



AzEIP *where every family has a team*

IFSP Guidance Document



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

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Introduction

The IFSP document was revised to meet the new federal regulations under the Individuals with Disabilities Education Act (IDEA), Part C. The revised IFSP became effective July 1, 2012. This Guidance Document was created to further the understanding of the Arizona Early Intervention community as they are implementing the new requirements; and to support them in their efforts to help families. This document also supports the development of an IFSP that encompasses all aspects of the IFSP process including measurement of the Child Indicators, the three global outcome areas for program accountability.

The changes to the IFSP reflect the Mission and 7 Key Principles of Early Intervention. The child and family assessment process is supported within the IFSP process by having the assessment tool become part of the IFSP. Information has been placed so that one page builds upon the next.

Information is gathered through child and family assessment activities, including discussions with the family members/caregivers to provide an understanding of the child's relationships, knowledge and functional skills in various routines and activities of the family's everyday life. This information is used as the team develops outcomes that are meaningful for the family and focus on the child's participation within routines and activities important to them. Based on the identified priorities and outcomes, the IFSP team identifies the early intervention services, and resources necessary to meet the unique needs of the child and family to achieve the outcomes.

The entire IFSP team contributes to the development of the IFSP. The Service Coordinator is ultimately responsible for ensuring the completion of the document; however, the team should discuss who will facilitate the meeting and who will write on the IFSP pages during the meeting with the family.

This guide explains the process for completing the IFSP step by step.

Symbol Key

Throughout this document the following symbols will be used:



Helpful Hints



Warning of common challenges



This section completed correctly if



Dialog



Frequently Asked Questions

ARIZONA EARLY INTERVENTION PROGRAM INDIVIDUALIZED FAMILY SERVICE PLAN COVER PAGE

Process

The IFSP Cover page serves as the place where the team designates the child and family for whom the IFSP supports. In addition, the cover page identifies the type of IFSP (Interim, Initial, Annual). A complete IFSP, from cover page through team page, is compiled at the Initial IFSP meeting, and at the Annual IFSP Meeting. The initial IFSP is reviewed at least every 6 months and updates are written directly on the Initial IFSP, through the transition timeline page. Likewise, the Annual IFSP is reviewed at least every 6 months and updates are written directly on the Annual IFSP through the transition timeline page.

The addendum pages must be used every 6 months or at any other IFSP review. The addendum pages include services, payment arrangements, informed consent and IFSP team pages. An "other review" includes any time that services are changed such as when decreasing or increasing a services, or when adding a new service.

An Interim IFSP would be developed only in the event that an eligible child needed services immediately, prior to the completion of an evaluation, the child and family assessment and the initial IFSP. Evaluations, assessments and initial IFSP must be completed within the 45-day timeline. An interim IFSP must include:

- (a) Parental consent
- (b) The name of the Service Coordinator who will implement the Interim IFSP and coordinate with other agencies and persons; and
- (c) The early intervention services that have been determined to be needed immediately by the child and the child's family.

Completing this page

Types of IFSPs: (check one)

- **Initial IFSP** is the first IFSP developed by a team, including the family/caregiver upon referral and eligibility determination
- **Annual IFSP** Each year, the IFSP must be re-written to reflect the child's current levels of development with their routines, and functional child and family outcomes.
- **Interim IFSP** The Interim IFSP is used **ONLY** when there is an immediate need for services prior to the completion of an evaluation and the child and family assessment.. The use of the Interim IFSP does not waive the requirements for the evaluation and assessment and Initial IFSP to be completed within 45 days from the date of referral. The following IFSP pages would be included in an interim IFSP:

- Cover
- Child and Family Demographics Page
- Services
- Payment Arrangement
- Informed Consent



After the Interim IFSP is completed and needed services are in place, planning and work need to continue to complete the evaluation, assessment and initial IFSP within the 45-day timeline from the date of referral. An initial IFSP can be developed prior to a child being discharged from the hospital. An interim IFSP is *only* developed when services are needed immediately for an eligible child. The 45-day timeline is still in place and the evaluation and assessments and the initial IFSP must be completed within the timeline.

The Service Coordinator met with a family who just came home from the hospital, she was able to determine eligibility in the initial visit based on record review. During that visit the parents expressed that they were unsure of how to hold the baby due to his contractures and were worried that they might hurt him. The Service Coordinator and the family developed an Interim IFSP to have the physical therapist come out within two days to help the family learn how to hold the baby; the service coordinator wrote the interim IFSP to include three 1 hour visits. The service coordinator reminded the family that the team would continue to conduct the initial assessment and complete the initial IFSP within 45 days from referral.



This section has been completed correctly if:

- All required information is completed
- The type of IFSP is documented
- The child's name and date of the IFSP is documented

ARIZONA EARLY INTERVENTION PROGRAM INDIVIDUALIZED FAMILY SERVICE PLAN CHILD AND FAMILY PAGE

Process

The IFSP Child and Family page serves as the place where many of the required content fields of the IFSP, as well as information for the data system, are recorded and updated as needed. This section is also used to record the child's primary care information and general health information including current hearing and vision status with a focus on how it effects the child's development.



