



Individualized Family Service Plan (IFSP)

Child and Family Information

Child's Name _____

Client ID _____

Date of Birth 10/03/12

IFSP Date 11/15/12

Parent/Guardian Jacob and Tiffany _____

Transition Information

- ◆ Planning for transition will help you and your child move smoothly from ECI to whatever comes next for your child. Options after early intervention might include: Head Start, childcare, pre-kindergarten or early childhood special education through the public schools (PPCD).
- ◆ Transition occurs at different times depending on the needs and circumstances of the family. It can occur when you move to another service area within Texas or out of state, when your child no longer meets eligibility requirements for ECI, or when your child turns three. Your service coordinator will help you plan for any of these transitions and develop outcomes and procedures to address them.
- ◆ After your child's second birthday but no later than 30 months of age, you and your IFSP team will develop more specific steps, procedures regarding your child's future transition needs.

Functional Abilities, Strengths and Needs

Present Levels of Development

Physical Development

Describe child's current health status and pertinent medical history:

Include any medical diagnoses, concerns about child's health and any relevant nutrition information.

Izaha was born at 40 weeks and weighed 6.6lbs. His mother has cerebral palsy and his father has muscular dystrophy. Much of Izaha's medical history is limited and/or unknown due to him being an infant and being in foster care. He gets Gentlease formula due to reflux. He eats approx. 4-5oz of formula every 3-4 hours.

Medications:

Prevacid and gas drops due to colic and reflux. Albuterol as needed.

Date of last physical Nov 2012 Premature? No Yes >> if yes, gestational age in weeks _____

Hearing: Describe in functional terms and include any concerns about child's hearing

Izaha will startle to the sound of a bell on each side of his head. He will soothe to the sound of his parent's voices.

Vision: Describe in functional terms and include any concerns about child's vision

Izaha will follow a small light visually to midline before stopping. He is beginning to look at his hands and explore his parent's facial features.

- ◆ On the following pages describe the child's functional abilities in familiar activities in terms of positive social-emotional development, acquiring and using knowledge and skills, and ability to take appropriate actions to get his/her needs met.
- ◆ Summarizing how a child uses skills to function in his/her daily life provides information that assists the team (including the parents) in developing functional IFSP outcomes and procedures to meet these outcomes and so progress can be monitored over time.
 - Check a box to note whether the ability described is strength or a concern.
 - Identify the child's functional abilities below with the following codes*:

- A - age-appropriate skills
- O - occasionally age appropriate skills
- I - immediate foundational skills
- N - not age-appropriate or immediate foundational skills

Child's Name [REDACTED]

Client ID [REDACTED]

Positive social-emotional skills	Acquiring and using knowledge and skills	Taking appropriate actions to meet needs	Routines	Strength	Need/Concern	Priority	Code*
How your day starts							
X	X	X	How does your child let you know he/she is awake? <i>(cognitive, communication and social-emotional)</i>	✓			A
<p>[REDACTED] is on a three hour interval routine during the day in which his parent's wake him up to eat. In the morning and sometimes during the night, he wakes up on his own. His parents hear him squirming around on the baby monitor and he will begin to whine if they do not get him a bottle quickly enough.</p>							
	X	X	How does your child get out of bed? <i>(adaptive/self-help and motor)</i>	✓			A
<p>[REDACTED] mother or father get him out of the bed when he wakes up.</p>							
X	X		Is your child happy or sad when he/she wakes up? <i>(social-emotional and communication)</i>	✓			A
<p>[REDACTED] wants to be fed right away. His cry indicates that he is hungry. As long as he is fed, he gets happy easily.</p>							
Bathing, dressing, diapering, toileting							
	X	X	How does your child help with dressing? <i>(communication, adaptive/self-help and motor)</i>	✓			A
<p>[REDACTED] foster father reports that he will stiffen his legs sometimes as if he does not want his diaper changed. He does not lift his head yet when placed on his stomach but will try to lift his head up when he is held at his father's shoulder.</p>							

Child's Name [REDACTED]

Client ID [REDACTED]

