



MARYLAND INFANTS AND TODDLERS PROGRAM

Individualized Family Service Plan (IFSP)

Referral Date:		IFSP Meeting Date:		Meeting Type:	<input type="checkbox"/> Interim	<input type="checkbox"/> Initial	<input type="checkbox"/> 6 mo Review	<input type="checkbox"/> Other Review	<input type="checkbox"/> Annual
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Child and Family Information

Child Name (First/Middle/Last):															
Birth Date:		ID Number:			MA Number:										
Address:					Home Phone:										
Parent/Guardian/Surrogate Name:															
Address:					Home Phone:										
Address:					Work Phone:										
E-mail:					Cell Phone:										
Best Time to Contact:			Best Method of Contact:			<input type="checkbox"/> Home Phone				<input type="checkbox"/> Work Phone		<input type="checkbox"/> Cell Phone		<input type="checkbox"/> E-mail	

IFSP Team Members

The following team members contributed to the development of this IFSP:

<hr/> Parent(s) Guardian/Surrogate		<hr/> Parent(s) Guardian/Surrogate	
<hr/> Service Coordinator		<hr/> Evaluator/Assessor/Provider	
<hr/> Interim/Alternate Service Coordinator (if applicable)		<hr/> Evaluator/Assessor/Provider	
<hr/> Lead Agency Representative (if applicable)		<hr/> Other Participant, Title Agency	

Service Coordinator Information

If you have questions about this IFSP or any of the individuals working with your child and family, contact your service coordinator.

Service Coordinator Name:	
Agency:	
Address	
Work Phone:	E-mail:

Projected IFSP Meeting Dates

Six Month IFSP Review	Annual IFSP Review	Transition Planning Meeting

Native Language Translation:	Parent Informed? <input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Parent requested? <input type="checkbox"/> Yes	<input type="checkbox"/> No
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Child Name:		ID Number:		IFSP Meeting Date:	
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PART I – INFORMATION ABOUT MY CHILD’S DEVELOPMENT
Section A – Health Information

General Health

What was your child’s gestational age at birth? _____ Weeks _____ Days

What was your child’s weight? _____ Pounds _____ Ounces OR _____ Grams

Who is your primary care physician or other health care professional? _____ Phone: _____

IMMUNIZATIONS

Are your child’s immunizations up to date? Yes No Not Sure N/A

Ensure family understands school requirements regarding immunizations by the time the child may be ready to transition to community/school early childhood program.

LEAD SCREENING/TESTING

Has your child’s lead level been tested? Yes No If **YES**, what was the level? _____

Are there any concerns about your child’s lead level? Yes No If **YES**, please explain. _____

NUTRITION

Are there any concerns about your child’s eating, general nutrition or growth? Yes No

If **YES**, please explain.

GENERAL HEALTH CONCERNS

Consider your child’s current health status. Is there anything about your child’s health (special equipment, allergies, other mental or physical information) that the team should know to better plan and provide services to your child and family, including specific diagnoses?

Child Name:		ID Number:		IFSP Meeting Date:	
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Large empty rectangular area for notes or service plan details, bounded by a dotted line at the top.

Child Name:		ID Number:		IFSP Meeting Date:	
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PART I – INFORMATION ABOUT MY CHILD’S DEVELOPMENT
Section B – Evaluation for Eligibility

Evaluation Status:	<input type="checkbox"/> Initial Eligibility <input type="checkbox"/> Continued Eligibility
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Developmental Evaluation

	Date of Evaluation (MM/DD/YY)	Name of Evaluation Tool	Chronological Age	Adjusted Age (if applicable)	Age Level/ Age Range	Qualitative Description		
COGNITIVE								
COMMUNICATION								
SOCIAL/ EMOTIONAL								
ADAPTIVE								
PHYSICAL	Fine Motor							
	Gross Motor							
	Hearing	Did your child pass a Universal Newborn Hearing Screening?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
		Has your child seen an audiologist for a full hearing evaluation?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		Are there any concerns about your child’s hearing?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Results of Evaluation/Observation:							
	Vision	Has your child’s vision been tested?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are there any concerns about your child’s vision?				<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Results of Evaluation/Observation:								

Eligibility

Your child is eligible for early intervention services based upon the results of the Developmental Evaluation process. Eligibility is based on the ONE category that is checked below.

