Maryland State Department of Education
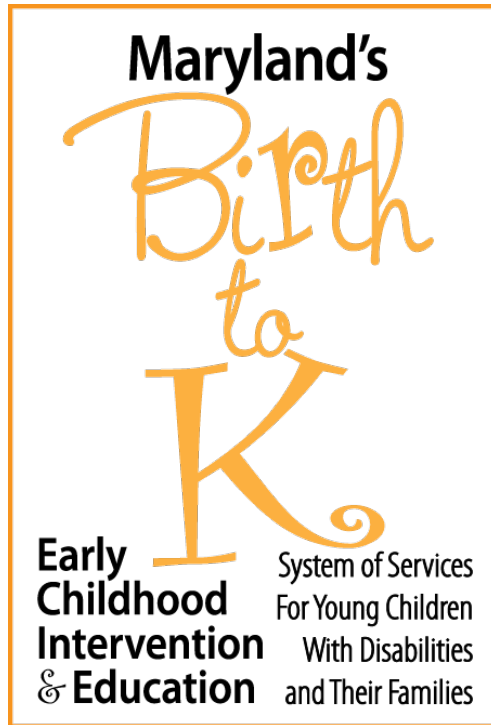**Division of Special Education/Early Intervention Services**

Maryland Infants & Toddlers Program

Individualized Family Service Plan (IFSP) Process & Document Guide

Maryland's
Birth
to
K

Early Childhood Intervention & Education

System of Services For Young Children With Disabilities and Their Families

Maryland State Department of Education
Division of Special Education/Early Intervention Services

June 2018

IFSP Process & Document Guide

The Maryland State Department of Education (MSDE), Division of Special Education/Early Intervention Services (DSE/EIS) is the lead agency in administering the Maryland Infants and Toddlers Program (MITP), an interagency program providing a coordinated, comprehensive system of family-centered early intervention services. It is Maryland's unique state-of-the-art IFSP document that informs and supports the use of evidence-based early intervention practices through a comprehensive, family-centered process to enhance child and family outcomes.

Goals of Early Intervention
The ultimate goals of early intervention are to:
- Enable young **children** to be active and successful participants during the early childhood years and in the future in a variety of settings - in their homes with their families, in child care, preschool or school programs, and in the community; and
- Enable **families** to provide care for their child and have the resources they need to participate in their own desired family and community activities.

With these overarching goals in mind, the MITP supports outcomes for both young children with disabilities and their families. Participating in effective early intervention services supports a child's development of positive social-emotional skills and social relationships, the acquisition and use of knowledge and skills to successfully participate in activities, and the use of appropriate behaviors to meet needs that lead to increased independence. Intentionally engaging families as equal and informed partners supports families to know their rights, to effectively communicate their child's needs, and to help their child develop and learn.

Mission and Key Principles

Current research in the field of early intervention provides the foundation, "the roots," for our work with children and families, as described in the *Mission and Key Principles for Providing Early Intervention Services in the Natural Environment.* These seven key principles were developed by a national workgroup including parents, providers, lead researchers in early intervention, national technical assistance providers, Office of Special Education Programs members, and State Part C staff and are at the core of **all** that early intervention does with young children and their families.

1. Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts.
2. All families, with the necessary supports and resources, can enhance their children's learning and development.
3. The primary role of a service provider in early intervention is to work with and support family members and caregivers in children's lives.

4. The early intervention process, from initial contacts through transition, must be dynamic and individualized to reflect the child's and family members' preferences, learning styles, and cultural beliefs.
5. IFSP outcomes must be functional and based on children's and families' needs and family-identified priorities.
6. The family's priorities, needs, and interests are addressed most appropriately by a primary provider who represents and receives team and community support.
7. Interventions with young children and family members must be based on explicit principles, validated practices, best available research, and relevant laws and regulations.

DEC Recommended Practices

The Division of Early Childhood (DEC) *Recommended Practices (RPs) in Early Intervention/Early Childhood Special Education* are another foundational component of effective early intervention services by providing guidance to practitioners and families about the most impactful ways to improve learning outcomes and promote the development of young children, birth through five years of age. They supplement developmentally appropriate practices for all young children with more specialized practices and support children's access and participation in inclusive settings and natural environments. The RPs address cultural, linguistic, and ability diversity. They are supported by research, values, and experience and consist of 66 practices across eight topics: leadership, assessment, environment, family, instruction, interaction, teaming and collaboration, and transition. The DEC Recommended Practices bridge the resource-to-practice gap in the early childhood special education field by illustrating the effectual practices for families and practitioners.

For additional resources around the foundations of early intervention and preschool special education, please refer to: http://olms.cte.jhu.edu/mdcos-gateway-foundations.

Federal and State Legal Requirements

The Individualized Family Service Plan (IFSP) provides the foundation or *blueprint* for family-centered early intervention services. It is the written document that describes the child's social relationships, engagement, and independence during everyday routines and activities, the family's resources, priorities and concerns, the child's present levels of functional development, the outcomes the family and the team would like the child to achieve, and the services the child and family will receive in the early intervention system. This written agreement between the family and the LITP describes the "what, when, why, and how" of the early intervention services and supports provided to a child and family. The IFSP is a dynamic document that changes over time and must be tailored for each individual family, recognizing that families have their own array of interests, needs, abilities, challenges, resources, and desired outcomes.

Relevant Federal and State Part C Regulations
- *For each infant or toddler with a disability, the lead agency must ensure the development, review, and implementation of an IFSP developed by a multidisciplinary team that includes the parent* [Part C IDEA 303.340].

- *An Individualized Family Service Plan or IFSP means a written plan for providing early intervention services to an infant or toddler with a disability and the infant's or toddler's family based on the multidisciplinary evaluation and assessment of the child, and the assessment of the child's family* [COMAR 13A.13.01.03B(28)(a)(i)].

Complete federal IFSP legal requirements can be found in Part C of the Individuals with Disabilities Education Act (IDEA) at: https://sites.ed.gov/idea/regs/c

State IFSP regulations can be found in the Code of Maryland Regulations (COMAR) at: http://www.marylandpublicschools.org/programs/Documents/Special-Ed/PAB/040913COMAR.pdf

In accordance with the federal and state regulations and fully grounded in the Key Principles and Recommended Practices, the Maryland Infants & Toddlers Program IFSP Process and Document Guide explains the purpose and necessary documentation of each step in the IFSP process. Please note, the process in this guide details the development of initial IFSPs and references implementation, review, and the development of subsequent IFSPs. In the rare instances when an interim IFSP is needed, the process may be altered to meet the immediate needs of the child and family. Teams should then re-visit missed components of the process and complete evaluation and assessment within 45 days. This guide and the resources provided are based on research and evidence-based practices in early intervention.

Teaming and Collaboration

Early intervention programs have long emphasized family-centered, team-based approaches to service delivery. The Key Principles and DEC Recommended Practices strongly indicate that families must be considered and expected to be equal and active members of IFSP teams. However, there is great variability in how team members interact with each other, including with families. The most common teaming models range from multidisciplinary to interdisciplinary to transdisciplinary to the primary service provider (PSP) approach.

*The DEC **Recommended Practices** in **Teaming** and **Collaboration** include strategies for interacting and sharing knowledge and expertise in ways that are respectful, supportive, enhance capacity, and are culturally sensitive.*

Although historically programs have not necessarily identified a particular teaming approach, understanding the research in early childhood special education (as identified in the Key Principles and DEC Recommended Practices) compels programs to take a principled approach and identify teaming models of interaction based on the evidence of the field. Early intervention is relationship-based work and the quality of the relationships and interactions between the adults involved in the child's life impacts the success of child and family outcomes. Regardless of the teaming approach, the service coordinator or the provider fulfilling that role, is responsible for ensuring the IFSP process is completed within mandated timelines and in accordance with best and recommended practices. Service coordination is the only service required for all children and families.

