

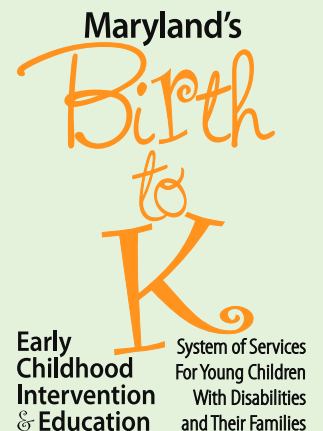
# A Family Guide To Understanding The Individualized Family Service Plan (IFSP)

Maryland Infants and Toddlers Program



MARYLAND STATE DEPARTMENT OF EDUCATION  
Division of Early Intervention and Special Education Services  
Maryland Infants and Toddlers Program/Preschool Special Education Services

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About This Guide

A Family Guide To The Individualized Family Service Plan (IFSP) is part of Maryland's Birth to Kindergarten Parent Information Series, a collection of publications designed to support families in the statewide early intervention and education system of services in Maryland. It will help guide families through the IFSP process and written document.

With this guide, we wish to welcome you into a community dedicated to the enrichment of child development, and to guide you through a process created by parents and professionals to enhance the potential of your child and support your family.

To receive copies of this guide, or others in the series, contact your Local Infants and Toddlers Program. Refer to the back page of this guide for contact information.

# The Individualized Family Service Plan

The first booklet in Maryland's Birth to Kindergarten Parent Information Series, **A Family Guide to Early Intervention Services in Maryland**, was designed to help you understand the Maryland Infants and Toddlers Program. Now that your child's initial evaluation is complete and your child has been found eligible for early intervention services, it is time to develop the Individualized Family Service Plan (IFSP) for your child and family.

The overarching outcome for all children is that they have positive social emotional skills and relationships, learn and engage in activities, and use appropriate behavior to get their wants and needs met, so that they are full and active participants in their homes, schools and communities. Early intervention services also support families to: understand their child's strengths, abilities, and special needs; know their rights and advocate effectively for their child; and help their child develop and learn. The IFSP process identifies individual outcomes specific to your child and family and guides early intervention services to support reaching your outcomes.

**It takes a team.** You know your child best and your local Infants and Toddlers Program team will learn from you how your child interacts, plays and learns, and participates in daily activities such as feeding and dressing, as well as what your priorities and expectations are for your child's development. Your early intervention service providers will also share information with you about child development and specific techniques to support development. Together, you will identify strategies to use within your daily activities to enhance your child's participation. You are your child's first and best teacher. You play a critical role in developing the IFSP. Your commitment, dreams, and desires for your child will help guide the development and implementation of the IFSP, as well as any IFSP reviews and updates. Your commitment, dreams, and desires for your child will help guide the development and implementation of the IFSP, as well as any IFSP reviews and updates.

**The Individualized Family Service Plan**

- ▶ **Individualized** to meet the unique needs of your child and family
- ▶ **Family** as a partner and at the center of the early intervention process
- ▶ **Services** to enhance your child's development and support your family's needs
- ▶ **Plan** of action or the services & supports to be provided to your child and family

Maryland is required by federal and State legislation to ensure that the early intervention process is family-focused. Early Intervention services are covered by the Individuals with Disabilities Act (IDEA)-Part C, and the Code of Maryland Regulations (COMAR).

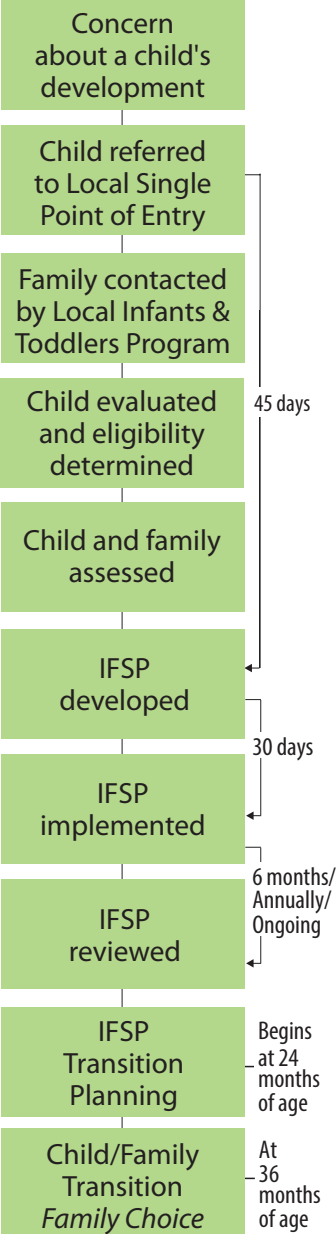
# The IFSP Process

The IFSP process begins when your child is referred to your local Infants and Toddlers Program due to a concern about his or her development. Your early intervention team has 45 days from the date of referral to complete your child’s screening (if applicable based on local policies and procedures) and evaluation and assessment, and to develop an initial written IFSP. Most services contained in the IFSP document begin no later than 30 days after the IFSP has been signed by you. The completion of the IFSP or the start date for an IFSP service may be delayed by a family reason.

All partners learn to trust and respect each other’s expertise in order to share information and make decisions. Families and early intervention providers bring unique strengths to this collaborative partnership. The first IFSP meeting will include you and your service coordinator, and may include staff that helped complete the developmental evaluation and the functional assessment of your child and family. Such staff may participate by telephone or by providing a written report. You may invite others to attend the meeting, including family members, friends, and child care providers that you feel should be involved. Together, you will develop an IFSP that supports you and your family.

The IFSP process is ongoing. You and your IFSP team will review the IFSP every 6 months after the initial completion date. You may request a review at any time to make sure the IFSP continues to meet the changing needs of your child and family. Development and review of the IFSP are collaborative processes that take place during IFSP team meetings. You and your service coordinator must be present for all IFSP meetings.

## The IFSP Process In Maryland



## About Your Service Coordinator

### Your service coordinator:

- Guides you in setting priorities for your child and family
- Coordinates services and supports
- Helps you find answers for your questions
- Offers information on helpful State and community resources
- Finds opportunities for you to connect with other families
- **Is the best person to contact if you have any questions throughout the IFSP process**

Transition planning begins when your child reaches age 2, as it is important to start planning early what will happen after your child reaches age 3. You will have the choice to continue services through an IFSP or begin services through an IEP if your child is found eligible for preschool special education.



# The Written IFSP Document

## The Written Plan of Action for Services and Supports to Be Provided to Your Child and Family

The Individualized Family Service Plan (IFSP) is both an agreement and a legal document that puts in writing information about your child’s development, your family’s priorities, your child’s strengths and needs, and the outcomes you and the IFSP team would like to have your child achieve. It is the plan of action – the *who, what, when, where, why, and how* for services and supports to be provided to your child and family. **This guide introduces families to the sections of the IFSP document.** Your service coordinator and service providers from your local Infants and Toddlers Program will explain the sections in greater detail as you develop the IFSP together.