AT LEAST A 25% DEVELOPMENTAL DELAY

Your child is eligible for early intervention services because s/he is experiencing at least a 25% delay in one or more developmental areas.

ATYPICAL DEVELOPMENT OR BEHAVIOR

Your child is eligible for early intervention services because s/he is demonstrating atypical development or behavior in one or more developmental areas, that is likely to result in a subsequent delay.

DIAGNOSED PHYSICAL OR MENTAL CONDITION WITH A HIGH PROBABILITY OF DEVELOPMENTAL DELAY

Child Name:		ID Number:		IFSP Meeting Date:	
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Your child is eligible for early intervention services because s/he has the following diagnosed physical or mental condition(s) that has a high probability of resulting in developmental delay:

Child Name:		ID Number:		IFSP Meeting Date:	
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PART II – MY CHILD AND FAMILY’S STORY

Section A – Assessment: Natural Routines/Activities and Environments

The purpose of early intervention services is to support your child’s successful participation in everyday home and community activities that are meaningful to you and your family. Therefore, it’s important to understand your child’s functional abilities within these activities and settings. You may share as much or as little information as you want.

Child and Family Assessment (check assessment used):

<input type="checkbox"/>	Routines-Based Interview (RBI) Go to Part II Section B
<input type="checkbox"/>	Scale for Assessment of Family Enjoyment within Routines (SAFER) Go to Part II Section B
<input type="checkbox"/>	Everyday Routines & Activities Section of IFSP
<input type="checkbox"/>	Family declined family-directed assessment

EVERYDAY ROUTINES AND ACTIVITIES	DATE:
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Routine/Activity	What’s happening now, with whom, and where?	How’s it going?
<input type="checkbox"/> Wake Up	<i>How is your child interacting and relating with others during this activity?</i>	<input type="checkbox"/> Going Well <input type="checkbox"/> Some Concerns <input type="checkbox"/> A Lot of Concern
<input type="checkbox"/> Dressing		
<input type="checkbox"/> Diapering/toileting		
<input type="checkbox"/> Mealtime/snacks		
<input type="checkbox"/> Play		
<input type="checkbox"/> Transitions	<i>How is your child learning about this activity to successfully participate?</i>	What would you like to see different?
<input type="checkbox"/> Outings	<i>What types of behaviors is your child using to get his/her wants and needs met in this activity? How independent is s/he?</i>	
<input type="checkbox"/> Time at child care		
<input type="checkbox"/> Time with family, friends, other children		
<input type="checkbox"/> Bath time		
<input type="checkbox"/> Book time		
<input type="checkbox"/> Naps/Bedtime		
<input type="checkbox"/> Other:		

Routine/Activity	What’s happening now, with whom, and where?	How’s it going?
<input type="checkbox"/> Wake Up	<i>How is your child interacting and relating with others during this activity?</i>	<input type="checkbox"/> Going Well <input type="checkbox"/> Some Concerns <input type="checkbox"/> A Lot of Concern
<input type="checkbox"/> Dressing		
<input type="checkbox"/> Diapering/toileting		
<input type="checkbox"/> Mealtime/snacks		
<input type="checkbox"/> Play		
<input type="checkbox"/> Transitions	<i>How is your child learning about this activity to successfully participate?</i>	What would you like to see different?
<input type="checkbox"/> Outings	<i>What types of behaviors is your child using to get his/her wants and needs met in this activity? How independent is s/he?</i>	
<input type="checkbox"/> Time at child care		
<input type="checkbox"/> Time with family, friends, other children		
<input type="checkbox"/> Bath time		

Child Name:		ID Number:		IFSP Meeting Date:	
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<input type="checkbox"/> Book time		
<input type="checkbox"/> Naps/Bedtime		
<input type="checkbox"/> Other:		

Child Name:		ID Number:		IFSP Meeting Date:	
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PART II – MY CHILD AND FAMILY’S STORY

Section B – Assessment: Our Family’s Resources, Priorities, and Concerns

One of the goals of early intervention is to enable families to provide care for their child and have the resources they need to participate in their own desired family and community activities, which includes being able to describe their child’s abilities and challenges and to help their child develop and learn.

Family Resources	Resources that my child/family has for support, including people, activities, programs/organizations.
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Who lives in the home with you? Who provides support to your family? This can include grandparents, aunts, uncles, friends, groups/organizations (child care, WIC, parent groups, home visitors), doctors, nurses, etc.