Positive social-emotional skills	Acquiring and using knowledge and skills	Taking appropriate actions to meet needs	Routines	Strength	Need/Concern	Priority	Code*
Bathing, dressing, diapering, toileting (continued)							
X		X	What does bath time look like for you and your child? Is bath time a fun or stressful time of day? <i>(adaptive/self-help, cognitive, communication, motor and social-emotional)</i>	✓			A
<p>[REDACTED] loves his bath. He reclines back and relaxes during his bath.</p>							
	X	X	How does your child let you know that he/she needs a diaper change or needs to use the toilet? <i>(adaptive/self-help and communication)</i>	✓			A
<p>When his parents change his diaper he seems to be more content as if he likes being dry.</p>							
Meal times							
X	X	X	What do meal times look like for your child? Is there anything difficult or special about meal times? <i>(adaptive/self-help, communication, motor and social-emotional)</i>		✓	✓	D
<p>[REDACTED] eats approx. 4-5 ounces every 3-4 hours during the day and night. He gets gentle-eaze formula. He sometimes leaks but has a pretty strong suck. He gets prevacid due to reflux and is often gassy. He sleeps in a bouncer at an incline sometimes if he has recently eaten. Sometimes he chokes and gags when he gets his bottle.</p>							
	X	X	How does your child let you know when he/she is hungry or thirsty, what he/she wants, and when he/she is finished? <i>(adaptive/self-help, cognitive and communication)</i>		✓		A
<p>His parents know he is hungry because he has an impatient, somewhat angry cry. They also notice that [REDACTED] will begin sucking on his hand when he is hungry. They know he is gassy or needing to burp because his cry is different and he seems uncomfortable.</p>							

Child's Name [REDACTED]

Client ID [REDACTED]

Positive social-emotional skills	Acquiring and using knowledge and skills	Taking appropriate actions to meet needs	Routines	Strength	Need/Concern	Priority	Code*
Meal times (continued)							
X			What are your child's likes or dislikes? How do you know? <i>(communication and nutrition)</i>		✓		A
<p>[REDACTED] gets the hiccups a lot and his parents have given him sugar water as a result. He seems to really like the sugar water. He loves to drink his bottle too and will cry to get it. When he finishes his bottle, he will refuse to take it in his mouth.</p>							
Playtime and other daily activities							
X	X	X	How does your child play? What does he/she like to play with? Are there times that are easier or more frustrating than others? <i>(cognitive, communication, motor and social-emotional)</i>		✓		A
<p>[REDACTED] will look at some lights and is soothed by the music player in his room. He likes to watch the shadows on his mobile.</p>							
X	X		Does your child have the opportunity to be around other children and adults? If yes, how and where does your child interact with them? <i>(cognitive and social-emotional)</i>		✓		A
<p>He enjoys being held by his mother, father, and aunt. He will soothe when they speak to him and he will explore their faces. He is beginning to reach for his father's glasses.</p>							
X		X	How does your child act when you take him/her out in public? How does your child respond to separations and transitions? <i>(communication, motor and social-emotional)</i>		✓		A
<p>Nothing seems to bother [REDACTED]. In fact, he seems to be soothed by some loud noises such as the vacuum cleaner and some loud music. He goes to the store with his family and does not seem to be bothered by the noises or sights.</p>							

Child's Name [REDACTED]
 Client ID [REDACTED]

Positive social-emotional skills	Acquiring and using knowledge and skills	Taking appropriate actions to meet needs	Routines	Strength	Need/Concern	Priority	Code*
Playtime and other daily activities (continued)							
X	X		<i>How does your child follow directions? Respond to limits? (cognitive, communication and social-emotional)</i>				
n/a							
X			<i>Are there certain days that look different? If yes, how does your child respond to the changes? (social-emotional)</i>	✓			A
<p>On Tuesdays [REDACTED] sees his biological mother and father and he seems to get out of his routine and has a little bit of difficulty adjusting when he gets home. [REDACTED] is going to St. Paul's daycare beginning on Monday, the 19th of November.</p>							
Bed time and nap time							
X	X	X	<i>How do you prepare your child for bed time and nap time? How does your child let you know that he/she is sleepy? (adaptive/self-help, cognitive, communication and social-emotional)</i>	✓			A
<p>Many nights [REDACTED] gets a bath and gets fed at bedtime. They put him in his crib and turn on his mobile and his CD. He likes the music and watches the mobile.</p>							
X		X	<i>How does your child fall asleep? How long does he/she sleep? (adaptive/self-help and social-emotional)</i>	✓	✓		0
<p>[REDACTED] prefers to be held until he is almost asleep. If his parents lay him down when he is wide awake he will fuss. He wakes up about every 4 hours at night. Usually when he wakes up, his parents will feed him and he can take up to an hour to fall back to sleep. He seems congested when he sleeps making snoring sounds.</p>							
Describe the parent's resources available to meet all developmental concerns and priorities identified above:							
<p>foster family, Dr. Allembaugh, Medicaid, [REDACTED] 903-[REDACTED] and [REDACTED] (CPS), WIC, St. Paul's daycare, CCS, Aunt Nanny Patty</p>							

