIEW CONCERNS

(List informal outcomes; be sure to include a priority number. You will need this for your matrix.)

	#
	#
	#
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EARLY INTERVENTION SERVICES PAGE (add pages as needed)

Service Coordination: Begin Date: _____ End Date: _____ Frequency/Length: _____/_____ Intensity: Individual
Setting: _____ Potential Payer(s) of Services: 1) _____ (2) _____
Method: ☐ Direct Child/Family Service ☐ Support/Information to Family

EI Service: _____

Intensity: ☐ Individual ☐ Group

Begin/End Date: _____ _____

Frequency/Length: _____ _____

Method: ☐ Direct Child/Family Service ☐ Consultation

☐ Support/Information to Family

Potential Payer(s) of Services: (1)_____ (2) _____
(Evaluations at public expense)

Setting: _____

☐ Early Intervention Service(s) is in natural environment
☐ Justification if not in the natural environment

Parent signature indicates written consent to a change in EI service determined at the following review:

☐ 6-month ☐ Additional Review

☐ Add new service:

_____
Parent Signature/Date

☐ End Service:
_____(effective date)

_____
Parent Signature/Date

EI Service: _____

Intensity: ☐ Individual ☐ Group

Begin/End Date: _____ _____

Frequency/Length: _____ _____

Method: ☐ Direct Child/Family Service ☐ Consultation

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Alabama's Early Intervention System
Part C Individualized Family Service Plan (IFSP)

Child's Name: _____ Child's DOB: _____ ☐ For Initial Plan ☐ For Annual Plan

TRANSITION PLANNING

Transition planning begins no earlier than 9 months prior to a child turning 3 years old (27 months or at initial IFSP meeting). Target dates are based on when a child enters AEIS. Local Education Agency (LEA) is notified and a meeting scheduled to discuss transition unless a parent opts-out in 10 days (a plan is always written to reflect any parent choice). (§303.209)

Target Date: (27 months) _____ **Parent is informed about the transition process and how it may impact this child when she/he turns 3 years of age.**	**Family Evaluation**
Service(s) Provided: Service Coordination Team Member Responsible: Service Coordinator (SC) Procedure(s): SC will discuss steps necessary to transition toddler from EI to another community-based service. SC will explain: ☐ Eligibility criteria for 3-5 year old programs ☐ Similarities/differences in EI and 3-5 year old programs ☐ Settings, optimal choices based on toddler's current needs	☐ **We are pleased to have achieved this outcome** ☐ **We are pleased with progress but we will continue to work on this outcome** ☐ **We are not pleased with progress** **Explain:** **Parent initial/date here: _____**
Target Date: (27 months) _____ **Parent is informed about the service and placement options available in home community when child turns three years old.**	**Family Evaluation**
Service(s) Provided: Service Coordination Team Member Responsible: Service Coordinator (SC) Procedure(s): SC will discuss steps necessary to transition toddler from EI to another community-based service. SC will explain: ☐ SC explains other placement options for toddlers in this family's community such as: Head Start, daycares, mother's day out programs, other options to promote development. ☐ SC provides resource materials as a further guide for transition. ☐ SC explains the opt-out policy and form and timelines associated with opting-out of notification (including making a parent referral to LEA).	☐ **We are pleased to have achieved this outcome** ☐ **We are pleased with progress but we will continue to work on this outcome** ☐ **We are not pleased with progress** **Explain:** **Parent initial/date here: _____**

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Target Date: (27 months) _____ **Parent makes choice regarding placement options for child at age 3.**	**Family Evaluation**
Service(s) Provided: Service Coordination Team Member Responsible: Service Coordinator (SC) Procedure(s): Parent chooses from the following: ☐ Parent chooses to opt-out of notification to LEA and has signed an opt-out form presented during this meeting. (Notification ***will not*** be sent) Parent will make a Parent Referral to LEA if they change their mind later and want child considered for LEA pre-school. ☐ Parent requests 10 days to determine if they wish to opt-out of notification to LEA but has not yet signed the opt-out form. (Notification will be sent if this form is not returned to SC) ☐ Parent expresses interest in notification to LEA and has given written permission to release additional documentation to LEA such as IFSP and evaluation reports. ☐ Parent expresses interest in notification to LEA but has not given written permission to release additional documentation to LEA. ☐ SC may notify LEA (and include personally identifiable information like parent/contact names, address, telephone, DOB) and request a convenient Transition Planning Meeting with parent/LEA. ☐ SC may notify LEA but does not request to schedule a Transition Planning Meeting because the child is already 33 months of age. (The LEA will contact the family to explore further options.) ☐ Parent chooses for their child to remain at home or a community placement option(s) other than LEA or in addition to LEA, and SC agrees to meet with parent and alternate placement agency if parent chooses. (may choose more than one) **Choices** _____ _____	☐ **We are pleased to have achieved this outcome** ☐ **We are pleased with progress but we will continue to work on this outcome** ☐ **We are not pleased with progress** **Explain:** **Parent initial/date here: _____**