Family Priorities	My hopes and dreams for my child. The most important things for my child and/or family right now.
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Overall, what are your child’s strengths, abilities, and interests? What are your priorities for your child and family based on the discussion about your everyday activities and routines?

Family Concerns	Concerns I have about my child’s health and development. Information, resources, supports I need or want for my child and/or family.
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What are you worried about? What are things you would like to change if you could?

Community Connections: Check resources/service linkages your family would like more information about:

- Places where my child can play with other children in the community
- Childcare
- Judy Center
- Clothing, food, etc.
- Family Support Network/Preschool Partners
- Housing Assistance
- Health care, mental health, and/or health insurance

Child Name:		ID Number:		IFSP Meeting Date:	
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My child's diagnosis or disability

Talking with other parents

Parent support/training/advocacy

Other:

Child Name:		ID Number:		IFSP Meeting Date:	
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PART II – MY CHILD AND FAMILY’S STORY

Section C – Assessment Summary: Present Levels of Functional Development

During the evaluation for eligibility process, we looked at your child’s development in five domains. During the child and family assessment process, we gathered information about your child’s functional abilities in everyday activities and routines. Children’s functional abilities overlap domains of development so we combine them and summarize all functional abilities, strengths, and needs into three functional outcome areas. This is the summary of what we have discovered so that our plan fits well with your child’s developmental strengths and interests. Sources of information may include conversations we’ve had with you, observations of your child in daily routines, eligibility evaluations, child and family assessment activities, and outside reports.

Additionally, together, we will consider and identify how your child’s functioning in these three areas compares to other

In addition to the Evaluation for Eligibility (Part I, Section B) and Child and Family Assessment (Part II, Sections A & B), indicate any additional assessments, and the date completed, used to develop this summary:

Assessment: _____ Date: _____

Assessment: _____ Date: _____

Note: Strengths and needs in all developmental domains including: Cognitive, Communication (Expressive and Receptive), Social and Emotional, Adaptive/Self-Help, Fine Motor, and Gross Motor must be functionally addressed within the context of:

Developing Positive Social Skills and Relationships, Acquiring & Using Knowledge & Skills, and Using Appropriate Behaviors to Meet Needs.

Developing Positive Social Skills and Relationships:
 This refers to how children relate to those around them – their parents, caregivers, brothers and sisters, and other young children. This includes many different skills such as communicating, showing emotions appropriately and controlling their own behavior. Having positive social relationships also requires young children to follow rules for how to interact, such as waiting one’s turn or sharing.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child’s skills are like that of a much younger child. Child shows very early skills but not yet immediate foundational or age expected skills in this area.	Child’s skills are like that of a much younger child. Child has some emerging or immediate foundational skills which will help him/her work	Child’s skills are like that of a younger child. Child is not yet using skills expected of his/her age however uses many important	Child shows occasional use of some age expected skills, but more of his/her skills are not yet age expected in this area. Child still shows more skills	Child shows many age expected skills but continues to show some functioning that might be described like that of a slightly	Child has the skills we would expect for his/her age in this area however there are concerns.	Child has all of the skills we would expect of a child his/her age in this area.

Child Name:		ID Number:		IFSP Meeting Date:		
	toward age appropriate skills in this area.	and immediate foundational skills to build upon in this area.	like those of a younger child.	younger child in this area.		
Has the child shown any new skills or behaviors related to this area since the last summary?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

PART II – MY CHILD AND FAMILY’S STORY

Section C – Assessment Summary: Present Levels of Functional Development (Continued)

Acquiring and Using Knowledge and Skills: *This refers to thinking, learning, reasoning, memory and problem-solving skills, general knowledge that children acquire about their world, such as concepts of more and less, colors and shapes, stories and books, and using this knowledge to participate in everyday activities. It is about early learning and how children come to understand their world and acquire the skills they need to be successful in school and beyond.*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child’s skills are like that of a much younger child. Child shows very early skills but not yet immediate foundational or age expected skills in this area.	Child’s skills are like that of a much younger child. Child has some emerging or immediate foundational skills which will help him/her work toward age appropriate skills in this area.	Child’s skills are like that of a younger child. Child is not yet using skills expected of his/her age however uses many important and immediate foundational skills to build upon in this area.	Child shows occasional use of some age expected skills, but more of his/her skills are not yet age expected in this area. Child still shows more skills like those of a younger child.	Child shows many age expected skills but continues to show some functioning that might be described like that of a slightly younger child in this area.	Child has the skills we would expect for his/her age in this area however there are concerns.	Child has all of the skills we would expect of a child his/her age in this area.
Has the child shown any new skills or behaviors related to this area since the last summary?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Using Appropriate Behaviors to Meet Needs: *This refers to children being able to take care of themselves and to use appropriate ways to get what they need and want. This includes everyday activities like eating, dressing, playing with toys, making choices, and getting from one place to another, as well as how they respond to challenges or delays in getting what they want. It also refers to children being aware of and responding to situations that may be dangerous. This ultimately focuses on emerging independence.*