Child's Name [REDACTED]

Client ID [REDACTED]

Child and Family Resources and Case Management Needs

Your service coordinator must monitor the implementation of the IFSP and follow up with you to ensure that your child's needs are being adequately addressed. Your assigned service coordinator must:

- ◆ Talk with you on a regular basis to determine if services are being provided in accordance with the IFSP and if your child's goals/outcomes are being met.
 - ◊ This includes contacting your child's service providers, or other entities or individuals who can provide information related to your child's needs and related services if needed.
- ◆ Determine if there are changes in your child's needs or status

Your family may have additional concerns related to your child's medical, social, educational or other needs that have not already been identified. We will identify resources and supports to assist you in addressing these concerns. You may choose to identify and address these needs now, at the initial IFSP or at another time. As new needs are identified your service coordinator will add them to this plan.

Need identified - outcome developed	Need identified - outcome declined	No needs initially identified	Resource identified	Areas of Need and Resources Related to the Family's Ability to Enhance the Child's Development	Notes
Check appropriate boxes for each				Medical	
			✓	Medical insurance (CHIP, Medicaid, etc.)	Medicaid
			✓	Well child check	November 2012
		✓		Other medical/dental providers	
			✓	Primary care physician	Dr. Allembaugh
		✓		Medical equipment and supplies	
		✓		Medicaid waivers	
✓				Hearing and/or vision evaluation	monitor vision
			✓	Prescriptions	Prevacid
			✓	Immunizations	
✓				Other medical resources or needs (specify)	testing for MD due to biological risk factors
				Educational	
			✓	Child care or Head Start	Aunt Patty and St. Pauls
		✓		Private therapy	
		✓		Transition	
				Other educational resources or needs (specify)	
				Social	
		✓		* Translation	
		✓		* Transportation	
		✓		Diapers for ECI child	
			✓	WIC (Women, Infant's and Children)	
		✓		SNAP (food stamps)	
		✓		TANF (Temporary Assistance for Needy Families)	
		✓		Clothing for the ECI child	
		✓		Food pantry	
		✓		Other social resources or needs (specify)	
<i>* Helping family access this service for the ECI child is TCM, providing the service is not</i>					
				Other	

Child's Name: [Redacted]

Client ID: [Redacted]

Parent does not want this outcome to be sent to other agencies

Child and Family Outcomes

Outcome #: 2 Date Added: 11/15/12 Target Date: 5/15/13

- Developmental
- Educational
- Medical
- Social
- Other

Measurable Outcome and Criteria

What do we want to happen within which routines or activities, and how we will measure success?

SC will assist family as needed with MD testing and vision testing. Hearing screening.

Procedures/Activities to Achieve this Outcome

In what ways will your family and team work toward achieving this outcome? Who will help, and what will they do?

**The Interventionist will work with you to help you find ways to practice skills during your family's routines.

**During sessions, your Interventionist will help you come up with strategies to practice during your daily life.

**You will practice the strategies and give feedback to the Interventionist about how well they worked.

Empty lined area for notes or additional procedures.

Children's Center-ECI CHILD OUTCOMES SURVEY

Entry Annual 1 Annual 2 Exit Other: _____

Name: _____ DOB: 10/3/12

Eval date: 11/15/12 Age at eval: 1;0 Exit date: n/a

Team Members completing survey: T. Cumper, CUB A. Spradlin, RN

Eligibility type: Dev. Delay Atypical Medical

Sources of supporting information (check all that apply):

Evaluation Routines Interview Observation Parent Report Other: _____

* Children 31 months or older at time of initial eval do not need a survey. *

* Children must be enrolled at least 6 months to require an exit survey. *

1. POSITIVE SOCIAL-EMOTIONAL SKILLS (including social relationships)

Think about the following when answering:
 Relating with adults
 Relating with other children
 Following rules related to groups or interacting with others (if older than 18 months.)

To what extent does this child show age-appropriate functioning across a variety of settings and situations on this outcome?

Not Yet		Emerging		Somewhat		Completely
1	2	3	4	5	6	7

Has the child shown any new skills or behaviors related to positive social-emotional development since the last indicators summary? Yes No

2. ACQUIRING AND USING KNOWLEDGE AND SKILLS

Think about the following when answering:
 Thinking, reasoning, remembering, and problem solving
 Understanding symbols
 Understanding the physical and social worlds

To what extent does this child show age-appropriate functioning across a variety of settings and situations on this outcome?

