Development of Initial Individualized Family Service Plan
Approved: July 2019
Who is responsible: Service Coordinators

Preparation for the Initial Individualized Family Service Plan (IFSP)

For a child referred to the IDEA/Part C program and determined to be eligible as an infant or toddler with a disability, a meeting to develop the initial IFSP must be conducted within the 45-day time period. Upon completion of the initial assessments of the family and child, the Service Coordinator will review the following sections of the IDEA/Part C Family Guide with the parent and document the review in the service log:

• Getting Ready for the Initial IFSP Meeting
• Before the IFSP Meeting
• At the IFSP Team Meeting
• IDEA/Part C Early Intervention Services
• Child Outcomes.

Members of the Initial IFSP Team

The Service Coordinator must provide Prior Written Notice to the parent. The initial IFSP team must include the following individuals:

• The parent(s)
• The Service Coordinator who has been assigned responsibility for implementation of the IFSP
• The Intake Coordinator who conducted the eligibility evaluation. If the Intake Coordinator who conducted the eligibility evaluation is unable to physically attend the face-to-face meeting, the Service Coordinator must make arrangements for this person’s involvement by one of the following:
  o Conference call.
  o Attendance by the System Point of Entry Supervisor or designee.
  o Make pertinent records available prior to the IFSP team meeting.

Upon request of the parent, the following must be included in the meeting invitation:

• Other family members, if feasible to do so.
• An advocate or person outside the family.
• Any professionals who may have evaluated or worked with the child prior to referral to IDEA/Part C, e.g., medical professionals, social workers, educators, etc.

Required Content of the Initial IFSP

Creating the IFSP is a team effort. Responsibilities of the Service Coordinator include ensuring the following:

• Parent’s knowledge of the child is incorporated in the plan.
• The parent’s questions are addressed.
• The parent(s) has information needed to make the best decision for their child.

The team members will review all information gathered about the family and child since referral. This review must include:

• What was shared during the family assessment about the family’s resources, concerns, and home or community routines and activities, including outcomes the family would like to address.
• Confirmation of parent and child demographic information.
• A review of the results of the IDEA/Part C eligibility evaluation and any assessments completed prior to the initial IFSP team meeting.
• The child’s present level of functioning in the areas of physical development (including hearing, vision, motor), communication development, cognitive development, social-emotional development, and adaptive development.
• Basic information about the child’s health, hearing, and vision, and current risk for Autism Spectrum Disorder if known (see the policies and procedures for Orientation, Intake, and Screening for additional information).
• IFSP outcomes related to transition, due dates for each transition activity, and the date the child will transition from IDEA/Part C.

Functional and Measurable IFSP Outcomes
IFSP outcomes must be measurable. The outcome should be written based on the Routines-Based Interview © (RBI) recommended procedures for child and family outcomes.

IDEA/Part C Services
All IDEA/Part C services identified by the initial IFSP team must be listed in the planned services section of the IFSP. Each service must include the following information:

• The outcome(s) the service will address.
• The name of the service, Early Intervention Service (EIS) provider agency, and EIS provider.
  o If the child has been found eligible on the basis of an established risk condition of Autism Spectrum Disorder (ASD), the Service Coordinator will seek IDEA/Part C State Office approval for ASD services if Early Intensive Behavior Intervention (EIBI) is identified as a needed service by the IFSP team, and ensure the diagnostic evaluation of ASD is listed as a needed service in the IFSP.
• The method by which the service(s) will be provided. Regardless of the service, all IDEA/Part C EIS providers on the IFSP team are required to provide training to the family and caregivers on how to carry out the service in their home and community. IFSP team members should work with each other to ensure they are all working toward the IFSP outcomes and not duplicating efforts.
• The date the service will start will always be the date of the IFSP team meeting (A service is recorded as timely if it occurs within 30 days of the start date and is properly recorded in the service log).
• The duration of the service (NOTE: the IFSP authorizes services for a maximum of six months at a time; reauthorization of a service occurs at the six-month review or annual evaluation of the IFSP).
• The frequency or how often the service will be provided.
• The length of time the service is provided.
• Where the service will be provided. IDEA/Part C requires that services be delivered in natural environments, defined as families’ homes or communities and in activities, routines, or places where other children without disabilities and of the same age as the child would typically learn.
• Justification for services outside the natural environment should not occur at initial IFSP as all services are required to be attempted in the natural environment before an IFSP team can document why another location is needed.
• If a therapeutic assistant (e.g., occupational therapy assistant, physical therapy assistant) is to be used, the IFSP must also include the name of the licensed therapist who will be supervising the assistant as a separate service.
• If there are EIS providers that serve the area where the child lives, but they currently have no openings at the time the service need is identified, the Service Coordinator should document monthly that they are looking for an EIS provider. This contact can be made via email.

Other Services
The IFSP must include the medical and other services that the family or child needs or is receiving through other sources, but that are neither required, nor paid for by IDEA/Part C federal funds (for example, child care, surgery for a cochlear implant, physical therapy outside the natural environment when an EIS provider is
available to go to the family’s home.) If the family or child needs medical/other services which are not currently being provided, the IFSP must include a description of the steps the Service Coordinator will take to help the family or child get those services. The Service Coordinator is not responsible for identifying funding sources for other services.

**IFSP Consents and Signatures**

The Service Coordinator is responsible for ensuring procedural safeguards for IFSP Team meetings. This includes completing and documenting all relevant notices, consents, and releases. The family should be given a copy of the IFSP to include the IDEA/Part C IFSP Consent and Team Signature page. This page must include a review of each item before asking the parent to initial ‘Yes’ or ‘No. If the family declines one or more IDEA/Part C services, the Service Coordinator is responsible for ensuring the family understands they have the right to accept the service(s) at any time in the future, and that an IFSP Change Review meeting will be required to add the service to the plan.

Parental consent is required for each of the following:

- Use of insurance resources for the cost of IFSP services.
- Initiation of each service on the IFSP.
- Release of information to primary referral source; and if applicable.
- Release of records to the child’s school district.

**Required Activities Following the Initial IFSP Team Meeting**

Following the initial IFSP team meeting, the Service Coordinator is responsible for:

- With consent, sending the primary referral source and the primary health care provider a completed copy of the IFSP.
- Identifying IDEA/Part C EIS providers for each IDEA/Part C service identified in the IFSP and documenting the chosen EIS provider in the planned services section of the IFSP.
- Communicating with the parent the names of the EIS providers, and when the family might expect to be contacted to schedule the first visit(s).
- Finalizing the IFSP in the child’s electronic record.
- Ensuring and documenting the parent has a copy of the completed IFSP.
- Ensuring that the family understands that if the child’s or family’s circumstances change, the parent should contact the Service Coordinator as soon as possible so members of the IFSP team can be notified.
- Ensuring the parent understands they can request an IFSP Change Review meeting at any time.