### IFSP Cover Page

#### CHILD AND FAMILY INFORMATION

The written IFSP document begins with a cover page which includes information about your child and family, and contact information for your service coordinator and IFSP team participants. The IFSP cover page also lists projected meeting dates for your six-month and annual IFSP reviews, and a projected date range for your child’s transition planning meeting.





## The Written IFSP Document

### IFSP PART I, Section A: Information About My Child's Development HEALTH INFORMATION

In order to provide services that will meet your child's needs, it is important that you share all relevant information, as well as any health concerns you may have about your child.

#### Hints To Help You Prepare:

- Talk to your child's doctor.
- Ask your service coordinator to help you gather your child's health information.
- Ask about your child's diagnosis and about words and phrases you don't understand.
- Write down your child's health and medical information.

Child Name:	ID Number:	IFSP Meeting Date:
PART I - INFORMATION ABOUT MY CHILD'S DEVELOPMENT Section A - Health Information		
<b>General Health</b>		
What was your child's gestational age at birth? _____ Weeks _____ Days		
What was your child's birth weight? _____ Pounds _____ Ounces <input type="checkbox"/> <input type="checkbox"/> Grams		
Who is your primary care physician or other health care professional? _____ Phone: _____		
<b>IMMUNIZATIONS</b>		
Are your child's immunizations up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> N/A		
<small>Ensure family understands school requirements regarding immunizations by the time the child may be ready to transition to community/school early childhood program.</small>		
<b>LEAD SCREENING/TESTING</b>		
Has your child's lead level been tested? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, what was the level? _____		
Are there any concerns about your child's lead level? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please explain: _____		
<b>NUTRITION</b>		
Are there any concerns about your child's eating, general nutrition or growth? <input type="checkbox"/> Yes <input type="checkbox"/> No. If YES, please explain: _____		
<b>GENERAL HEALTH CONCERNS</b>		
<small>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?</small>		

### IFSP PART I, Section B: Information About My Child's Development EVALUATION FOR ELIGIBILITY

A developmental evaluation to determine eligibility for the Infants and Toddlers Program is conducted to gather information on how he or she plays and learns (cognitive skills), uses and understands language (communication skills), expresses emotions and interacts with others (social-emotional skills), helps with feeding and dressing (adaptive skills), and uses his/her hands and moves his/her body (fine and gross motor skills).

Child Name:	ID Number:	IFSP Meeting Date:				
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						
<b>Developmental Evaluation</b>						
	Date of Evaluation (MM/DD/YYYY)	Name of Evaluator/Level	Chronological Age	Adjusted Age (if applicable)	Age Level/ Age Range	Qualitative Description
COGNITIVE						
COMMUNICATION						
SOCIAL/ EMOTIONAL						
ADAPTIVE						
Fine Motor						
Gross Motor						
PHYSICAL	Hearing	Did your child pass a Universal Newborn Hearing Screening? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable 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: _____				
<b>Eligibility</b>						
<small>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.</small>						
<input type="checkbox"/> <b>AT LEAST A 25% DEVELOPMENTAL DELAY</b>						
<small>Your child is eligible for early intervention services because s/he is experiencing at least a 25% delay in one or more developmental areas.</small>						
<input type="checkbox"/> <b>ATYPICAL DEVELOPMENT OR BEHAVIOR</b>						
<small>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.</small>						
<input type="checkbox"/> <b>DIAGNOSED PHYSICAL OR MENTAL CONDITION WITH A HIGH PROBABILITY OF DEVELOPMENTAL DELAY</b>						
<small>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: _____</small>						

Your child's eligibility is a result of the evaluation process and is based on one of the following categories:

- Has at least a 25% developmental delay, **or**
- Has atypical development or behavior, **or**
- Has a diagnosed physical or mental condition with a high probability for developmental delay.



## The Written IFSP Document

### IFSP PART II, Section A: My Child and Family's Story

#### ASSESSMENT: NATURAL ROUTINES/ ACTIVITIES & 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 is important to understand your child's functional abilities within these activities and settings. For each activity, your early intervention team will gather information to understand how your child is interacting and relating to others, how he or she is learning to successfully participate, and what behaviors he or she is using to get wants and needs met. Your insight as to how each activity is going is critical to begin planning appropriate supports and services.

Child Name:		ID Number:	IFSP Meeting Date:
PART II - MY CHILD AND FAMILY'S STORY			
Section A - <b>Assessment: Natural Routines/Activities &amp; Environments</b>			
<p><i>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.</i></p>			
<p>Child &amp; Family Assessment (check assessment used):</p> <p>___ Routines-Based Interview (RBI) Go to Part II Section B</p> <p>___ Scale for Assessment of Family Engagement within Routines (SAPER) Go to Part II Section B</p> <p>___ Everyday Routines &amp; Activities Section of IFSP</p> <p style="text-align: right;">___ Family directed family-directed assessment</p>			
EVERYDAY ROUTINES & ACTIVITIES		Date:	
Routine/Activity	What's happening now, with whom, and where?	How's it going?	
<input type="checkbox"/> Wake Up <input type="checkbox"/> Dressing <input type="checkbox"/> Diapering/Toileting <input type="checkbox"/> Mealtime/Snacks <input type="checkbox"/> Play <input type="checkbox"/> Transitions <input type="checkbox"/> Cuttings <input type="checkbox"/> Time at Childcare <input type="checkbox"/> Time with family, friends, other children <input type="checkbox"/> Bath time <input type="checkbox"/> Book time <input type="checkbox"/> Nap/Bedtime <input type="checkbox"/> Other: _____	<p>How is your child interacting and relating with others during this activity?</p> <p>How is your child learning about this activity to successfully participate?</p> <p>What types of behaviors is your child using to get his/her wants and needs met in this activity? How independent is s/he?</p> <p>How do you think s/he compares to other children her/his age in this activity?</p>	<input type="checkbox"/> Going Well  <input type="checkbox"/> Some Concerns  <input type="checkbox"/> A Lot of Concern	<p>What would you like to see different?</p>
Routine/Activity	What's happening now, with whom, and where?	How's it going?	
<input type="checkbox"/> Wake Up <input type="checkbox"/> Dressing <input type="checkbox"/> Diapering/Toileting <input type="checkbox"/> Mealtime/Snacks <input type="checkbox"/> Play <input type="checkbox"/> Transitions <input type="checkbox"/> Cuttings <input type="checkbox"/> Time at Childcare <input type="checkbox"/> Time with family, friends, other children <input type="checkbox"/> Bath time <input type="checkbox"/> Book time <input type="checkbox"/> Nap/Bedtime <input type="checkbox"/> Other: _____	<p>How is your child interacting and relating with others during this activity?</p> <p>How is your child learning about this activity to successfully participate?</p> <p>What types of behaviors is your child using to get his/her wants and needs met in this activity? How independent is s/he?</p> <p>How do you think s/he compares to other children her/his age in this activity?</p>	<input type="checkbox"/> Going Well  <input type="checkbox"/> Some Concerns  <input type="checkbox"/> A Lot of Concern	<p>What would you like to see different?</p>