IFSP

Process
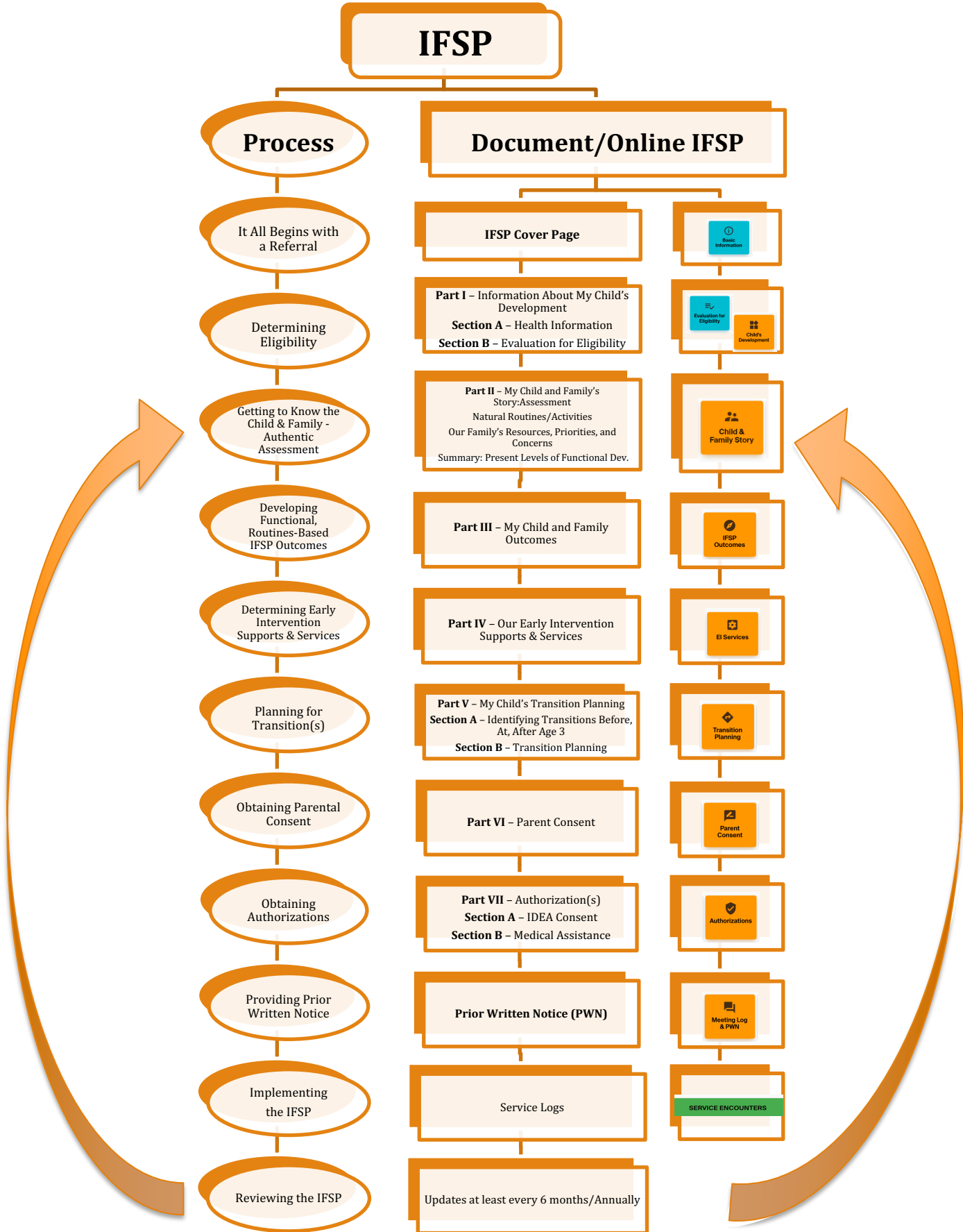
- It All Begins with a Referral
- Determining Eligibility
- Getting to Know the Child & Family - Authentic Assessment
- Developing Functional, Routines-Based IFSP Outcomes
- Determining Early Intervention Supports & Services
- Planning for Transition(s)
- Obtaining Parental Consent
- Obtaining Authorizations
- Providing Prior Written Notice
- Implementing the IFSP
- Reviewing the IFSP

Document/Online IFSP

IFSP Cover Page

Basic Information

Part I – Information About My Child's Development
Section A – Health Information
Section B – Evaluation for Eligibility

Evaluation for Eligibility | Child's Development

Part II – My Child and Family's Story:Assessment
Natural Routines/Activities
Our Family's Resources, Priorities, and Concerns
Summary: Present Levels of Functional Dev.

Child & Family Story

Part III – My Child and Family Outcomes

IFSP Outcomes

Part IV – Our Early Intervention Supports & Services

EI Services

Part V – My Child's Transition Planning
Section A – Identifying Transitions Before, At, After Age 3
Section B – Transition Planning

Transition Planning

Part VI – Parent Consent

Parent Consent

Part VII – Authorization(s)
Section A – IDEA Consent
Section B – Medical Assistance

Authorizations

Prior Written Notice (PWN)

Meeting Log & PWN

Service Logs

SERVICE ENCOUNTERS

Updates at least every 6 months/Annually

Referral:

(i) Basic Information	Additional Child Info	Additional Family Info	Referral Source	Reason for Referral	Developmental Screening	Evaluation for Eligibility	Child Status

Gathering Child & Family Information

When an infant or toddler is suspected of having a developmental delay, atypical development, or a physical or mental condition that puts the child at high-probability for developmental delay, he or she may be referred to the local Infants and Toddlers Program (LITP) by a parent, physician, educator, childcare provider, social services provider, family member, community service provider, or any other person with concerns. Each jurisdiction has a designated single point of entry and referrals may come in via phone, fax, or online.

The process for receiving referrals and making first contacts with families varies across programs. Regardless of who speaks to the family first, it's important to recognize that the nature of the initial contact and relationship between families and early intervention personnel and providers "sets the tone" and ultimately contributes to the success of child and family outcomes. First contacts with a family are the beginning of the early intervention journey and often a very emotional time for families. The focus should be on listening to the family's story, discovering their concerns, and building a collaborative relationship that is respectful of family culture and circumstances. Displaying respect and valuing the perspectives of others is paramount to establishing a trusting relationship.

> The DEC **Recommended Family Practices** encompass three themes:
> 1. Family-centered practices
> 2. Family capacity-building practices
> 3. Family and professional collaboration

It's important, too, to share basic information about the early intervention program to ensure parents' and other referral sources' expectations match the philosophy. This includes sharing information about the ultimate goals of early intervention and the approach to build family capacity to support their child's development of social relationships, acquisition and use of functional knowledge and skills to participate in activities, and use of appropriate behaviors to meet their needs and gain independence. A simple way to begin framing these conversations is to ask how the parent's concerns (e.g. "not talking") affects how their child is interacting with others, is able to participate in activities, and is able to get their needs met. Early intervention personnel should also explain what the referral and evaluation for eligibility process will look like for families, including steps and timelines for IFSP development.

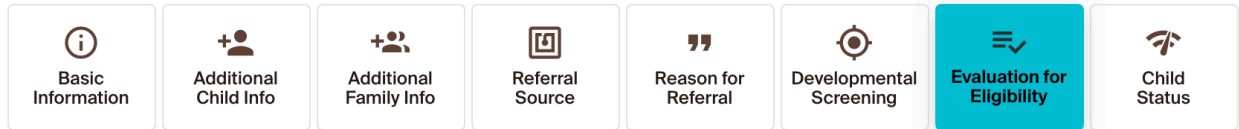The initial IFSP must be completed within 45 days from date of referral.