Child Name:		ID Number:		IFSP Meeting Date:	
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<input type="checkbox"/> Child's skills are like that of a much younger child. Child shows very early skills but not yet immediate foundational or age expected skills in this area.	<input type="checkbox"/> Child's skills are like that of a much younger child. Child has some emerging or immediate foundational skills which will help him/her work toward age appropriate skills in this area.	<input type="checkbox"/> Child's skills are like that of a younger child. Child is not yet using skills expected of his/her age however uses many important and immediate foundational skills to build upon in this area.	<input type="checkbox"/> Child shows occasional use of some age expected skills, but more of his/her skills are not yet age expected in this area. Child still shows more skills like those of a younger child.	<input type="checkbox"/> Child shows many age expected skills but continues to show some functioning that might be described like that of a slightly younger child in this area.	<input type="checkbox"/> Child has the skills we would expect for his/her age in this area however there are concerns.	<input type="checkbox"/> Child has all of the skills we would expect of a child his/her age in this area.
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Has the child shown any new skills or behaviors related to this area since the last summary?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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Child Name:		ID Number:		IFSP Meeting Date:	
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PART III – MY CHILD AND FAMILY OUTCOMES

Child and Family Outcomes

This information will help you support your child's participation in your everyday activities and routines based on your priorities for his/her learning and development. The activities you focus on as outcomes serve as a measure of your child's progress but will not be the only activities worked on with your team.

The Infants and Toddlers Program supports the adults that regularly interact with your child. How do the adults in your child's life learn best (reading, doing, hearing, watching)?

OUTCOME #		<i>Outcomes are functional, measurable, and in the context of everyday activities and routines.</i>
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What would we like to see happen within our daily activity/routine?	How will we know we've achieved this? By when?

STRATEGIES

What is currently happening to address this outcome? What are some initial strategies to begin/continue with?

Additional and ongoing strategies related to this outcome will be developed jointly with you during early intervention visits.

- This IFSP outcome addresses:*
- Your Child Developing Positive Social Relationships
 - Your Child Acquiring and Using Knowledge and Skills
 - Your Child Using Appropriate Behaviors to Meet Needs
 - Family Outcome

EDUCATIONAL OUTCOMES ADDRESSED (Required at age 3 or older)	<input type="checkbox"/> Language	<input type="checkbox"/> Numeracy	<input type="checkbox"/> Pre-literacy
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OUTCOME PROGRESS REVIEW

Review Codes: Select the code that best applies.	Code:	Date:	Initials:	Comments:
1- Achieved – <i>We did it!</i> 2- In Process – <i>We're making progress.</i> 3- Needs Modification – <i>Let's make adjustments.</i>				

Child Name:	ID Number:	IFSP Meeting Date:	
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<p>a. Revise outcome</p> <p>b. Change service</p> <p>c. Other: _____</p> <p>4- No Longer Needed – <i>Let's focus elsewhere.</i></p> <p>5- Postponed</p>				
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PART IV – OUR EARLY INTERVENTION SUPPORTS AND SERVICES

Summary of Early Intervention Services

Supports and services are determined following the development of functional IFSP outcomes. They are designed to enhance the capacity of families to support their child's learning and development through functional participation in family and community activities. Each agency or person who has a direct role in the provision of early intervention services is responsible for supporting the family to achieve the outcomes in this IFSP.