### IFSP PART II, Section B: My Child and Family's Story

#### 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 and to help her/him to develop.

Child Name:		ID Number:	IFSP Meeting Date:
PART II - MY CHILD AND FAMILY'S STORY			
Section B - <b>Assessment: Our Family's Resources, Priorities, and Concerns</b>			
<p><i>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.</i></p>			
<b>Family Resources</b>	Resources that my child/family use for support, including people, activities, programs/organizations.		
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.			
<b>Family Priorities</b>	My hopes and dreams for my child. The most important things for my child and/or family right now.		
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?			
<b>Family Concerns</b>	Concerns I have about my child's health and development. Information, resources, supports I need or want for my child and/or family.		
What are you worried about? What are things you would like to change if you could?			
<b>Community Connections</b>	Check resources/service linkages your family would like more information about!		
<input type="checkbox"/> Places where my child can play with other children in the community <input type="checkbox"/> Childcare <input type="checkbox"/> Judy Center <input type="checkbox"/> Clothing, food, etc. <input type="checkbox"/> Family Support Network/Preschool Partners <input type="checkbox"/> Housing Assistance <input type="checkbox"/> Health care, mental health, and/or health insurance <input type="checkbox"/> My child's diagnosis or disability <input type="checkbox"/> Talking with other parents <input type="checkbox"/> Parent support/training/advocacy <input type="checkbox"/> Other: _____			

This section of the IFSP continues the assessment process by identifying your resources, priorities, and concerns related to supporting your child's development. You may share as much or as little information as you choose.



## The Written IFSP Document

### IFSP PART II, Section C: My Child and Family's Story

#### ASSESSMENT SUMMARY: PRESENT LEVELS OF FUNCTIONAL DEVELOPMENT

During the evaluation for eligibility process, the early intervention team looked at your child's development in five domains. During the child and family assessment process, they gathered information about your child's functional abilities in everyday activities and routines as well as your family resources, priorities, and concerns.

Children's functional abilities overlap domains of development so we combine them and summarize all of your child's functional strengths and needs into **three** global outcome areas:

1. Developing positive social skills and relationships,
2. Acquiring and using knowledge and skills, and
3. Using appropriate behaviors to meet needs.

Additionally, together, you and your team will consider and identify how your child's functioning in these three areas compares to other children his/her age. This helps the early intervention team help you support your child's development and participation in daily activities **and** helps us to understand how children benefit from participation in the Maryland Infants and Toddlers Program.



Child Name: _____	ID Number: _____	IFSP Meeting Date: _____
PART II - MY CHILD AND FAMILY'S STORY Section C - <b>Assessment Summary: Present Levels of Functional Development</b>		
<p><i>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.</i></p> <p><i>Additionally, together, we will consider and identify how your child's functioning in these three areas compares to other children his/her age. This helps us to help you support your child's development and participation in daily activities AND helps us to understand how children benefit from participation in the Maryland Infants &amp; Toddlers Program.</i></p>		
<p>In addition to the Evaluation for Eligibility (Part I, Section B) and Child and Family Assessment (Part II, Sections A &amp; B), indicate any additional assessments, and the date completed, used to develop this summary: _____ Date: _____ Assessment: _____ Date: _____</p> <p><small>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:</small></p> <p style="text-align: center;"><b>Developing Positive Social Skills and Relationships, Acquiring &amp; Using Knowledge &amp; Skills, and Using Appropriate Behaviors to Meet Needs.</b></p>		
<p><b>Developing Positive Social Skills and Relationships:</b> <i>This area is how children relate to those around them - their parents, caregivers, teachers, 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 helps young children to follow rules for how to interact, such as waiting, taking turns, and sharing.</i></p>		
<input type="checkbox"/> Child's skills are like those of a much younger child. Child shows very early skills but not yet enough to be considered on age appropriate skills in this area.	<input type="checkbox"/> Child's skills are like that of a younger child. Child has some emerging or immature functional skills, which will help him/her work to reach 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 appropriate for his/her age, however very many important and immediate foundational skills to build upon in this area.
<input type="checkbox"/> Child shows occasional social interaction skills, but none of his/her skills are yet age-appropriate in this area. Child still shows more skills than those of a younger child.	<input type="checkbox"/> Child shows many age-appropriate skills, but continues to show some functioning that might be less than that of a slightly younger child in this area.	<input type="checkbox"/> Child has the skills we would expect that his/her age, but some areas however there are concerns.
<input type="checkbox"/> Child has all the skills we would expect of a child his/her age in this area.	<p>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</p>	

This section is the summary of all that has been discovered about your child's unique strengths and needs. Sources of this information may include conversations with you and other caregivers, observations of your child in daily routines, eligibility evaluations, child and family assessment activities, and outside reports.



## The Written IFSP Document

### IFSP PART II, Section C: My Child and Family's Story

### ASSESSMENT SUMMARY: PRESENT LEVELS OF FUNCTIONAL DEVELOPMENT

The **Child Outcomes Summary (COS)** process is used in Maryland for measuring the three child outcomes to meet federal accountability reporting requirements for all children receiving services through an Individualized Family Service Plan (IFSP) or a preschool Individualized Education Program (IEP).

### The Child Outcomes Summary (COS) Process

*The COS is not an assessment.* Rather, it provides a way for IFSP teams to summarize the child's level of functioning in the three outcome areas compared to that of same-age peers, using information from a variety of sources, including but not limited to formal evaluation using standardized tools, parent and provider input, observations, and authentic assessment. This summary occurs when all children enter services at the first IFSP, annually as a means of monitoring progress, and at exit from early intervention services.

**The COS process must be completed by the IFSP team and collectively, the team needs to understand:**

- the content of the three child outcomes;
- age-expected child development;
- how the child functions across settings and situations; and
- age expectations within the child and family's culture.

Early intervention personnel can help everyone understand what skills and behaviors are involved with each of the three outcome areas and with what typical development looks like for same-age children. Families and primary caregivers provide the rich information to the rest of the team about the child's functioning across a variety of settings and about your family's cultural expectations for child development.

Again, as with any and all parts of your child and family's participation in early intervention services, your input and involvement throughout the COS process is essential. Together, the team develops a summary statement that describes the child's functioning compared to same-age peers in each outcome area, based on all the information available. At annual and exit IFSPs, the team will together determine what progress has been made in each outcome area and again summarize the child's functioning compared to same-age peers.