At the time of referral and/or intake, basic demographic information is typically gathered and documented in the **Basic, Child, and Family Information** tabs of the MD Online IFSP or on the cover page of the paper IFSP form. All fields should be completed as appropriate. *Note: If the referral came in via the online referral, some child and family information will automatically populate into the online IFSP.*

Participation in early intervention services is voluntary, so provided parents are interested in proceeding, the next step is moving forward with a screening, if the local infants and toddlers program has policies and procedures in place to conduct developmental screening, and/or an evaluation for eligibility. The local lead agency must ensure prior written notice and written parental consent is obtained before administering screening procedures, conducting evaluations and assessments, providing early intervention services, utilizing public benefits or insurance, or disclosing personally identifiable information. In some of these instances, the prior written notice and parental consent may be documented on locally developed forms. Families must be given information about the eligibility process and how a child will be determined eligible for the early intervention program. Families must have the opportunity to ask questions and to discuss relevant concerns in order to give consent to begin the evaluation for eligibility and assessment process. Consent must be given in writing for both a child's evaluation and assessment. Families need to understand their consent is voluntary and may be revoked at any time. If written consent is not given by parents, reasonable efforts must be made to ensure that the parent understands how participation in early intervention services may benefit their child and family and that neither evaluation, assessment, or early intervention services can be provided without it.

Referral:

| Basic Information | Additional Child Info | Additional Family Info | Referral Source | Reason for Referral | Developmental Screening | Evaluation for Eligibility | Child Status |

IFSP:

| Meeting Log & PWN | Child & Family Info | Child's Development | Child & Family Story | IFSP Outcomes | EI Services | Transition Planning | Parent Consent | Authorizations |

Health Information

Information about a child's health and development is essential for timely, comprehensive, multidisciplinary evaluation. Children referred to early intervention services may experience a wide range of physical and/or mental health risks and challenges. Some have nothing out of the ordinary and others have very complex needs. The amount of health information gathered should reflect this range. Preliminary health information is typically gathered as part of the initial evaluation for eligibility process and additional health information may be gathered as part of child and family assessment. Sensitivity is essential when gathering health information and should reflect what is relevant to appropriately assess, develop, and implement effective supports and services. Again, written parental consent is required for any and all medical records that may be requested and released to the LITP.

Documentation

Complete the **Health Information** section of the **Child's Development** tab of the MD Online IFSP or on the paper IFSP form. All fields should be completed as appropriate.
Note: Pertinent medical records or reports may be uploaded into the online IFSP.

Evaluation for Eligibility

Each child under the age of three who is referred for evaluation receives a timely, comprehensive, multidisciplinary evaluation.

*Evaluation means the procedures used by qualified personnel to determine a child's **initial and continuing eligibility** for the program [34 CFR §303.321a(2)(i)].*

Procedures for evaluation of the child include:
1) Administering an evaluation instrument;
2) Taking the child's history (including interviewing the parent);

3) Identifying the child's level of functioning in each of the five developmental areas (cognitive, communication, social/emotional, adaptive, or physical, including vision and hearing);
4) Gathering information from other sources such as family members, other caregivers, medical providers, social workers, and educators, if necessary to understand the full scope of the child's unique strengths and needs; and
5) Reviewing relevant medical, educational, or other records.

A written report must be included in the child's early intervention record to document the results of evaluations and assessments conducted by qualified personnel and to determine initial eligibility of a child referred for evaluation [COMAR 13A.13.01.05C].

In Maryland, a child, birth through age two, is eligible for early intervention services through the MITP in any one of three ways:
● A child has at least a 25% delay, as measured and verified by appropriate diagnostic instruments and procedures, in at least one or more of five developmental areas (cognitive, communication, social or emotional, adaptive, or physical, including vision and hearing);
● A child has atypical development or behavior, which is demonstrated by abnormal quality of performance and function in one or more of the above specified developmental areas or which interferes with current development and is likely to result in a developmental delay (even when diagnostic procedures do not currently document a 25% delay); or
● A child has a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay.

Qualified personnel must use informed clinical opinion when conducting an evaluation and assessment of the child. In addition, the local lead agency must ensure that informed clinical opinion may be used as an independent basis to establish a child's eligibility for early intervention services even when other instruments do not establish eligibility; however, in no event may informed clinical opinion be used to negate the results of evaluation instruments used to establish eligibility.

A child's medical and other records may be used to establish eligibility (without conducting an evaluation of the child) if the records indicate that the child's level of functioning in one or more of the developmental areas constitutes a developmental delay or that the child otherwise meets the criteria for an infant or toddler with a disability.
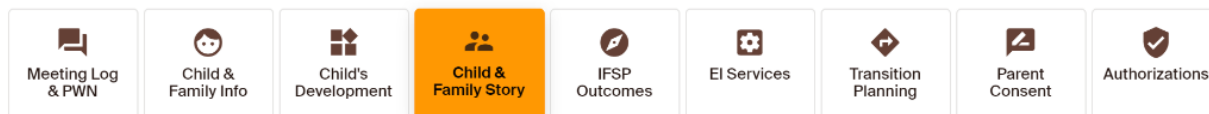
Documentation

Complete the **Evaluation for Eligibility** or the **Child's Development** tab of the MD Online IFSP (under Referral or IFSP, respectively) or on the paper IFSP form. Indicate whether the evaluation is for initial or continued eligibility and complete all fields as appropriate.
Note: The online IFSP will automatically calculate the child's adjusted age if applicable.

IFSP:

Meeting Log & PWN	Child & Family Info	Child's Development	Child & Family Story	IFSP Outcomes	EI Services	Transition Planning	Parent Consent	Authorizations

When a child is found eligible for services, further discussions need to occur around conducting authentic, routines-based child and family assessment to support rich, functional plan development.

> *Assessments are ongoing procedures **throughout a child's eligibility** to identify the child's unique strengths and needs, concerns, priorities, and resources of the family, and the supports and services necessary to enhance the family's capacity to meet the developmental needs of the child [COMAR 13A.13.01.03(5)].*

Procedures for multidisciplinary assessment of the unique strengths and needs of the child and the identification of supports and services appropriate to meet those needs include:
1) A review of the results of the evaluation;
2) Personal observations of the child; and
3) The identification of the child's needs in each of the developmental areas.

Procedures for assessment of the family include identifying the family's resources, priorities, and concerns and the identification of supports and services necessary to enhance the family's capacity to meet the development needs of the child. The family-directed assessment must:
1) Be voluntary on the part of each family member participating in the assessment;
2) Be based on information obtained through an assessment tool and also through an interview with those family members who elect to participate in the assessment; and
3) Include the family's description of its resources, priorities, and concerns related to enhancing the child's development [COMAR 13A.13.01.05(F)].

To understand and support the child and family's story, early intervention service providers need to "sit beside and get to know" in the everyday activities and places where the child and family spend their time; otherwise known as authentic assessment.

> *The **Recommended Practices** in **Assessment** provide guidance around 11 assessment practices throughout a child and family's participation in early intervention services, including for individualized planning, monitoring child progress, and measuring child outcomes.*

Assessment: Natural Routines/Activities & Environments
The purpose of early intervention services is to understand the child and family's story to be able to support a child's successful participation in everyday home and community activities that are meaningful to the family.

Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts (Key Principle #1).

Therefore, understanding children's functional abilities requires assessment of the child in natural activities and settings with familiar adults. Recommended assessment practices use multiple methods to gather information about a child's functioning across settings and situations, including interviewing adults who spend time with the child, observations, and, as appropriate, the use of criterion-referenced assessment tools.

In Maryland, early intervention providers may utilize the Routines-Based Interview™ (RBI), the Scale for Assessment of Family Enjoyment within Routines (SAFER), or the Natural Routines/Activities & Environments section of the IFSP as the primary assessment tool. Additional assessment tools, such as criterion-referenced or curriculum-based tools that elicit functional skills and abilities, may be used to supplement.