Not Yet		Emerging		Somewhat		Completely
1	2	3	4	5	6	7

Has the child shown any new skills or behaviors related to knowledge and skills development since the last indicators summary? Yes No

3. TAKING APPROPRIATE ACTIONS TO MEET NEEDS

Think about the following when answering:
 Taking care of basic needs (dressing, feeding, toileting, showing hunger, etc.)
 Contributing to own health and safety (follows rules, assist w/ washing hands, etc.)
 Getting from place to place (mobility) and using tools (fork, coloring, etc.)

To what extent does this child show age-appropriate functioning across a variety of settings and situations on this outcome?

Not Yet		Emerging		Somewhat		Completely
1	2	3	4	5	6	7

Has the child shown any new skills or behaviors related to actions to meet needs since the last indicators summary? Yes No



**Division for Early Childhood Intervention Services
IFSP Services Pages**

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

Child's name: Isabella Client ID: [REDACTED]

Services key:
 AI—Audiological Services
 BI—Behavioral Intervention
 CO—Counseling
 CM—Case Management
 FE—Family Education
 NS—Nursing Services
 NU—Nutrition Services
 OT—Occupational Therapy
 PT—Physical Therapy
 PS—Psychological Services
 RA—Reassessment
 SST—Specialized Skills Training
 ST—Speech Therapy
 SW—Social Work Services
 VI—Vision Services

ECI program:
 Children's Center ECI of Lakes Regional MHMR Center

Service Information									
Service	Discipline of Provider	Expected Frequency	Expected Intensity	Total Authorized Visits	Location*	Method	Start Date	End Date	Provider Outside ECI**
CM	Service Coordinator's Name: <u>Copper EIS</u>	Ongoing	As Needed	Not Applicable	<input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> Community <input type="checkbox"/> Other Specify other:	Not Applicable	<u>11/15/12</u>	<u>11/15/12</u>	<input type="checkbox"/>
					<input type="checkbox"/> Home <input type="checkbox"/> Community <input type="checkbox"/> Other Specify other:	<input type="checkbox"/> Individual <input type="checkbox"/> Group			<input type="checkbox"/>
					<input type="checkbox"/> Home <input type="checkbox"/> Community <input type="checkbox"/> Other Specify other:	<input type="checkbox"/> Individual <input type="checkbox"/> Group			<input type="checkbox"/>
					<input type="checkbox"/> Home <input type="checkbox"/> Community <input type="checkbox"/> Other Specify other:	<input type="checkbox"/> Individual <input type="checkbox"/> Group			<input type="checkbox"/>
					<input type="checkbox"/> Home <input type="checkbox"/> Community <input type="checkbox"/> Other Specify other:	<input type="checkbox"/> Individual <input type="checkbox"/> Group			<input type="checkbox"/>
					<input type="checkbox"/> Home <input type="checkbox"/> Community <input type="checkbox"/> Other Specify other:	<input type="checkbox"/> Individual <input type="checkbox"/> Group			<input type="checkbox"/>

*Describe how and why the IFSP team determined the location if services are not provided in the child's natural environment, and how these services will be generalized to support the child's ability to function in his or her natural environment.

**Mark if the provider is outside the ECI system, service is arranged and paid by the family or their insurance, and the team recommends the service.

Child's name: Travon Client ID: [REDACTED]

Payment arrangements for ECI services on this IFSP (check all that apply): ECI Family Fees Public/Private Insurance

If the IFSP team determined co-visits are needed, document the justification of how the child and family will receive greater benefit from services being provided at the same time:

Is assistive technology planned as a strategy on the IFSP? Enter X to select one. Yes No

Signatures

The Parent Handbook has been reviewed with me.
 I participated in the development of this IFSP, and I give informed consent for the DARS Early Childhood Intervention program and service providers to carry out the activities listed on this IFSP.
 I understand that my consent is voluntary and may be withdrawn at any time.
 I understand that my consent may be given for some services and not for others.
 I understand that the consequence of refusing services is that my child or family will not receive the services.
 I understand that my signature grants permission for my child to receive services.
 I understand that services subject to the Family Cost Share will begin once I have signed my Family Cost Share Agreement.

Family comments:

Parent signature:	Date:	Discipline	Present	Reviewed
<input checked="" type="checkbox"/> <u>[Signature]</u>	<u>11/15/12</u>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Signature: <input checked="" type="checkbox"/> <u>[Signature]</u>	<u>11/15/12</u>	<u>Service Coordinator</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Signature: <input checked="" type="checkbox"/> <u>[Signature]</u>	<u>11/15/12</u>	<u>Nursing</u>	<input type="checkbox"/>	<input type="checkbox"/>
Signature: <input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Signature: <input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Signature: <input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>