Child Name: _____		ID Number: _____		IFSP Meeting Date: _____								
PART II - MY CHILD AND FAMILY'S STORY												
Section C - Assessment Summary: Present Levels of Functional Development (Continued)												
<b>Acquiring &amp; Using Knowledge &amp; Skills:</b> <i>This refers to thinking, learning, reasoning, memory, and problem solving skills; general knowledge that children acquire about their world such as concepts of time and location, colors and shapes, stories and books, and using their 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.</i>												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 16.6%; padding: 5px;"> <input type="checkbox"/> Child's skills are like that of a much younger child. Child shows very early skills but not yet in each age-expected skill in this area.             </td> <td style="width: 16.6%; padding: 5px;"> <input type="checkbox"/> Child's skills are like that of a younger child. Child has some emerging or immediate foundational skills which will help her/him work to meet age-appropriate skills in this area.             </td> <td style="width: 16.6%; padding: 5px;"> <input type="checkbox"/> Child's skills are like that of a younger child. Child is not yet using skills on a spectrum of her/his age, however uses many important and immediate foundational skills to build upon in this area.             </td> <td style="width: 16.6%; padding: 5px;"> <input type="checkbox"/> Child shows occasional use of same-age expected skills but most of her/his skills are not yet age-expected in this area. Child still shows some skills like those of a younger child.             </td> <td style="width: 16.6%; padding: 5px;"> <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.             </td> <td style="width: 16.6%; padding: 5px;"> <input type="checkbox"/> Child has the skills somewhat expected for her/his age in this area however there are concerns.             </td> <td style="width: 16.6%; padding: 5px;"> <input type="checkbox"/> Child has all of the skills we would expect of a child her/his age in this area.             </td> </tr> </table>						<input type="checkbox"/> Child's skills are like that of a much younger child. Child shows very early skills but not yet in each age-expected skill in this area.	<input type="checkbox"/> Child's skills are like that of a younger child. Child has some emerging or immediate foundational skills which will help her/him work to meet 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 on a spectrum of her/his age, however uses many important and immediate foundational skills to build upon in this area.	<input type="checkbox"/> Child shows occasional use of same-age expected skills but most of her/his skills are not yet age-expected in this area. Child still shows some 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 somewhat expected for her/his age in this area however there are concerns.	<input type="checkbox"/> Child has all of the skills we would expect of a child her/his 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												
<b>Using Appropriate Behaviors to Meet Needs:</b> <i>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 opening, 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 summary focuses on emerging independence.</i>												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 16.6%; padding: 5px;"> <input type="checkbox"/> Child's skills are like that of a much younger child. Child shows very early skills but not yet in each age-expected skill in this area.             </td> <td style="width: 16.6%; padding: 5px;"> <input type="checkbox"/> Child's skills are like that of a younger child. Child has some emerging or immediate foundational skills which will help her/him work to meet age-appropriate skills in this area.             </td> <td style="width: 16.6%; padding: 5px;"> <input type="checkbox"/> Child's skills are like that of a younger child. Child is not yet using skills on a spectrum of her/his age, however uses many important and immediate foundational skills to build upon in this area.             </td> <td style="width: 16.6%; padding: 5px;"> <input type="checkbox"/> Child shows occasional use of same-age expected skills but most of her/his skills are not yet age-expected in this area. Child still shows some skills like those of a younger child.             </td> <td style="width: 16.6%; padding: 5px;"> <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.             </td> <td style="width: 16.6%; padding: 5px;"> <input type="checkbox"/> Child has the skills somewhat expected for her/his age in this area however there are concerns.             </td> <td style="width: 16.6%; padding: 5px;"> <input type="checkbox"/> Child has all of the skills we would expect of a child her/his age in this area.             </td> </tr> </table>						<input type="checkbox"/> Child's skills are like that of a much younger child. Child shows very early skills but not yet in each age-expected skill in this area.	<input type="checkbox"/> Child's skills are like that of a younger child. Child has some emerging or immediate foundational skills which will help her/him work to meet 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 on a spectrum of her/his age, however uses many important and immediate foundational skills to build upon in this area.	<input type="checkbox"/> Child shows occasional use of same-age expected skills but most of her/his skills are not yet age-expected in this area. Child still shows some 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 somewhat expected for her/his age in this area however there are concerns.	<input type="checkbox"/> Child has all of the skills we would expect of a child her/his age in this area.
<input type="checkbox"/> Child's skills are like that of a much younger child. Child shows very early skills but not yet in each age-expected skill in this area.	<input type="checkbox"/> Child's skills are like that of a younger child. Child has some emerging or immediate foundational skills which will help her/him work to meet 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 on a spectrum of her/his age, however uses many important and immediate foundational skills to build upon in this area.	<input type="checkbox"/> Child shows occasional use of same-age expected skills but most of her/his skills are not yet age-expected in this area. Child still shows some 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 somewhat expected for her/his age in this area however there are concerns.	<input type="checkbox"/> Child has all of the skills we would expect of a child her/his 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												





## The Written IFSP Document

### IFSP PART III:

#### My Child and Family Outcomes

### CHILD AND FAMILY OUTCOMES

The child and family assessment activities help your early intervention team to understand how your child is participating in daily activities that are important to your family and to identify activities that you may need support to help your child participate more meaningfully. The Infants and Toddlers Program supports the adults that regularly interact with your child. Individual child and family outcomes are the basis for identifying early intervention supports and services. **The activities you focus on as outcomes serve as a measure of your child's progress.** Together, you will identify initial strategies that you are currently working on to address the outcomes and then will continue identifying strategies with your team throughout your participation in early intervention services.

Child Name:		ID Number:	IFSP Meeting Date:	
<b>PART III - MY CHILD and FAMILY OUTCOMES</b>				
<b>Child and Family Outcomes</b>				
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)?				
Outcomes are functional, measurable within the context of everyday life, and meaningful to you.				
OUTCOME#	What would we like to see happen within our daily activity/routine?		How will we know we've achieved this? By when?	
<b>Strategies</b>				
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: <input type="checkbox"/> Your Child Developing Positive Social Relationships <input type="checkbox"/> Your Child Acquiring & Using Knowledge and Skills <input type="checkbox"/> Your Child Using Appropriate Behaviors to Meet Needs <input type="checkbox"/> Family Outcome				
EDUCATIONAL OUTCOMES ADDRESSED (Required at age 3 or older)		<input type="checkbox"/> Language	<input type="checkbox"/> Numeracy	<input type="checkbox"/> Pre-literacy
<b>OUTCOME PROGRESS REVIEW</b>				
Review Codes: Select the code that best applies.				
1 - Achieved - We did it!	Code:	Date:	Initials:	
2 - In process - We're making progress			Comments:	
3 - Needs modification - Let's make adjustments: a. Revise outcome b. Change service c. Other: _____				
4 - No longer needed - Let's focus elsewhere				
5 - Postponed				

### IFSP PART IV:

#### Our Early Intervention Supports and Services

### SUMMARY OF EARLY INTERVENTION SERVICES

Child Name:		ID Number:	IFSP Meeting Date:					
<b>PART IV - OUR EARLY INTERVENTION SUPPORTS &amp; SERVICES</b>								
<b>Summary of Early Intervention Services</b>								
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 that IFSP.								
FAMILY IDENTIFIED FAMILY SERVICE COORDINATOR	Early Intervention Service	Intensity <input type="checkbox"/> Individual <input type="checkbox"/> Group	Frequency			Service Setting <input type="checkbox"/> Home <input type="checkbox"/> Community <input type="checkbox"/> Other* * Provide justification	Duration	
			How often?	# Sessions	# Minutes per session		Planned Start Date	Planned End Date
<input type="checkbox"/>								
Service Provider Name:		Contact Information:						
<input type="checkbox"/>								
Service Provider Name:		Contact Information:						
<input type="checkbox"/>								
Service Provider Name:		Contact Information:						
<input type="checkbox"/>								
Service Provider Name:		Contact Information:						
<input type="checkbox"/>								
Service Provider Name:		Contact Information:						
<input type="checkbox"/>								
Service Provider Name:		Contact Information:						
Discussion of Early Intervention Service(s) Delivery								
If an early intervention service is not provided to a child, you consent; what is the justification for the IFSP team's decision that support cannot be provided to the child's environment?								
<b>SERVICES FOR CHILDREN WHO ARE BLIND/VISUALLY IMPAIRED OR DEAF/HARD OF HEARING</b>								
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

Supports and services are determined following the development of functional IFSP outcomes. They are designed to enhance your family's capacity to support your 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 your family to achieve the outcomes in the IFSP.