Routines-Based Interview (RBI)
The RBI is a semi-structured interview designed to establish an immediately positive relationship between the family and the professional, to provide a rich and detailed description of child and family functioning, and to help families decide on outcomes for their individualized plans. The RBI is an evidence-based assessment practice that gathers information about home and community routines and the child's engagement, independence, and social relationships within those routines to promote routines-based intervention. Providers must be trained or in training in accordance with the *State Guide to RBI Training and Coaching* to conduct an RBI with a family.

Scale for Assessment of Family Enjoyment within Routines (SAFER)
Early intervention providers may also utilize the SAFER as an assessment tool to develop functional intervention plans. Like the RBI, the SAFER gathers information about home and community routines to identify the independence, engagement, and social competence of the child, as well as the concerns and priorities of the family. The general questions are intended to guide practitioners through the assessment process. Practitioners are encouraged to develop their own questions to follow up with each family's unique experiences.

Natural Routines/Activities & Environments (IFSP Part II, Section A)
If neither the RBI nor the SAFER are used, providers must interview parents and caregivers to gain understanding of what a typical day looks like for the child and family, using the Natural Routines/Activities & Environments section of the IFSP to guide the discussion. Providers should again remind families of the goal of early intervention and the importance of understanding what the child is doing, and with whom, throughout the day in order to plan services that support his/her active

participation. The intent is to gather information specific to each routine or activity about how the child is:

- Interacting and relating with others during each activity,
- Learning about the activity to successfully participate, and
- Using appropriate behaviors to get his/her needs met and gaining independence.

It's also helpful to begin understanding how the parent and/or caregiver thinks the child's functioning compares to other children his or her age within the context of the routine or activity. Asking this question allows the provider to gauge the parent's understanding of typical child development and to provide or plan on giving further information about development.

Finally, by asking "How's it going?", families have an opportunity to think about each routine or activity and how they might want it to look or feel differently, which provides a foundation for planning early intervention supports and services.

Providers must interview the family about **at least** two routines and need to do as many as is necessary to get a full picture and understanding of the child and family's day including how the child is functioning throughout.

Documentation

If the RBI or SAFER was completed, upload the RBI notes or the SAFER protocol into the online IFSP.
If the RBI or SAFER was NOT completed, document the discussion about family routines and activities in the **Child & Family Story (Routines)** tab of the MD Online IFSP or on the paper IFSP form.
Note: The online IFSP will allow users to choose a single routine/activity, as many times as necessary, to complete a thorough functional assessment.

Assessment: Our Family's Resources, Priorities, & 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, to understand their rights, and to help their child develop and learn.

All families, with the necessary supports and resources, can enhance their children's learning and development (Key Principle #2).

Gathering information from families about their resources, priorities, and concerns is necessary to develop functional, routines-based IFSPs. Understanding the family's resources allows teams to utilize the people and opportunities already in place and

potentially identify gaps that early intervention supports and services can address. Understanding the family's priorities for promoting the child's participation in what they need or want to do and with whom guides the team in identifying functional, routines-based IFSP outcomes. Finally, understanding a family's concerns provides insight on how to sensitively partner with families and to individualize their supports and services.

Family Resources are resources that support the child and/or family, including people, activities, programs/organizations, etc. This discussion begins with identifying who lives in the home with the child and expands to include other familial and social supports. It also includes identifying more formal supports, such as health care, child care, parent groups, home visiting programs, etc. The Ecomap that is completed during the RBI process meets the requirements of this part of the family assessment.

Family Priorities are the most important things for the child and/or family right now and may include a family's hopes and dreams for their child. The family's priorities likely were expressed in the RBI, SAFER, or the Natural Routines/Activities & Environments section of the IFSP and should be summarized while seeking clarification to ensure the team accurately understands.

Family Concerns are concerns the family has about their child's health and development. These may include information, resources, and supports the family needs or wants for their child and/or family. Asking about what a family is most concerned or worried about, or even what they would change if they could does not imply that a provider must have an answer or solution. It allows an opportunity for the practitioner to empathize with the family and further strengthen the building of the relationship. It potentially identifies family outcomes for the IFSP as well.

The family assessment discussion may identify missing connections to community resources that the IFSP team can help facilitate through either sharing of information, making formal referrals, and/or developing family outcomes to address.

Documentation

If an *Ecomap* was completed with the family, it can be uploaded into the online IFSP.
Document the family assessment within the **Child & Family Story (Resource, Priorities, and Concerns)** tab of the MD Online IFSP or on the paper IFSP form.
Note: Much of the information in this section was potentially gathered during an RBI, completion of the SAFER, or completion of the previous IFSP section. Follow the prompt questions, if needed, to ensure a thorough discussion and confirm understanding.

Assessment Summary: Present Levels of Functional Development
During the evaluation for eligibility process, the child's development is evaluated in the five domains of development. During the child and family assessment process, information is gathered about the child's functional abilities in everyday activities and routines. Children's functional abilities overlap domains of development and can be combined in order to summarize all functional abilities, strengths, and needs into three functional outcome areas. The summary of present levels of functional development highlights what has been discovered so that the plan builds upon the child's developmental strengths and interests. Sources of information may include conversations with families and caregivers, observations of the child in daily routines, eligibility evaluations, child and family assessment activities, and outside reports. Additionally, the team identifies how the child's functioning in these three areas compares to other children of the same age. This helps the team to help families and other caregivers support a child's development and participation in daily activities AND to understand how children benefit from participation in the Maryland Infants and Toddlers Program.

Documentation

Organize all pertinent functional assessment information and document within the context of the three early childhood outcomes in the **Child & Family Story (Assessment Summary: Present Levels of Functional Development)** tab of the MD Online IFSP or on the paper IFSP form.
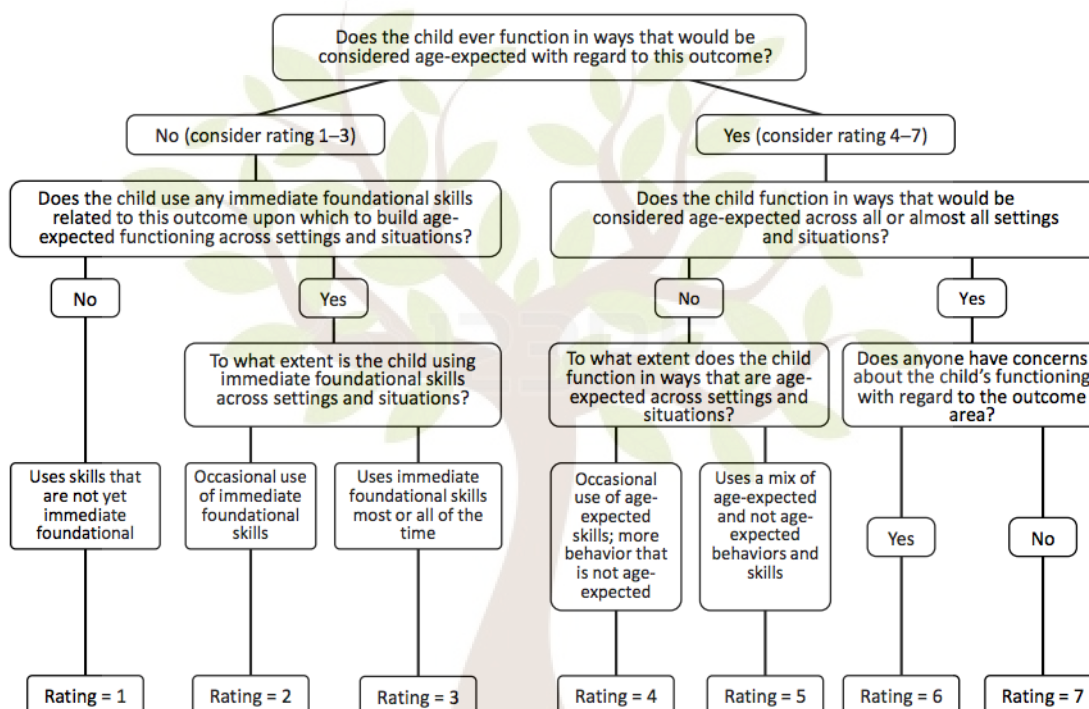*Note: Each outcome area should "paint a picture" of the child's functional strengths and needs across developmental domains.*