PRIMARY PROVIDER	FAMILY SERVICE	EARLY INTERVENTION SERVICE	INTENSITY	FREQUENCY			SERVICE SETTING	DURATION	
			<input type="checkbox"/> Individual <input type="checkbox"/> Group	How often?	# Sessions	# Minutes per session	<input type="checkbox"/> Home <input type="checkbox"/> Community <input type="checkbox"/> Other* *Provide justification	Planned Start Date	Planned End Date
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Individual <input type="checkbox"/> Group				<input type="checkbox"/> Home <input type="checkbox"/> Community <input type="checkbox"/> Other* *Provide justification		
SERVICE PROVIDER NAME:				CONTACT INFORMATION:					
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Individual <input type="checkbox"/> Group				<input type="checkbox"/> Home <input type="checkbox"/> Community <input type="checkbox"/> Other* *Provide justification		
SERVICE PROVIDER NAME:				CONTACT INFORMATION:					
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Individual <input type="checkbox"/> Group				<input type="checkbox"/> Home <input type="checkbox"/> Community <input type="checkbox"/> Other* *Provide justification		
SERVICE PROVIDER NAME:				CONTACT INFORMATION:					
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Individual <input type="checkbox"/> Group				<input type="checkbox"/> Home <input type="checkbox"/> Community <input type="checkbox"/> Other* *Provide justification		
SERVICE PROVIDER NAME:				CONTACT INFORMATION:					
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Individual <input type="checkbox"/> Group				<input type="checkbox"/> Home <input type="checkbox"/> Community <input type="checkbox"/> Other* *Provide justification		
SERVICE PROVIDER NAME:				CONTACT INFORMATION:					

Child Name:		ID Number:		IFSP Meeting Date:	
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Discussion of Early Intervention Service(s) Delivery:

*If an early intervention service is not provided in a natural environment, what is the **justification** for the IFSP team's decision that outcomes cannot be achieved in the natural environment?

SERVICES FOR CHILDREN WHO ARE BLIND/VISUALLY IMPAIRED OR DEAF/HARD OF HEARING

Were parents provided information regarding the Maryland School for the Blind?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Were parents provided information regarding the Maryland School for the Deaf?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Child Name:		ID Number:		IFSP Meeting Date:	
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PART V – MY CHILD’S TRANSITION PLANNING

Section A – Identifying Transitions

Transitions happen throughout a family’s involvement in early intervention services. Some are informal, such as transitioning home after being in the hospital, or to a new child care provider, or when a parent starts a new job. Transitions also refer to moving out of early intervention and possibly into another program in the community or at school. Your IFSP team can help you plan for smooth transitions of all kinds.

TRANSITIONS IDENTIFIED:

<input type="checkbox"/> Transition Before Age 3	Proceed to TRANSITION PLANNING NOTES/FUTURE STEPS
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<input type="checkbox"/> Transition At Age 3

TRANSITION PLANNING MEETING DATE (Must be by 33 months):	
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<p>If the Transition Planning Meeting is held after the child has reached 33 months of age, check the response below that provides an explanation. (Check only one.)</p> <p><input type="checkbox"/> Attempts to contact family were unsuccessful</p> <p><input type="checkbox"/> Child was referred at 31.5 months of age or later</p> <p><input type="checkbox"/> Family requested to reschedule or delay the meeting</p> <p><input type="checkbox"/> Other:</p>	<p>If the Transition Planning Meeting was not held at all prior to the child’s third birthday, check the response below that provides an explanation. (Check only one.)</p> <p><input type="checkbox"/> Attempts to contact family were unsuccessful</p> <p><input type="checkbox"/> Child was referred at 34.5 months of age or later</p> <p><input type="checkbox"/> Family declined to participate in the meeting</p> <p><input type="checkbox"/> Other:</p>
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CONSIDERATION OF ELIGIBILITY FOR PRESCHOOL SPECIAL EDUCATION AND RELATED SERVICES (PART B)

<p><input type="checkbox"/> Parents wish to consider Part B eligibility</p> <p><input type="checkbox"/> Parents do not wish to consider Part B eligibility</p>

RESULTS OF THE INITIAL IEP ELIGIBILITY DETERMINATION MEETING (TO BE COMPLETED BY SPECIAL EDUCATION STAFF)

SPECIAL EDUCATION STAFF: Complete this section and submit to Part C Data Entry **immediately following** the initial IEP eligibility determination meeting. *Check the statement that indicates results of the initial IEP eligibility determination meeting.*

The child is determined to be **ELIGIBLE** for ongoing services through an IFSP or preschool special education and related services through an IEP.

The child is determined to be **INELIGIBLE** for ongoing services through an IFSP or preschool special education and related services through an IEP.