**You have a crucial role in the provision of early intervention services.** Your team of professionals will use coaching methods to partner with you to identify intervention strategies that you and your family are able to use within your daily routines and activities.



## The Written IFSP Document

### IFSP PART V, Section A: My Child's Transition Planning

#### IDENTIFYING TRANSITIONS

Formal and informal transitions happen throughout a family's involvement in early intervention services. Your early intervention team can help you think about the impact of transitions on your child's development of relationships, engagement, and independence, as well as supports you may need to successfully move through transitions.

#### TRANSITION BEFORE AGE 3:

Transitions before age three are generally less formal and may include transitioning home after being in the hospital, or to a new child care provider, when a parent starts a new job, or transitioning to other community supports with typical peers if your child and family no longer need early intervention services. You and your team can anticipate your child's reactions to these changes and plan for appropriate responses and support.

#### TRANSITION AT AGE 3:

Formal transition activities are required as your child is close to turning 3 years old. Starting at age 2, your service coordinator will begin discussing the transition process. You will be part of a transition planning meeting to plan, make decisions, and act on what happens next for your child and family. **This transition planning meeting must occur not less than 90 days and not more than 9 months before your child's third birthday.** At this meeting, it is the responsibility of the IFSP team to develop a transition plan. Developmental and educational information may be shared without parental consent between the local Infants and Toddlers Program and the local school system in order to support the child's progress through a seamless system of services, including transition planning. Information regarding community options and service delivery models for continuing to receive early intervention services or to begin receiving preschool special education services will be provided unless your family does not want to consider either of these choices.

To determine if your child continues to need early intervention services or special education services, your child must be evaluated to establish your child's eligibility for preschool special education and related services. If additional assessments are necessary to determine eligibility, you must provide written permission. After your child has been determined eligible, at an Individualized Education Program (IEP) team meeting, it is your choice whether your child remains in the local Infants and Toddlers Program and continues to receive services through an extended IFSP **or** transitions to preschool special education and related services through an IEP. Prior to your child's third birthday, he or she may have caught up to same-age peers and met the outcomes on the IFSP.

This is a very exciting time, even though you may be sad to leave your early intervention services and supports. Your service coordinator may help your child access community services and supports with typical peers so that your child maintains his or her newly acquired skills.

#### TRANSITION AFTER AGE 3:

Transition planning is also required after the age of three in preparation for moving from services on an extended IFSP to preschool special education services through an IEP. **This 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. For additional information, refer to ***A Family Guide to Next Steps: When Your Child In Early Intervention Turns Three***, part of *Maryland's Birth to K Parent Information Series*.



## The Written IFSP Document

### IFSP PART V, Section B: My Child's Transition Planning TRANSITION PLANNING NOTES/FUTURE STEPS

Regardless of when your child transitions (before, at, or after age three), the discussion needs to include planning notes and next steps, including who will do what to support you and your child to the new setting or situation.

Child Name:	ID Number:	IFSP Meeting Date:
<b>PART V - MY CHILD'S TRANSITION PLANNING</b> Section A: Identifying Transitions		
<p>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.</p>		
<p><b>TRANSITIONS IDENTIFIED:</b></p> <p><input type="checkbox"/> Transition Before Age 3 (Proceed to TRANSITION PLANNING NOTES/FUTURE STEPS)</p>		
<p><input checked="" type="checkbox"/> Transition At Age 3</p>		
<p><b>TRANSITION PLANNING MEETING DATE (Must be by 33 months):</b></p> <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 24.5 months of age or later</p> <p><input type="checkbox"/> Family declined to participate in the meeting</p> <p><input type="checkbox"/> Other:</p>		
<p><b>CONSIDERATION OF ELIGIBILITY FOR PRESCHOOL SPECIAL EDUCATION AND RELATED SERVICES (PART B)</b></p> <p><input type="checkbox"/> Parents wish to consider Part B eligibility      <input type="checkbox"/> Parents DO NOT wish to consider Part B eligibility.</p>		
<p><b>RESULTS OF THE INITIAL IEP ELIGIBILITY DETERMINATION MEETING (TO BE COMPLETED BY SPECIAL EDUCATION STAFF)</b></p> <p><b>SPECIAL EDUCATION STAFF:</b> 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.</p> <p><input type="checkbox"/> The child is determined to be <b>ELIGIBLE</b> for ongoing services through an IFSP or preschool special education and related services through an IEP.</p> <p><input type="checkbox"/> The child is determined to be <b>INELIGIBLE</b> for ongoing services through an IFSP or preschool special education and related services through an IEP.</p>		
<p>Proceed to TRANSITION PLANNING NOTES/FUTURE STEPS</p>		
<p><input type="checkbox"/> Transition After Age 3</p>		
<p><b>TRANSITION PLANNING MEETING DATE:</b></p> <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>		
<p><b>CONSIDERATION OF SPECIAL EDUCATION AND RELATED SERVICES (PART B)</b></p> <p><b>Prior to the beginning of the school year following the child's 4th birthday:</b></p> <p><input type="checkbox"/> Parents wish to consider preschool special education and related services through an IEP</p> <p><input type="checkbox"/> Parents do not wish to consider preschool special education and related services through an IEP</p> <p><b>At the beginning of the school year following the child's 4th birthday:</b></p> <p><input type="checkbox"/> Parents wish to consider preschool special education and related services through an IEP</p> <p><input type="checkbox"/> Parents do not wish to consider preschool special education and related services through an IEP</p>		
<p>Proceed to TRANSITION PLANNING NOTES/FUTURE STEPS</p>		