Child Outcome Summary (COS) Discussion

Once the assessment information has been organized into the three outcome areas, teams will need to use age anchoring tools to prepare for the discussion with families. Tools that are organized by the three outcome areas or curriculum-based tools are often more useful in identifying functional skills and behaviors. Examples of age-anchoring tools can be found on the MD Child Outcomes Gateway website at: http://olms.cte.jhu.edu/mdcos-gateway. In keeping with COS process fidelity, teams should use the *COS Rating Prep Tool* to document the discussion and identification of the child's skills and behaviors compared to other children the same age as either Foundational, Immediate Foundational, or Age-Expected. Teams will need to keep in mind anything they've learned about the family's culture and how families have answered questions throughout the assessment process of how they think their child's behavior compares to same-age peers.

Together with the family, teams review the **assessment** summary, share information about typical development and **age-anchoring** while reviewing the *COS Rating Prep Tool*, elicit additional thoughts or information from the family, and then use the **Decision Tree** to reach consensus about the appropriate descriptor statement. The online Decision Tree Procedural Facilitator will guide teams through the "yes/no" questions at each level, resulting in the descriptor statement/rating.

Decision Tree for Summary Rating Discussions

Does the child ever function in ways that would be considered age-expected with regard to this outcome?

- No (consider rating 1–3)
  - Does the child use any immediate foundational skills related to this outcome upon which to build age-expected functioning across settings and situations?
    - No
      - Uses skills that are not yet immediate foundational → Rating = 1
    - Yes
      - To what extent is the child using immediate foundational skills across settings and situations?
        - Occasional use of immediate foundational skills → Rating = 2
        - Uses immediate foundational skills most or all of the time → Rating = 3
- Yes (consider rating 4–7)
  - Does the child function in ways that would be considered age-expected across all or almost all settings and situations?
    - No
      - To what extent does the child function in ways that are age-expected across settings and situations?
        - Occasional use of age-expected skills; more behavior that is not age-expected → Rating = 4
        - Uses a mix of age-expected and not age-expected behaviors and skills → Rating = 5
    - Yes
      - Does anyone have concerns about the child's functioning with regard to the outcome area?
        - Yes → Rating = 6
        - No → Rating = 7

IFSP:

| Meeting Log & PWN | Child & Family Info | Child's Development | Child & Family Story | IFSP Outcomes | EI Services | Transition Planning | Parent Consent | Authorizations |

Child and family outcomes help to support a child's participation in everyday activities and routines based on priorities for his/her learning and development.

> *IFSP outcomes must be functional and based on children's and families' needs and family-identified priorities (Key Principle #5).*

Both child and family outcomes are identified within authentic assessment activities. A natural product of completing (with fidelity) an RBI, the SAFER, or the Natural Routines/Activities and Environments, and the Family Resources, Priorities, and Concerns section of the IFSP is the identification of what specific functional learning and behavior is challenging, in what settings and situations, and what families want to look differently. When practitioners have a clear picture of what typical interactions, engagement, and independence looks like for the child and family AND what a family would like to see differently or as next steps, the outcomes and intervention settings "rise to the surface".

Adult Learning Style

Early intervention providers need to understand adult learning strategies to effectively build and help sustain the family/caregiver's capacity to support the child's learning and development.

> *The early intervention process, from initial contacts through transition, must be dynamic and individualized to reflect the child's and family members' preferences, learning systems and cultural beliefs (Key Principle #4).*

Providers have the opportunity and responsibility to share information about child development, intervention strategies, and community resources in a variety of ways, for example through written materials, verbal conversations, access to websites, and demonstration. To begin the work with families, it is helpful to ask what their preferred learning style is in order for providers to match their coaching strategies. This is also a good time to talk more with families about coaching in early intervention.

> *The primary role of a service provider in early intervention is to work with and support family members and caregivers in children's lives (Key Principle #3).*

Coaching is an evidence-based manner of interacting with families, caregivers, and colleagues that is designed to promote a sense of confidence and competence in the recipient. *The Early Childhood Coaching Handbook* defines coaching as "an adult learning strategy in which the coach promotes the learner's (coachee's) ability to reflect on his or her actions as a means to determine the effectiveness of an action or practice and develop a plan for refinement and use of the action in immediate and future situations" (Rush & Shelden, 2013). Coaching practices and the five characteristics of reflective coaching are discussed more in the *Implementation of the IFSP* section of this document.

Developing Child-Focused IFSP Outcomes

Conducting thorough authentic assessment activities is critical to develop functional, routines-based IFSP outcomes. The key to supporting the development of outcomes that focus on the child's meaningful participation in daily routines and activities is creating a clear and deliberate link between every step of the IFSP process, beginning with the very first conversations with families, throughout assessment activities and IFSP development, as well as through implementation and beyond. The Early Childhood Technical Assistance (ECTA) Center reviewed expert-generated resources and identified six key criteria that define IFSP outcomes as high quality and participation-based. They are:

- The outcome is necessary and functional for the child's and family's life.
- The outcome reflects real-life contextualized settings.
- The outcome integrates developmental domains and is discipline-free.
- The outcome is jargon-free, clear and simple.
- The outcome emphasizes the positive, not the negative.
- The outcome uses active words rather than passive ones.

Critical to this process is the fundamental belief that children learn best through their participation in everyday activities and routines with familiar people.

When developing IFSP outcomes, teams need to focus on the functionality of learning and development within the context of natural routines and activities and resist the tendency to develop outcomes that simply reflect the development of isolated skills driven by evaluation results. Robin McWilliam succinctly addresses this by saying, *"the child's acquisition of a skill isn't an end in itself, it's a means to participation in home, community, and school."* (McWilliam, 2011)

IFSP outcome statements ("What we would like to see happen within our daily activity/routine?" And "How will we know we've achieved this? By When?") specifically identify the meaningful:

- Context in which the child will participate,
- Acquisition description (what functional improvement looks like), and
- Timeline for generalization.

To determine the meaningful description of what it looks like when the child has achieved the outcome and what a functional timeframe is, teams need to continue engaging the family in discussion about the natural opportunities for "practice" within daily routines and activities and what it would like for them to consider they've made progress or have achieved the outcome. For example, the team has learned that parents need to carry the child into the house after returning from shopping which requires multiple trips to and from the car and the family is worried about how they will do this when the new baby is born. The discussion about the outcome might be about the child being able to *participate in returning home from grocery shopping by walking from the car to the house while holding someone's hand*. Further discussion identifies how often this or a similar situation exists for the family to practice strategies as well as providers sharing information about the developmental sequences necessary to reach the outcome so that together, teams identify expectations about timelines. In this example, the family shares they go shopping at least twice a week and there are usually one or two other trips during the week that they would like the child to be able to walk in the house while only holding someone's hand. They agree that if the child is able *to do this at least three times a week for a month, then it would*

seem he has achieved the outcome, and they would especially like it if it happened by the time the new baby was born in five months, which the team agrees is realistic. This then, is the measurable criteria.

The online IFSP provides a **procedural facilitator** "template" for participation-based outcome statements to support writing functional, routines-based outcome statements that include meaningful timelines for generalization.