Proceed to TRANSITION PLANNING NOTES/FUTURE STEPS

<input type="checkbox"/> Transition After Age 3
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TRANSITION PLANNING MEETING DATE:	
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<p>If the transition planning meeting is held later than 90 days prior to when the child is no longer eligible, check the response below that provides an explanation. (Check only one.)</p> <p><input type="checkbox"/> Attempts to contact family were unsuccessful</p> <p><input type="checkbox"/> Family requested to reschedule or delay the meeting</p> <p><input type="checkbox"/> Other:</p>	<p>If the transition planning meeting was not held at all prior to when the child was no longer eligible, check the response below that provides an explanation. (Check only one.)</p> <p><input type="checkbox"/> Attempts to contact family were unsuccessful</p> <p><input type="checkbox"/> Family chose IEP services prior to 90-day timeline</p> <p><input type="checkbox"/> Family declined to participate in the meeting</p> <p><input type="checkbox"/> Other:</p>
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Child Name:		ID Number:		IFSP Meeting Date:	
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CONSIDERATION OF SPECIAL EDUCATION AND RELATED SERVICES (PART B)

Prior to the beginning of the school year following the child's 4th birthday:

- Parents wish to consider preschool special education and related services through an IEP
- Parents **do not** wish to consider preschool special education and related services through an IEP

At the beginning of the school year following the child's 4th birthday:

- Parents wish to consider preschool special education and related services through an IEP
- Parents **do not** wish to consider preschool special education and related services through an IEP

Proceed to TRANSITION PLANNING NOTES/FUTURE STEPS

Child Name:		ID Number:		IFSP Meeting Date:	
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PART V – MY CHILD’S TRANSITION PLANNING
Section B – Transition Planning

Transition Planning Notes/Future Steps

COMMUNITY SERVICES

Is the family being referred to community services? Yes No **If YES, check the services that apply.**

Developmental/Medical/Health	Child Care/Enrichment	Family Support
<input type="checkbox"/> Developmental Therapies (other than Part C and Part B) <input type="checkbox"/> Equipment/Devices <input type="checkbox"/> Home Health Care <input type="checkbox"/> Immunizations <input type="checkbox"/> Mental Health Services <input type="checkbox"/> Primary Health Care <input type="checkbox"/> Women, Infants, and Children (WIC) Program	<input type="checkbox"/> Camps <input type="checkbox"/> Even Start <input type="checkbox"/> Family Day Care <input type="checkbox"/> Group Child Care <input type="checkbox"/> Head Start <input type="checkbox"/> Home Instruction for Parents of Preschool Youngsters (HIPPIY) <input type="checkbox"/> Judy Center <input type="checkbox"/> Play Group <input type="checkbox"/> Preschool Program: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Recreational Program	<input type="checkbox"/> Family Support Center <input type="checkbox"/> Family Support Network/Preschool Partners <input type="checkbox"/> Home Visiting Program (Please specify): _____ <input type="checkbox"/> Parent Education <input type="checkbox"/> Support Group <input type="checkbox"/> _____ ther: _____
		Other Community Services

TRANSITION PLANNING NOTES/FUTURE STEPS

Activities	Timelines	Person(s) Responsible
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Child Name:		ID Number:		IFSP Meeting Date:	
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Child Name:		ID Number:		IFSP Meeting Date:	
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PART VI – PARENT CONSENT (At or Before Age Three)

Family Choice: Consent to the Continuation or Request Termination of IFSP Services

Families Have a Choice

- I/We have received a copy of the Annual Notification, "A Family Guide to Next Steps When Your Child in Early Intervention Turns 3 – Families have a choice."
- I/We have been informed about the differences between the early intervention services provided through an Individualized Family Service Plan (IFSP) under the Individuals with Disabilities Education Act (IDEA) and the preschool special education services provided through an Individualized Education Program (IEP) under IDEA.
- I/We understand my/our child has a current IFSP and that my/our child has been found eligible for preschool special education as a child with a disability under IDEA.
- I/We have been informed of my/our right to choose between the IFSP Option to continue receiving early intervention services through an IFSP or to initiate special education preschool services through an IEP.
- I/We understand that if I/we choose for my/our child to receive services through an IEP and terminate IFSP services, my/our child and family will no longer be eligible through an IFSP.
- I/We understand that if I/we choose for my/our child to receive services through an IFSP, at any time I/we may terminate participation in early intervention services through an IFSP and choose to initiate special education preschool services through an IEP.
- I/We understand that the local lead agency is required to continue to provide IFSP services under the Extended IFSP Option until the date on which services through an IEP are initiated. However, if I/we choose the IEP option but refuse to consent to the special education and related services offered in the IEP developed by the IEP team, I/we understand IFSP services will be terminated.
- I/We understand that my/our consent to the continuation of IFSP services is voluntary and that I/we may revoke consent at any time.