Child Name:	ID Number:	IFSP Meeting Date:												
<b>PART V - MY CHILD'S TRANSITION PLANNING</b> SECTION B: Transition Planning														
<b>Transition Planning Notes/Future Steps</b>														
<p><b>COMMUNITY SERVICES</b></p> <p>Is the family being referred to community services? <input type="checkbox"/> Yes <input type="checkbox"/> No      <b>If YES, check the services that apply.</b></p>														
<p><b>Developmental/Medical/Health:</b></p> <p><input type="checkbox"/> Developmental Therapies (other than Part C and Part B)</p> <p><input type="checkbox"/> Equipment/Devices</p> <p><input type="checkbox"/> Home Health Care</p> <p><input type="checkbox"/> Immunizations</p> <p><input type="checkbox"/> Mental Health Services</p> <p><input type="checkbox"/> Primary Health Care</p> <p><input type="checkbox"/> Women, Infants, and Children (WIC) Program</p>	<p><b>Child Care/Enrichment</b></p> <p><input type="checkbox"/> Camps</p> <p><input type="checkbox"/> Even Start</p> <p><input type="checkbox"/> Family Day Care</p> <p><input type="checkbox"/> Group Child Care</p> <p><input type="checkbox"/> Head Start</p> <p><input type="checkbox"/> Home Instruction for Parents of Preschool Youngsters (HIPPY)</p> <p><input type="checkbox"/> Judy Center</p> <p><input type="checkbox"/> Play Group</p> <p><input type="checkbox"/> Preschool Program</p> <p>    — Public</p> <p>    — Private</p> <p><input type="checkbox"/> Recreation Program</p>	<p><b>Family Support</b></p> <p><input type="checkbox"/> Family Support Center</p> <p><input type="checkbox"/> Family Support Network/Preschool Partners</p> <p><input type="checkbox"/> Home Visiting Program (Please specify)</p> <p><input type="checkbox"/> Parent Education</p> <p><input type="checkbox"/> Support Group</p> <p><input type="checkbox"/> Other:</p> <p><b>Other Community Services:</b></p>												
<p><b>TRANSITION PLANNING NOTES/FUTURE STEPS</b></p> <table border="1"> <thead> <tr> <th>Activities</th> <th>Timelines</th> <th>Person(s) Responsible</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			Activities	Timelines	Person(s) Responsible									
Activities	Timelines	Person(s) Responsible												

## Recommended Practices in Transition

The Council for Exceptional Children's **Division of Early Childhood** identifies *Recommended Practices* in eight different topic areas, including transition, at <http://ectacenter.org/deccrp/topic-transition.asp>. *Practice Guides* for families are available in print format for hard copies and in digital formats for reading on mobile devices and linking to videos and other resources. The practice guides:

- Explain the importance of the practices;
- Illustrate practices with vignettes and videos;
- Describe how to do the practice;
- Include indicators to know a practice is working; and
- Provide links to related resources.



## The Written IFSP Document

### IFSP PART VI:

Parent Consent (At or Before Age Three)

#### FAMILY CHOICE:

### CONSENT TO THE CONTINUATION OR REQUEST TERMINATION OF IFSP SERVICES

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

This is the section that documents the team's discussion and is the required annual written notice about this choice. It is essential that you understand the content of this consent before making the choice to continue or terminate IFSP services after your child's third birthday.

Child Name:	ID Number:	IFSP Meeting Date:
<b>PART VI - PARENT CONSENT (At or Before Age Three)</b> <b>Family Choice: Consent to the Continuation or Request Termination of IFSP Services</b>		
<b>Families Have A Choice</b>		
<ul style="list-style-type: none"> <li>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."</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>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.</li> </ul>		
<b>FAMILY CHOICE</b>		
Check <b>ONE</b> box:		
<input type="checkbox"/> I/We consent to the <b>continuation</b> of early intervention services for my/our child and family through an IFSP after my/our child's third birthday.		
<input type="checkbox"/> I/We request <b>termination</b> of early intervention services for my/our child and family through an IFSP at age 3.		
Parent(s)/Guardian/Surrogate Signature		Date
Parent(s)/Guardian/Surrogate Signature		Date

### IFSP PART VII, Section A:

IDEA Consent

#### AUTHORIZATION(S)

This section is where you provide informed written consent before early intervention services begin, at every IFSP review meeting, and when the content of the IFSP is changed. **It is important to read every statement and ask questions if there is anything that may be confusing.**

#### QUESTIONS TO CONSIDER:

- Have I received a copy of the *Parental Rights: Maryland Procedural Safeguards Notice* from my local Infants and Toddlers Program?
- Have my rights in the early intervention system been explained?
- Do I understand which services will be delivered to my family?
- Do I understand that these services are provided at no cost to me?

Child Name:	ID Number:	IFSP Meeting Date:
<b>PART VII - AUTHORIZATION(S)</b> <b>Section A - IDEA Consent</b>		
<b>Authorization(s)</b>		
<b>PARENT/GUARDIAN/SURROGATE CONSENT</b>		
<ul style="list-style-type: none"> <li>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.</li> <li>I/We have been informed of my/our parental rights under this program through receipt of the <i>Parental Rights: Maryland Procedural Safeguards Notice</i> and a family handbook about Maryland's early intervention system.</li> <li>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.</li> <li>I/We understand that my/our consent is voluntary and that I/we may revoke consent at any time.</li> <li>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.</li> <li>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.</li> <li>I/We have been informed of the determination(s) of the IFSP team in my/our native language or other mode of communication.</li> <li>This plan reflects the outcomes that are important to my/our child and family.</li> <li>I/We understand the plan and parental rights and give permission to implement this IFSP.</li> </ul>		
Parent(s)/Guardian/Surrogate Signature		Date



## The Written IFSP Document

### IFSP PART VII, Section B: Medical Assistance (MA) Consent AUTHORIZATION(S)

#### ABOUT MEDICAID (MEDICAL ASSISTANCE)

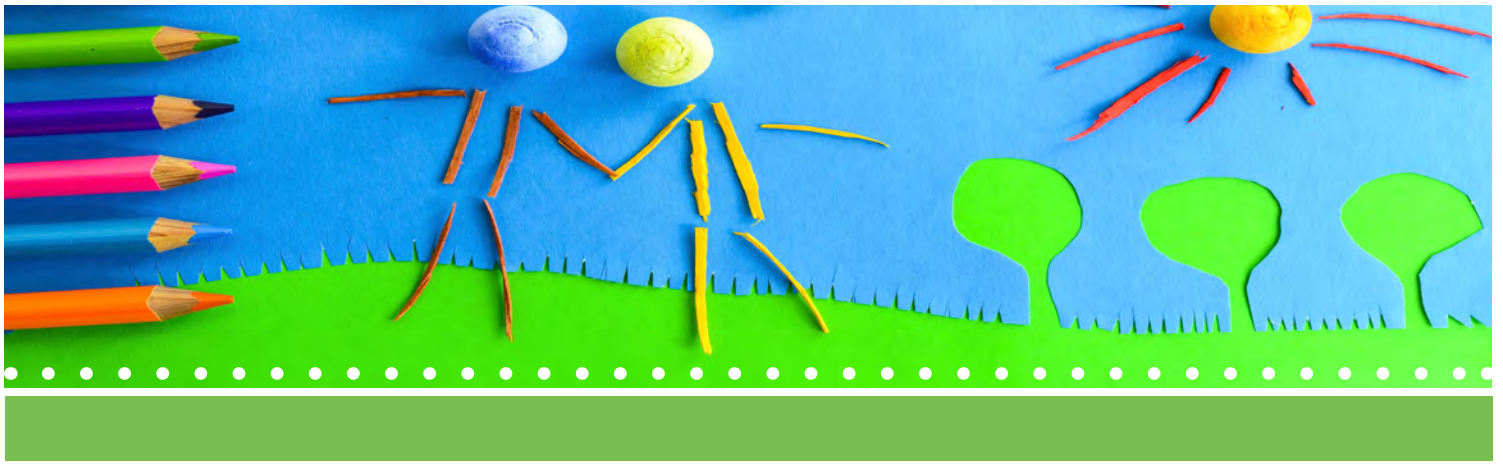
- **Services through local Infants and Toddlers Programs in Maryland are provided at no cost to families.**
- If your child is eligible for Medicaid (Medical Assistance) and you provide written consent, the local Infants and Toddlers Program may bill Medicaid for specific services for your child.
- If you provide written consent annually for billing purposes, your local Infants and Toddlers Program will ask you for your Medical Assistance number.
- Your consent allowing the Infants and Toddlers Program to bill Medicaid will not prevent your child or any other Medicaid-eligible individual in your family from receiving the medical care they are receiving now or will receive in the future.