Developing Family-Focused Outcomes

Intentionally engaging families as equal and informed partners supports families to know their rights, to effectively communicate their child's needs, and to help their child develop and learn. Family-focused outcome statements identify the parent or caregiver as the learner and represent a family-identified area of interest or need to "promote the stability and/or growth of the family in ways that directly or indirectly meet the needs of the child," (Shelden & Rush, 2013).

Strategies

Developing strategies to support the child's meaningful participation in daily routines and activities requires true partnering with families and caregivers. Teams need to have an understanding of what the family may have already tried, how it worked, and what insight they have as to why or why not they considered it successful. This is the starting point for the team to build on existing efforts and initial strategies should encourage families to continue with things that are working. The team can also share information about how young children typically learn things to be able to jointly identify any additional first strategies. The process of jointly developing, implementing, and evaluating strategies is ongoing and recursive throughout early intervention services and is at the heart of the work with families during early intervention visits. This ongoing process is documented in visit/progress notes.

Strategies for family-focused outcomes may simply be sharing information and/or resources, assisting families in identifying outside supports, and "checking in" to monitor progress and adjust the outcome statement as appropriate to reflect the family's priorities. Supporting families through IFSP outcomes exemplifies the understanding of family dynamics and the impact of family stability on child development.

Linking IFSP Outcomes to Early Childhood or Family Outcomes

Good authentic assessment yields rich information about how the child interacts with and relates to others, learns and participates in activities, and uses appropriate behaviors to get their needs met and increase independence. Organizing the summary of the assessment information in the three outcome areas helps teams identify the child's strengths and needs and, along with the family's priorities, leads to the identification of IFSP outcomes. Participation-based, child-focused outcome statements reflect integrated development within the context of natural activities and then naturally align to the three early childhood outcome areas (social relationships, knowledge and skills, independence). Similarly, family-focused outcomes are benchmarks towards the overarching family goal of providing care for their child and having the resources they need to participate in their own desired family and community activities. Intentionally connecting the child and family IFSP outcomes to

the broader early childhood and family outcomes keeps IFSP teams focused on the overarching goals of early intervention for all children and families.

> Each child who receives services through an Extended IFSP is required to have an educational component addressing all three identified areas (pre-literacy, language, and numeracy) and stated as at least two separate IFSP outcomes.
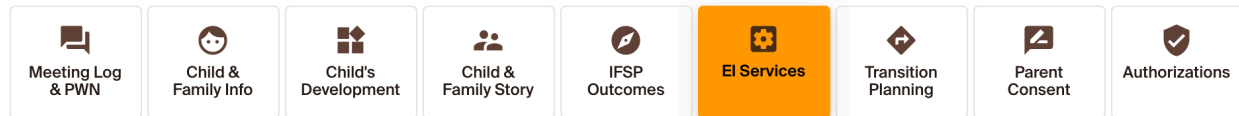
Documentation

Document every component of the outcomes section for each outcome in the **Child and Family Outcomes** tab of the MD Online IFSP or on the paper IFSP form.
Note: Outcomes are functional, measurable, and in the context of everyday activities and routines.

IFSP:

| Meeting Log & PWN | Child & Family Info | Child's Development | Child & Family Story | IFSP Outcomes | EI Services | Transition Planning | Parent Consent | Authorizations |

Supports and services are determined following the development of functional child and family 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 (Key Principle #1 and #3). Each agency or person who has a direct role in the provision of early intervention services is responsible for supporting the family to achieve all outcomes of the IFSP.

The family's priorities, needs, and interests are addressed most appropriately by a primary provider who represents and receives team and community support (Key Principle 6).

The purpose of gathering authentic assessment information within naturally occurring routines, activities, and environments is to identify the context in which early intervention services will best support the child's meaningful participation. Determining what service(s), at what frequency and for how long, must be linked to what the team learned about the family's resources, priorities, and concerns, the child's current functional development and the family's capacity to support the child. Services should then be provided within those contexts.

If an early intervention service cannot be provided in a natural environment, a justification for the IFSP team's decision must be provided. Teams should include planning of steps and resources needed to move services to natural environments that support a child's participation.

Early intervention services must be initiated within 30 days of parent signature on the IFSP, unless the team determines otherwise and clearly documents the discussion and reasons.

Documentation

Identify each service, the intensity, frequency, duration, and service setting in the **Early Intervention Services** tab of the MD Online IFSP or on the paper IFSP form.
Note: Parents must be provided information about services specifically for children who are blind/visually impaired or deaf/hard of hearing through MSB or MSD.

IFSP:

| Meeting Log & PWN | Child & Family Info | Child's Development | Child & Family Story | IFSP Outcomes | EI Services | Transition Planning | Parent Consent | Authorizations |

Formal and informal transitions happen throughout a family's participation in early intervention services. Teams should acknowledge and consider the impact of informal transitions on the child's development of relationships, engagement, and independence as well as supports the family may need to successfully move through transitions.

The early intervention process, from initial contacts through transition, must be dynamic and individualized to reflect the child's and family members' preferences, learning systems and cultural beliefs (Key Principle #4).

In early intervention, the more formal transitions before age three that might occur are: from hospital to home; into early intervention programs, and; out of early intervention, possibly to community early childhood programs. At age three, transitions include out of early intervention to community early childhood programs or out of early intervention into Part B/619 (preschool special education). For children on the Extended IFSP, transition after age three transition will either be out of early intervention into community early childhood settings or into Part B/619 (preschool special education).

*The **Recommended Practices** in **Transition** are associated with greater satisfaction, better adjustment and better child outcomes.*

Transition Before Age 3

Planning for transitions before age three may be around transitions that impact a child and family that do not include transitioning in or out of environments or programs, such as when a parent gets a new job, or when a new baby is born, or when a parent is deployed. Teams can prepare for these transitions by exploring anticipated reactions and effects and planning responses. There are times, too, when a child is moving between environments or programs. When a child is discharged from the hospital for the first time or with new challenges, the team can plan how best to support the child and family's successful adjustment. If a child and family meet all their IFSP outcomes and/or the child is no longer eligible for early intervention services, transition planning with the family can help the child and family to access community services and supports based on family priorities and resources.

Transition At Age 3

A required IFSP meeting specifically to support a child and family's transition at age three is called the Transition Planning Meeting. This meeting is held between 9 months and 90 days prior to the third

The Transition Planning Meeting (TPM) must be held between 9 months and 90 days prior to the child's 3rd birthday.

birthday and specific transition activities, timelines, and persons responsible are documented in the IFSP. Appropriate representatives from both Part C and Part B programs, along with any other participants the family would like, are invited to the TPM. Families need to be provided the information about all programming options to make informed decisions about next steps.

In Maryland, families have the option to continue early intervention services through an IFSP beyond the child's third birthday, until the beginning of the school year following the child's fourth birthday. If the child has a current IFSP and is determined eligible for preschool special education and related services, the family may elect to continue child and family services through an Extended IFSP or move to preschool special education services through an IEP. As part of initial transition planning, it is critical for service coordinators to share information with families about these options.

Transition After Age 3
Transition planning is also required after the age of three in preparation for moving to preschool special education services through an IEP. The Transition Planning Meeting is held no later than 90 days prior to the beginning of the school year following the child's fourth birthday. Families may request services from an IEP any time after an extended IFSP is in place, in which case a Transition Planning Meeting should be scheduled at such time. Transition planning activities may include moving to preschool special education services through an IEP or helping the child and family access community services and supports.

Documentation

Identify the specific transition in the **Transition Planning** tab of the MD Online IFSP or on the paper IFSP form.
Note: Document any reasons the TPM did not happen as required and results of any meetings.

Transition Planning
Regardless of when a child transitions (before, at, or after age thee) the discussion needs to include planning notes and next steps, including who will do what to support the child and family to the new setting.

Transition Planning Notes and Next Steps are required outcomes of the TPM.