FAMILY CHOICE

Check **ONE** box.

I/We consent to the **continuation** of early intervention services for my/our child and family through an IFSP after my/our child's third birthday.

I/We request **termination** of early intervention services for my/our child and family through an IFSP at age 3.

Parent(s)/Guardian/Surrogate Signature **Date**

Child Name:		ID Number:		IFSP Meeting Date:	
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Parent(s)/Guardian/Surrogate Signature

Date

PART VII – AUTHORIZATIONS
Section A – IDEA Consent

Authorization(s)

PARENT/GUARDIAN/SURROGATE CONSENT

- I/We have had the opportunity to participate in the development of this Individualized Family Service Plan (IFSP) and have been provided reasonable notice of the IFSP meeting.
- I/We have been informed of my/our parental rights under this program through receipt of the *Parental Rights: Maryland Procedural Safeguards Notice* and a family handbook about Maryland’s early intervention system.
- The early intervention services will be provided as described in the IFSP. I/We understand that the IFSP will be reviewed at least every six (6) months.
- I/We understand that my/our consent is voluntary and that I/we may revoke consent at any time.
- I/We understand the records will not be released without my/our signed and written consent except under the provisions of the Family Education Rights and Privacy Act (FERPA). This law allows the release of early intervention records to participating agencies in the early intervention system.
- I/We understand that the public agency will submit information through a statewide database. This database will be used by the Maryland State Department of Education (MSDE) and other State agencies, as appropriate, to enable funding of programs.
- I/We have been informed of the determination(s) of the IFSP team in my/our native language or other mode of communication.
- This plan reflects the outcomes that are important to my/our child and family.
- I/We understand the plan and parental rights and give permission to implement this IFSP.

Parent(s)/Guardian/Surrogate Signature

Date

Child Name:		ID Number:		IFSP Meeting Date:	
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Child Name:		ID Number:		IFSP Meeting Date:	
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PART VII – AUTHORIZATIONS

Section B – Medical Assistance (MA) Consent

Authorization(s)

PARENT/GUARDIAN/SURROGATE CONSENT

Parental consent must be obtained before the provider agency discloses, for billing purposes, their child’s personally identifiable information to the Maryland Department of Health (MDH), the State agency responsible for the administration of the Medical Assistance (MA) Program, consistent with the Family Educational Rights and Privacy Act (FERPA) and the Individuals with Disabilities Education Act (IDEA). By providing consent, you understand and agree in writing that the public agency may access your child’s Medicaid to pay for services provided to your child.

In order to provide early intervention services to your child, the provider agency may not:

- Require you to sign up for or enroll in the State’s MA Program in order for your child to receive services under IDEA;
- Require you to incur an out-of-pocket expense such as the payment of a deductible or co-pay amount incurred in filing a claim for services;
- Use your child’s benefits under Medical Assistance if that use would:
 - Decrease available lifetime coverage or any other insured benefit,
 - Result in your family paying for services that would otherwise be covered by Medical Assistance and that are required for your child outside of the time your child is in school,
 - Increase premiums or lead to the discontinuation of benefits or insurances, or
 - Risk loss of eligibility for home and community-based waivers, based on aggregate health-related expenditures.

You have the right to withdraw your consent to disclosure of personally identifiable information to State’s Medical Assistance Program at any time. If you withdraw consent for the provider agency to disclose your child’s personally identifiable information it does not relieve the provider agency of its responsibility to ensure that all required services are provided to your child at no cost to parent.