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Target Date: (27 months) _____ **LEA (and State Education Agency) is notified using the EI Notification to LEA form letter that child will turn 3 within 9 months.**	**Family Evaluation**
Service(s) Provided: Service Coordination Team Member Responsible: Service Coordinator Procedure(s): Name of Local Education Agency: _____ ☐ SC sends the "EI Notification to LEA" letter to the appropriate LEA for child which is based on current residence. (State Office reports these data quarterly to State Department of Education.) ☐ SC follows up with LEA to ensure it has received notification and schedules a meeting prior to 33 months. SC requests parent to sign Release of Information form if they choose to send additional information to LEA. (State Office notifies State Education Department unless family opts-out)	☐ **We are pleased to have achieved this outcome** ☐ **We are pleased with progress but we will continue to work on this outcome** ☐ **We are not pleased with progress** **Explain:** **Parent initial/date here at 33 month meeting: _____** ☐ *Service Coordinator check box if parent did not attend 33 month meeting*
Target Date: (33 months) _____ **A Transition Planning Meeting with LEA is convened to discuss child's educational pre-school needs and introduce family to school system personnel OR meeting is convened with an alternate community placement agency (if appropriate).**	**Family Evaluation**
Service(s) Provided: Service Coordination Team Member Responsible: Service Coordinator Procedure(s): ☐ SC accompanies parent to Transition Planning Meeting at LEA. ☐ LEA answers questions about services and explains parent rights for Part B (preschool). ☐ Parent chooses to move forward with LEA eligibility determination. ☐ SC accompanies parent to meet with alternate community placement agency (if appropriate) Name of alternate community placement agency: _____	☐ **We are pleased to have achieved this outcome** ☐ **We are pleased with progress but we will continue to work on this outcome** ☐ **We are not pleased with progress** **Explain:** **Parent initial/date here at 33 month meeting _____** ☐ *Service Coordinator check box if parent did not attend 33 month meeting*

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Child's Name: _____ Child's DOB: _____ ☐ For Initial Plan ☐ For Annual Plan

Target Date: (33 months) _____ **SC discusses with parent other activities which may facilitate a smoother transition.**	**Family Evaluation**
Service(s) Provided: Service Coordination Team Member Responsible: Service Coordinator Procedure(s): ☐ SC suggests additional supportive activities which may help the child adjust to a new environment. Steps or recommendations may include: _____ _____ _____ _____ _____ _____	☐ **We are pleased to have achieved this outcome** ☐ **We are pleased with progress but we will continue to work on this outcome** ☐ **We are not pleased with progress** **Explain:** **Parent initial/date here: _____**

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NON-EARLY INTERVENTION SERVICES

To the extent appropriate with regard to medical and other services, the service coordinator and family should identify services that the child and family needs or is receiving through other sources but are neither required nor funded by Part C. If those services are not currently provided, the following describes steps to be taken by the service coordinator or family to assist in securing those services. Examples include: local support groups, certain CRS clinics, medical clinics, socialization groups, private therapy of parent choice to supplement recommended EI services. Early Intervention (Part C) is not responsible for payment, monitoring, or provision of Non-EI Services. (303.344(e))

☐ **No Non-EI Service at the initial/annual IFSP** **Date:** _____

☐ **No Non-EI Service at the 6-month review** **Date:** _____

☐ **Non-EI Service in place at time of initial/annual IFSP Meeting:**
(Service/Agency responsible)

☐ **Non-EI Service in place at time of 6-month review:**
(Service/Agency responsible)

☐ **Non-EI Service parent would like to access at initial/annual IFSP meeting:**
(Service/Agency responsible)

Assistance in accessing Non-EI service or support:
☐ SC will assist parent with information re: community-based support
☐ Parent will make contact with community-based support
☐ SC will assist family in making arrangements

Other assistance:

_____

☐ **Non-EI Service parent would like to access at 6-month review:**
(Service/Agency responsible)

Assistance in accessing Non-EI service or support:
☐ SC will assist parent with information re: community-based support
☐ Parent will make contact with community-based support
☐ SC will assist family in make arrangements

Other assistance:

_____

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Planning teams include parent(s), caregiver(s), evaluators, advocates, family and providers who are ready to help achieve outcomes. Other team members may be identified at any time and added to the team. Team members may consider revisions to the current plan when they feel it is needed. (Add second signature page if needed.)

		DATE:	DATE:	DATE:
NAME	**TEAM MEMBER**	**SIGNATURE INITIAL/ANNUAL IFSP**	**SIGNATURE 6-MONTH REVIEW** (note if by phone or by other acceptable means)	**SIGNATURE 27 MONTH TRANSITION MEETING**
	Service Coordinator			
	Evaluator			
	Evaluator			
	PARENT			
	PARENT			

Alabama's Early Intervention System

☐ For Initial Plan ☐ For Annual Plan

Child's Name: _____ **Matrix Date:** _____

Outcomes											
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2.											
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Alabama's Early Intervention System
6-MONTH REVIEW MATRIX

Child's Name: _____ Matrix Date: _____

Outcomes											
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