Documentation

Document any community referrals being made, transition activities, timelines, and responsible persons in the **Transition Planning** tab of the MD Online IFSP or on the paper IFSP form.
Note: The Transition Planning Notes and Next Steps should be completed for ALL transition discussions (Before, At, or After Age 3).

IFSP:

Meeting Log & PWN	Child & Family Info	Child's Development	Child & Family Story	IFSP Outcomes	EI Services	Transition Planning	Parent Consent	Authorizations

Families Have a Choice

In Maryland, if a child and family have a current IFSP through a local Infants and Toddlers Program and the local school system has determined that the child is eligible for preschool special education and related services, the family has the choice to continue receiving early intervention services through an extended IFSP or to initiate special education preschool services through an IEP.

The IFSP team is required to explain the *Families Have a Choice* information to families. This begins with providing families with an annual written notice about this choice by distributing, *"A Family Guide to Next Steps When Your Child in Early Intervention Turns 3 – Families Have a Choice."* It is essential that the parent understands the content of this consent before making the choice to continue IFSP services or to terminate IFSP services after the child's third birthday. The IFSP team should encourage parent(s) to read through each of the eight statements and address any questions of the parent(s) regarding the consent requirements.

If the parent(s) consent to the continuation of early intervention services after the child's third birthday, the parent(s) must provide informed written consent to the local school system (Part B) as soon as possible. As part of the transition process, the IFSP team should assist the parent; one strategy may be to provide a copy of the Part VI Parent Consent form in order for the parent to notify the local school system (Part B) of their decision to continue early intervention services.

IFSP:

Meeting Log & PWN	Child & Family Info	Child's Development	Child & Family Story	IFSP Outcomes	EI Services	Transition Planning	Parent Consent	**Authorizations**

IDEA Consent

The IFSP team is required to fully explain the contents of the IFSP and the authorization items in this section to the parent/guardian/ surrogate (parent) and address any questions the parent may have. It is essential that the parent understands the content of the IFSP and each item included in this authorization section. Written consent must be obtained from the parent prior to the provision of early intervention services.

Authorizations must be obtained for initial IFSP Meetings, annual IFSP Meetings, and all other IFSP Meetings in which services are continued, added, or modified.

Medical Assistance (MA) Consent

The IFSP team is required to fully explain the contents of the Medical Assistance (MA) Consent to the parent. It is required to obtain parental consent before the Local Infants and Toddlers Program (LITP)/public agency discloses, for billing purposes, a child's personally identifiable information to the MD Department of Health. When a parent provides MA consent they have agreed in writing that the LITP/public agency may access their child's Medicaid to pay for services provided to their child.

If there is a modification (frequency, length, and intensity) or addition of an early intervention service that is billed to Medical Assistance, it is necessary for the parent to complete a new authorization form, which includes permission to bill Medical Assistance.

IFSP:

| Meeting Log & PWN | Child & Family Info | Child's Development | Child & Family Story | IFSP Outcomes | EI Services | Transition Planning | Parent Consent | Authorizations |
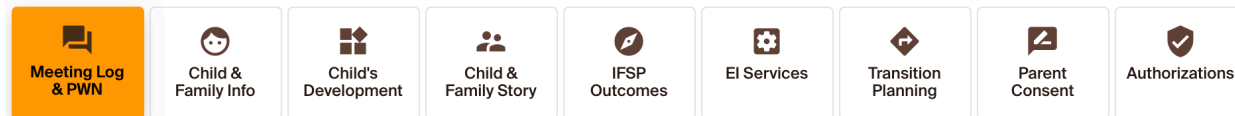
Parents are essential team members in early intervention and have the right to be fully informed in order to make choices and decisions about the services their child receives. Prior written notice is the legal provision to support parents' informed involvement in early intervention services. The LITP must provide prior written notice to families whenever the IFSP team is proposing, refusing, about to start, or about to change early intervention services. In some situations, the prior written notice is provided on locally-developed forms and in others through the IFSP. Prior written notice is required in the following circumstances:

- Identification
  - Screening to determine if a child is suspected of a developmental delay;
- Evaluation
  - Propose to evaluate to determine MITP eligibility
  - Refuse to evaluate
  - Propose to evaluate to re-determine MITP eligibility
- Eligibility Determination
  - Propose eligibility after completion of record review
  - Propose eligibility after completion of evaluation
  - Refuse eligibility after completion of evaluation
  - Propose to change eligibility status after re-evaluation
- Provision of Early Intervention Services
  - Propose to provide the type, intensity, frequency, methods and/or duration of early intervention services
  - Propose to change the type, intensity, frequency, methods and/or duration of early intervention services
  - Refuse to provide the type, intensity, frequency, methods and/or duration of early intervention services
  - Refuse to change the type, intensity, frequency, methods and/or duration of early intervention services

To ensure parents understand the notice being provided, it must be written in their native language, unless it is not feasible to do so. In which case, the prior written notice needs to be translated orally to the parent and the program must ensure the parent understands and there is written evidence that these requirements have been met.

Documentation

Document any proposed or refused actions in the **PWN** tab of the MD Online IFSP or on the paper IFSP form.
Note: Identify the appropriate Reason for Inactive Status to ensure accurate data collection.

IFSP:

SERVICE LOG: Service Encounters		
MED. ASSIST. & DIAG. CODE	SERVICE COORD. / EVAL. / PROC.	SERVICE ENCOUNTERS

Considerable time and effort goes into conducting thorough authentic assessment to learn and understand how the child is relating to others, learning and participating in activities, and using appropriate behavior to get their needs met as well as the family's resources, priorities, and concerns related to their child's meaningful participation in everyday activities and routines.

The early intervention process, from initial contacts through transition, must be dynamic and individualized to reflect the child's and family members' preferences, learning systems and cultural beliefs (Key Principle #4).

The assessment process focuses on these aspects so that implementation of early intervention services can effectively support the child's participation in activities that are natural and important to the family. Families' lives are filled with natural opportunities for children's learning. Daily interactions and experiences, including participation in child and family routines, community activities, and family outings, present numerous development enhancing opportunities for young children. It is important to understand and then capitalize on these natural learning opportunities to promote children's development. The research in early childhood education clearly states that young children learn best within the context of everyday routines and activities with familiar adults and peers. Therefore, early intervention sessions should be scheduled at the time and place that daily activities are naturally occurring and providers should coach parents and caregivers around the use of evidence-based strategies and instructional practices within those activities. Families should be doing what they would normally be doing at the times early intervention visits are scheduled and providers then "join in" to support full participation.

Together with the parent and/or caregiver, provider(s) develop, implement, and evaluate strategies that support the child's full and meaningful participation. This process repeats and evolves throughout a family's engagement in early intervention services as teams make adjustments to strategies and outcomes based on child functioning and parent priorities and concerns.

Effective ongoing early intervention services:
- Promote and encourage children's access and meaningful participation in natural and inclusive learning opportunities and address cultural, linguistic, and ability diversity,
- Use the everyday routine activities and relationships as the contexts for child learning and development,
- Identify the parent/family/caregiver as the learner to support their increased capacity to utilize intervention strategies,

*There are 6 **Environment**, 13 **Instruction,** and 9 **Interaction Recommended Practices** providing guidance around evidence-based intervention.*

- Interact with parents and colleagues using the 5 characteristics of reflective coaching as an adult learning strategy, and
- Regularly monitor ongoing progress.

The primary role of a service provider in early intervention is to work with and support family members and caregivers in children's lives (Key Principle #3).

Interventions with young children and family members must be based on explicit principles, validated practices, best available research, and relevant laws and regulations (Key Principle #7).

Documentation

Early intervention service notes may be documented within the **Service Log (Service Encounters)** tab of the MD Online IFSP or on program -developed forms.
Note: All service coordination activities and early intervention service provision must be documented in the early intervention record in accordance with frequency, intensity, and duration of IFSP service(s).