### Individualized Family Service Plan PRIOR WRITTEN NOTICE

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 supports and services you and your child receive. **Prior written notice is the legal requirement and provision to support your informed involvement in early intervention services.** The local Infants and Toddlers Program must provide prior written notice to families whenever the IFSP team is proposing, refusing, about to start, or about to change early intervention services. This page of the IFSP provides the written notice to begin, continue, modify, or end IFSP services, based on the IFSP team discussion.

Child Name:	ID Number:	IFSP Meeting Date:
<b>PART VII - AUTHORIZATION(S) Section B - Medical Assistance (MA) Consent</b>		
<b>Authorization(s)</b>		
<b>PARENT/GUARDIAN/SURROGATE CONSENT</b>		
<p>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.</p> <p><b>In order to provide early intervention services to your child, the provider agency may not:</b></p> <ul style="list-style-type: none"> <li>• Require you to sign up for or enroll in the State's MA Program in order for your child to receive services under IDEA.</li> <li>• 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.</li> <li>• Use your child's benefits under Medical Assistance if that use would:             <ul style="list-style-type: none"> <li>◦ Decrease available lifetime coverage or any other insured benefit.</li> <li>◦ 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.</li> <li>◦ Increase premiums or lead to the discontinuation of benefits or insurances, or</li> <li>◦ Risk loss of eligibility for home and community-based waivers, based on aggregate health-related expenditures.</li> </ul> </li> </ul> <p>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.</p> <p>Is the child eligible for MA? <input type="checkbox"/> Yes <input type="checkbox"/> No MA Number _____</p> <p>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):</p> <p>MA Service Coordinator Name _____</p> <p>MA Service Coordinator Name _____</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• I understand that the purpose of this service is to assist in gaining access to needed medical, social, educational, and other services.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> </ul> <p>Parent(s)/Guardian/Surrogate Signature _____ Date _____</p>		

Child Name:	ID Number:	IFSP Meeting Date:
<b>Individualized Family Service Plan (IFSP) Prior Written Notice</b>		
<b>MEETING PURPOSE:</b> (Check all that apply)	<b>ACTION(S) PROPOSED AND/OR REFUSED:</b> (Check one if Continue, Modify or End in P.7)	<b>REASON FOR INACTIVESTATUS:</b> (Select one) <b>INACTIVE DATE:</b>
<input type="checkbox"/> Initial <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: Select all that apply: <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: At Age 3 <input type="checkbox"/> Transition Planning: After Age 3 <input type="checkbox"/> End IFSP: If selected, complete the "REASON FOR INACTIVE STATUS" section.	<input type="checkbox"/> Determined ineligible—screening only (Birth to 3) <input type="checkbox"/> Determined ineligible—child was never eligible (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 at age three—not continuing on an IFSP (Birth to 3) <input type="checkbox"/> Transition after age three (Age 3—Age 4) <input type="checkbox"/> Completion of IFSP after age three (Age 3—Age 4) <input type="checkbox"/> Transition at the beginning of the school year following the 4th birthday <input type="checkbox"/> Moved to another jurisdiction (Birth—Age 4) <input type="checkbox"/> Name of Jurisdiction: _____ <input type="checkbox"/> Moved out of State (Birth—Age 4) <input type="checkbox"/> Deceased (Birth—Age 4)
<b>DESCRIPTION OF ACTION(S) PROPOSED AND/OR REFUSED AND EXPLANATION FOR EACH ACTION:</b>		
<p><b>Parental Rights - Maryland Procedural Safeguards Notice:</b></p> <p>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.</p> <p><input type="checkbox"/> A copy of the "Parental Rights - Maryland Procedural Safeguards Notice" has been provided to the parent(s). <input type="checkbox"/> Parent(s) declined another copy.</p> <p><b>Family Support Services</b></p> <p>Local Family Support Network/Preschool Partners Information:</p> <p>Statewide Family Support Services Information Line: Toll Free 1-800-535-9182 (A service of the Maryland State Department of Education, Division of Special Education - Early Intervention Services)</p>		



# Early Childhood Outcomes and School Readiness

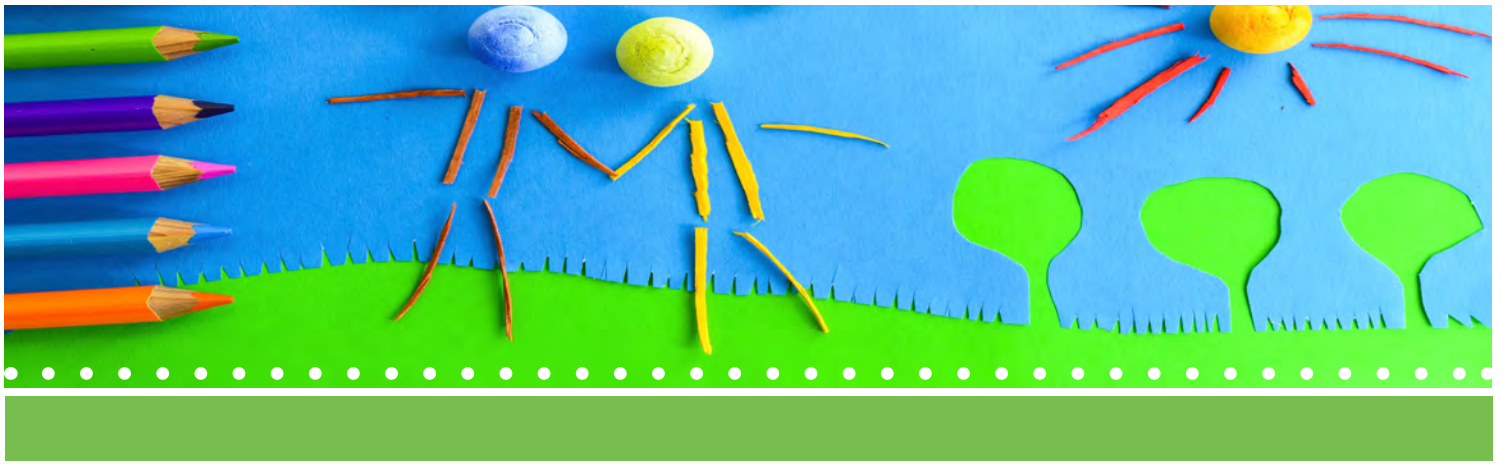
An important outcome of early intervention services is to narrow the gap in development that exists between infants, toddlers, and preschoolers with special needs and their same age peers. The IDEA requires that all states measure the effectiveness of early intervention and preschool special education services by reporting on three early childhood outcomes: children have positive social-emotional skills and relationships, children acquire and use knowledge and skills to successfully participate in daily activities, and children use appropriate behaviors to meet their needs, leading to increased independence.