Is the child eligible for MA? Yes No **MA Number:**

- I agree to Early Intervention Services Case Management and that the Service Coordinator(s) identified on this IFSP may be appointed as MA Service Coordinator(s) (COMAR 10.09.40). I understand that I am free to choose an MA Service Coordinator for my child. At this time, I accept the following Service Coordinator(s):

MA Service Coordinator Name:

MA Service Coordinator Name:

- I understand that if I wish to change the MA Service Coordinator in the future, I can call the early intervention program to make a change.
- I understand that the purpose of this service is to assist in gaining access to needed medical, social, educational, and other services.
- I give my consent for the provider agency to disclose my child’s personally identifiable information to the State’s Medical Assistance Program in order to access Medical Assistance Benefits.
- I give permission to the provider agency to recover costs from Medicaid for service coordination, as well as health-related services, related to the implementation of my child’s IFSP goals.
- I understand that if I refuse to allow the provider agency access to MA funds, it does not relieve the provider agency of its responsibility to ensure that all required services are provided to my child at no cost to parent.
- I understand that this service does not restrict or otherwise affect my child’s eligibility for other MA benefits. I also understand that my child may not receive a similar type of case management under MA if he/she qualifies for more than one type.

Child Name:		ID Number:		IFSP Meeting Date:	
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Parent(s)/Guardian/Surrogate Signature

Date

Individualized Family Service Plan (IFSP)

Prior Written Notice

MEETING PURPOSE	ACTION(S) PROPOSED AND/OR REFUSED	REASONS FOR INACTIVE STATUS (Select one.)	
(Check all that apply.)	(Select one to <i>continue, modify,</i> or <i>end</i> the IFSP.)	INACTIVE DATE:	
<input type="checkbox"/> Interim <input type="checkbox"/> Initial IFSP <input type="checkbox"/> Six Month Review <input type="checkbox"/> Other Review <input type="checkbox"/> Annual Review	<input type="checkbox"/> Begin IFSP <input type="checkbox"/> Continue IFSP <input type="checkbox"/> Modify IFSP (Check all that apply.) <ul style="list-style-type: none"> <input type="checkbox"/> Service Addition <input type="checkbox"/> Service Addition <input type="checkbox"/> Service Modification <input type="checkbox"/> Service Ending <input type="checkbox"/> Add/Modify Outcomes <input type="checkbox"/> Transition Planning-<i>At Age 3</i> <input type="checkbox"/> Transition Planning-<i>After Age 3</i> <input type="checkbox"/> End IFSP (If selected, complete the "REASONS FOR INACTIVE STATUS" section.)	<input type="checkbox"/> Determined ineligible- <i>screening only</i> (Birth to 3) <input type="checkbox"/> Determined ineligible- <i>child was never eligible</i> (Birth to 3) <input type="checkbox"/> Attempts to contact were unsuccessful (Birth-Age 4) <input type="checkbox"/> Parent withdrawal (Birth-Age 4) <input type="checkbox"/> Completion of IFSP prior to reaching age three (Birth to 3) <input type="checkbox"/> Transition <u>at</u> age three- <i>not continuing on an IFSP</i> (Birth to 3) <input type="checkbox"/> Transition <u>after</u> age three (Age3-Age 4) <input type="checkbox"/> Completion of IFSP after age three (Age3-Age 4) <input type="checkbox"/> Transition at the beginning of the school year following the 4 th birthday <input type="checkbox"/> Moved to another jurisdiction (Birth-Age 4)	NAME OF JURISDICTION: _____ <input type="checkbox"/> Moved out of State (Birth-Age 4) <input type="checkbox"/> Deceased (Birth-Age 4)

DESCRIPTION OF ACTION(S) PROPOSED AND/OR REFUSED AND EXPLANATION FOR EACH ACTION:

PARENTAL RIGHTS - MARYLAND PROCEDURAL SAFEGUARDS NOTICE

Child Name:		ID Number:		IFSP Meeting Date:	
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*The parent of a child with a developmental delay/disability is entitled to certain procedural safeguards as outlined in the attached "**Parental Rights-Maryland Procedural Safeguards Notice**," including the right to request Mediation or file a Due Process Complaint if the parent disagrees with the action(s) proposed and/or refused, and the right to file a State Complaint.*

- A copy of the "Parental Rights–Maryland Procedural Safeguards Notice" has been provided to the parent(s)
- Parent(s) declined another copy

FAMILY SUPPORT SERVICES

LOCAL Family Support Network/Preschool Partners Information:

STATEWIDE TOLL-FREE Family Support Services Information Line: **1-800-535-0182**
A service of the Maryland State Department of Education, Division of Special Education/Early Intervention Services