IFSP teams are required to review the IFSP not less than every six months. During the "**six-month review,**" teams should update any new information regarding the child's health, present levels of functional development, progress towards IFSP outcomes, and early intervention services. Modifications to outcome statements and/or supports and services should be made as necessary, with prior written notice provided as required.

> IFSPs are required to be reviewed not less than every six months.

In preparation for **annual IFSP reviews**, although a full evaluation using standardized tools is not necessary unless the child's continued eligibility for early intervention services is in question, teams do need to conduct a thorough annual child and family assessment. Family routines and activities and the child's participation within those rarely look the same a year after the initial assessment. Therefore, a full child and family assessment is necessary. Annually, teams need to complete either the RBI, SAFER, or Natural Activities/Routines and Environments section of the IFSP to update information about the child's functioning, and the Family Resources, Priorities, and Concerns page to understand family needs. Additional assessment tools may be used to supplement the authentic information, for example, to aid in any upcoming transition activities as defined by local jurisdiction policies and procedures. All assessment information is organized and summarized within the three early childhood outcome areas. As with previous reviews, teams need to review progress towards previous outcomes and either choose to continue, modify, or discontinue, as well as consider any new outcomes based on recently completed authentic assessment activities. Early intervention services should also be reviewed and modified as appropriate to support the family's capacity to meet the developmental needs of the child.

Documentation

Document all sections of the new annual IFSP (except Evaluation for Eligibility unless eligibility for the MITP is re-evaluated) on the MD Online IFSP or on the paper IFSP form.
Note: The MD Online IFSP will automatically populate certain pages of a new annual IFSP from the previous IFSP. The Assessment section will be blank for new information to be updated.

Teams are required to identify the type and purpose of IFSP meetings:

Interim IFSP: Federal regulations stipulate the following two situations in which an interim IFSP may be developed:
- The first is when exceptional circumstances (e.g., the illness of the child) preclude completion of the evaluation and assessment within 45 days. The entire IFSP is not completed. When the health of the child is stabilized, the evaluation and assessment of the child is completed. The areas of the IFSP, that were not completed at the interim IFSP meeting, are completed at an initial IFSP meeting. The service coordinator informs data entry staff that the reason for the completion of the initial IFSP meeting more than 45 days after the referral date is "child/family unavailable."
- The second is when the child has obvious immediate needs that are identified at the time of referral (e.g., child is referred with a diagnosed condition such as failure to thrive and a physician recommends immediate intervention in a particular area such as occupational therapy for a feeding problem). Only the areas of the IFSP related to the immediate need are completed at the interim IFSP meeting. In this case, the evaluation and assessment must be completed within 45 days and, the areas of the IFSP that were not completed at the interim IFSP meeting, are completed at an initial IFSP meeting. The 45-day timeline for IFSP completion applies in this situation.

Both types of situations presume that the child's eligibility is not in question.

Initial IFSP: The initial IFSP is the first IFSP developed by the team, including the family, upon referral and eligibility determination.

6-Month Review: The IFSP must be reviewed at least once every six months.

Other Review: The IFSP is a fluid, flexible document that can be updated as the child's and family's needs change. Other Review can be checked to record the transition planning meeting, if not completed at an annual or 6-month review.

Annual IFSP: Annually, it is the responsibility of the IFSP Team to evaluate the IFSP and determine if progress is being made as expected on the functional IFSP outcomes, if services are appropriate, and if revisions to outcomes or services is needed. At the annual IFSP review, all sections of Part II - My Child and Family's Story must be rewritten.

Regardless of whether the team is developing an interim, initial, or annual IFSP or reviewing a current active IFSP, the following general requirements must be ensured:

- Each initial IFSP meeting and each annual meeting to evaluate the IFSP of an infant or toddlers with a disability shall be multidisciplinary and include the following participants:
  1. The parent or parents of the child;
  2. The service coordinator that has been working with the family since the initial referral of the child for evaluation, or that has been designated by the public agency to be responsible for implementation of the IFSP;

3. Individuals directly involved in conducting the evaluations and assessments;
4. Individuals who will be providing services to the child or the family, as determine appropriate.
5. Other family members, as requested by the parent, if feasible to do so; and
6. An advocate or individual outside the family, if the parent requests that the individual participate.

- At a minimum the IFSP team shall include:
  1. The parent; and
  2. Two or more individuals from separate professions with one of the individuals being the child's service coordinator.
- If an individual listed above is unable to attend a meeting, arrangements shall be made for the individual's involvement through other means, including:
  1. Participating in a telephone conference call;
  2. Having a knowledgeable authorized representative attend the meeting; or
  3. Making pertinent records available at the meeting.
- The local lead agency shall ensure the provision of service coordination to an eligible child and the child's family, that includes the designation of a service coordinator from the profession most immediately relevant to the child's or family's needs, or who is otherwise qualified to carry out all applicable responsibilities and who is responsible for the implementation of the IFSP and coordination with other agencies and persons.
- Parents may request their child's complete IFSP be translated into the native language spoken by the parents if the language is spoken by more than one percent (1%) of the student population in the local school system. For more information please consult the *Native Language Technical Assistance Bulletin* - November 7, 2016.

For additional information around the general functions of the service coordinator and of service coordination throughout the IFSP process, please refer to the *MITP Service Coordination Handbook*.

If additional supports are needed to build capacity around any of the concepts throughout the IFSP process, please see the list of Supplemental Training Resources on the next page.

Foundations	Websites
Key Principles	Universal Online Part C E.I. Curriculum • http://universalonlinepartceicurriculum.pbworks.com/w/page/79643462/Mission and Key Principles • http://universalonlinepartceicurriculum.pbworks.com/w/page/100926430/Foundational Pillars of Early Intervention
DEC Recommended Practices	Early Childhood Technical Assistance Center (ECTA) – DEC Recommended Practices (RPs) • http://ectacenter.org/decrp/
Teaming & Collaboration	DEC RPs – Teaming & Collaboration and Families • http://ectacenter.org/decrp/topic-teaming.asp • http://ectacenter.org/decrp/topic-family.asp Making Access Happen – Coaching • https://medium.com/mah-coaching-support Family Infant and Preschool Program (FIPP) • http://fipp.org/publications/casecollections/ Maryland Learning Links – EC PLO – Teaming and Coaching Webinars (ECPLO2017) • https://marylandlearninglinks.org/evidence-based-teaming/
Process	
Getting to Know the Child & Family - Authentic Assessment	Universal Online Part C E.I. Curriculum • http://universalonlinepartceicurriculum.pbworks.com/w/page/123567288/Authentic Assessment in Early Intervention DEC RPs – Assessment • http://ectacenter.org/decrp/topic-assessment.asp Maryland Learning Links – EC PLO – Authentic Assessment Webinar • https://marylandlearninglinks.org/authentic-assessment/
Child Outcomes Summary (COS)	Maryland Birth to Kindergarten Child Outcomes Gateway • http://olms.cte.jhu.edu/mdcos-gateway Maryland Learning Links – EC PLO – Authentic Assessment/Child Outcomes Webinar • https://marylandlearninglinks.org/authentic-assessment-child-outcomes-connection-webinars/
Developing Functional, Routines-Based IFSP Outcomes	Early Childhood Technical Assistance Center (ECTA) • http://ectacenter.org/~pdfs/pubs/rating-ifsp.pdf Developing Effective IFSPs (MD) • http://olms.cte.jhu.edu/olms2/developing-effective-ifsps
Planning for Transition(s)	DEC RPs – Transition • http://ectacenter.org/decrp/topic-transition.asp
Implementing the IFSP	DEC RPs – Environments, Instruction, Interaction • http://ectacenter.org/decrp/topic-environment.asp • http://ectacenter.org/decrp/topic-instruction.asp • http://ectacenter.org/decrp/topic-interaction.asp

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