**We know that if children make developmental progress in these three child outcomes, they will be ready for school** and ready to take the next step in all of their environments. The three broad outcomes are comprehensive, functional, and look at development as an integrated process.

## THE 3 EARLY CHILDHOOD OUTCOMES FOR SCHOOL READINESS

Early Childhood Outcome 1	Early Childhood Outcome 2	Early Childhood Outcome 3
<p><b>Children have positive social relationships</b></p> <p><i>This involves skills such as:</i></p> <ul style="list-style-type: none"> <li>• Relating with adults</li> <li>• Relating with other children</li> <li>• For older children, following group rules</li> </ul>	<p><b>Children acquire and use knowledge and skills</b></p> <p><i>This involves skills such as:</i></p> <ul style="list-style-type: none"> <li>• Thinking, reasoning, remembering</li> <li>• Problem-solving</li> <li>• Using symbols and language</li> <li>• Understanding physical and social worlds</li> </ul>	<p><b>Children use appropriate behavior to meet their needs</b></p> <p><i>This involves skills such as:</i></p> <ul style="list-style-type: none"> <li>• Taking care of basic needs</li> <li>• Getting from place to place and using tools</li> <li>• Contributing to own health and safety</li> </ul>

**The ultimate goal for all children** is to be full and active participants in their homes, schools, and communities now and in the future. Preschool services build on natural learning occurring during the early years of life. The supports and services provided can help you to help your child make powerful connections by taking advantage of opportunities presented through daily routines and activities both at home as well as within an early childhood program.



# Family Resources

Your early intervention service providers will work with you and your child on outcomes to enhance your child's development. **As a partner in the Infants and Toddlers Program, it is very important to be an active participant in every visit.** Your early intervention service provider will demonstrate new strategies and techniques when they are working with your child. Make sure you understand what they are doing so that you can practice the skills and incorporate them into everyday routines and activities. The majority of your child's growth will occur while you are working with your child between sessions. Be sure to share your child's progress with your service coordinator and service providers so that you can plan together any changes in strategies that need to occur. ***Good luck on your early intervention journey!***

## 10 Tips

### FROM "VETERAN" PARENTS

1. Your child will grow and develop in ways that will **amaze** you.
2. **Involve** your whole family in your IFSP.
3. Your service coordinator is a listener, resource, and **support** to your family.
4. **Trust the coaching model.** You work together to identify meaningful strategies.
5. There are times when it is important to **just be** a family.
6. **Connect** with other parents.
7. **Celebrate** your child's strengths, talents, and interests.
8. Remember to **take care of yourself** as well as taking care of your child and family.
9. Leaving your local Infants and Toddlers Program is **not as scary** as it seems.
10. **You are the expert** about your child.

## Parent IFSP CHECKLIST

- I **understand** why my child is eligible for the Infants and Toddlers early intervention program.
- I **invited** family members, friends, and/or child care providers to my IFSP team meeting.
- My first IFSP was **completed** within 45 days after my referral.
- My first services **began** within 30 days after my IFSP was completed.
- I **shared** information about my family and child, and stated my hopes and dreams.
- My IFSP team **considered** my recommendations. I was an equal and active member of the IFSP team.
- My IFSP **recognizes** my child's unique strengths and developmental needs.
- My IFSP **identifies** opportunities where learning can occur within my family's daily routines.
- My IFSP **describes** ways that services can be provided in my child's daily routines, activities, and places.
- My IFSP **supports** my family in accessing community resources and supports.
- My IFSP **identifies** my service coordinator and other service providers.
- I was comfortable **asking** questions during my IFSP meeting and during early intervention services.
- I **received** a copy of my child's IFSP.
- I have **provided** written permission for services to begin.
- My early intervention appointments have been **scheduled** at a mutually agreed upon time and place.
- My first IFSP **review** will be in 6 months, but I may ask for a review at any time.

# More Resources for Families

For additional information, contact your:

## Local Infants and Toddlers Programs

Allegany County	301-759-2415
Anne Arundel County	410-222-6911
Baltimore City	410-396-1666
Baltimore County	410-809-2169
Calvert County	410-414-7034
Caroline County	410-479-3246
Carroll County	410-876-4437, ext. 2277
Cecil County	410-996-5444
Charles County	301-609-6808
Dorchester County	410-221-1111, ext. 1024
Frederick County	301-600-1612
Garrett County	301-533-0240
Harford County	410-638-3823
Howard County	410-313-7017
Kent County	410-778-7164
Montgomery County	240-777-3997
Prince George's County	301-925-6627
Queen Anne's County	443-758-0720, ext. 4458
Somerset County	410-651-1616, ext. 239
St. Mary's County	301-475-5511, ext. 32223
Talbot County	410-820-0319
Washington County	301-766-8217
Wicomico County	410-677-5250
Worcester County	410-632-5033
Maryland School for the Blind	410-444-5000
Maryland School for the Deaf	410-480-4545

## Online Resources from the Division of Early Intervention and Special Education Services

[Maryland Learning Links](https://marylandlearninglinks.org/birth-to-kindergarten/) offers information and resources related to Early Intervention and Special Education in Maryland. Whether you are a parent, teacher or provider, you are sure to benefit from the site's comprehensive and user-friendly blend of knowledge and real-world practice, all of it built on the belief that every child can learn and achieve both inside and outside the classroom. *Maryland Learning Links* was developed and produced by the Maryland State Department of Education, Division of Early Intervention and Special Education Services, in collaboration with the Johns Hopkins University, Center for Technology in Education (<https://marylandlearninglinks.org/birth-to-kindergarten/>).

[Maryland Public Schools](http://marylandpublicschools.org/programs/Pages/Special-Education/index.aspx). The Maryland State Department of Education, Division of Early Intervention and Special Education Services provides leadership, support, and accountability for results to local school systems, public agencies, and stakeholders through a seamless system of coordinated services to children and students with disabilities, birth through 21, and their families (<http://marylandpublicschools.org/programs/Pages/Special-Education/index.aspx>).

A Spanish translation of this guide is available online at [Maryland Public Schools](http://marylandpublicschools.org/programs/Pages/Special-Education/info.aspx) (<http://marylandpublicschools.org/programs/Pages/Special-Education/info.aspx>).

## Additional Information

Maryland State Department of Education  
Division of Early Intervention and Special Education Services  
200 West Baltimore Street, Baltimore, Maryland 21201  
410-767-7770 phone | 410-333-8165 fax | 1-800-535-0182 toll free

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