As part of the initial visit with the family, the initial service coordinator completes this page after explaining early intervention to the family. This explanation should include the following points:

- The purpose of early intervention and structural overview
- Early Intervention practices used
- The AzEIP Mission and key principles
- Family's rights in early intervention, including sharing the Child and Family Rights in the Arizona Early Intervention Program booklet (family rights booklet) with the family;
- Funding sources used in early intervention, including sharing "A Family Guide to Funding Early Intervention Services in Arizona" (family funding booklet) with the family
- The use of the child and family assessment to gather information for the development of the IFSP, including sharing the "Child and Family Assessment Guide for Families" with the family (unless they screen out) and describing the purpose of the tool

"The purpose of early intervention is to enhance a family's ability to support a child's learning within routines and activities that are important to the family. Infants and toddlers learn best through everyday experiences and interactions with people they know in familiar situations. The team will gather information about a child's participation within routines identified by the family. This is known as the assessment. The IFSP is the plan that documents the family's concerns, priorities, interests and resources identified during the voluntary family assessment. In early intervention, families have Procedural Safeguards which ensure a family the right to make informed decisions and provide consent for any early intervention service."

Completing this page

When completing the following fields in the IFSP word document on the computer, they will auto-populate throughout the document.

Types of IFSPs: (must be written in)

- Interim
- Initial
- Annual

For this page: Initial, Annual or Interim are the IFSP types. Review meeting types and dates are written on the addendum pages. Review of the Annual IFSP is documented on the Outcome for Child and Family page of the IFSP. A review with date is entered and the progress toward the outcome is described. Based on the discussion, the team checks the box whether to continue, revise, or discontinue the outcomes or checks if the outcome has been completed.



If you have reviewed the IFSP before the next annual, the annual review date does not change. You can add additional pages, for instance the child and family assessment, outcome for child and family pages. However, you must use the addendum pages any time you do a review, and be sure to include the date that you updated these forms.

IFSP Date is the actual date the IFSP meeting is held and the plan is completed

Child and Family Information is the basic information that identifies the child and family. This includes the child's name, date of birth (these auto-populate in the word document if done on the computer), gender, ITEAMS ID number, date of AzEIP eligibility, with whom the child resides, school district, date child turns 2.6, the age the transition activities should begin.

It also includes the contact information for the family with whom the child resides and additional information for other caregivers or for the other parent if they live separately.

Language normally used by the parent(s) and the need for an interpreter is documented. IFSPs must be conducted and written or translated in the language normally used by the parent(s). Native language when used with respect to an individual who is deaf or hard of hearing, blind or visually impaired, or for an individual with no written language, means the mode of communication that is normally used by the individual (such as sign language, Braille, or oral communication).

Service Coordinator Contact Information is documented to ensure that contact information is available to the family and other IFSP team members. Family members should know where this is located so that they are able to easily access their Service Coordinator when needed.

Health Information includes the contact information of the Primary Care Physician (PCP), name and phone number specifically. This information allows communication, with parent consent, about the child's progress and his or her medical conditions that may impact intervention. When documenting the Primary Care Physician information the SC should discuss the Consent to Share Information form and the benefits of ongoing communication with the child's PCP.

The vision and hearing forms must be completed during the initial and annual IFSP, and the results recorded on the IFSP document.



When sending copies of the IFSP to team members or the family, please include the Vision and Hearing pages.

Date Vision Screening Conducted is the date the Vision Screening checklist was completed. It includes space for documenting the number of indicators or risk factors, and comments, and next steps needed for follow-up.



Date Hearing Screening Conducted is the date the hearing screening is conducted, *the Hearing Screening Tracking Form is not a hearing screening*. The date the OAE, ABR, BAER, etc. was completed must be documented. Do not record the date the tracking form was completed.

Results of OAE or Other Hearing Vision Screening documents, for each ear, whether the screening resulted in a “refer” or “pass” decision and/or action. It includes space to document a discussion for next steps that could include follow up with PCP, steps to obtain hearing screening.

Child’s Current Health Status is information that should be included in planning for appropriate supports and early intervention services for the child and family. This space should include, as applicable, pertinent medical information discussed with the team: including the child’s birth history, and any medical conditions, diagnoses, specialists involved, serious illnesses, hospitalizations that impact the child’s development. Record only what is current information, for example the child’s birth history should only be documented on the Initial IFSP. The Service Coordinator should indicate that there was a discussion and what, if any, changes of updates there are. If there are no changes, the Service Coordinator would indicate “No changes” or “No new concerns”.

Ethnicity information is gathered during this discussion but not documented on this form. It is documented on the Child File Data (see appendix D) form.



While the above information is important for the family and the IFSP team, circumstances may exist when a parent or foster parent asks that certain information (such as name/address/telephone number) not be included on this document for safety or other reasons. Under these circumstances, please write that fact in the space where the information would have been provided and record elsewhere in the child’s file.

All sections of the IFSP are intended to be completed for each child. If there is a section for which information is not available or applicable for a specific child, the section should be labeled as such and not left blank.



This section has been completed correctly if:

- All required information is completed
- The type of IFSP is documented
- Accurate contact information for the family is documented
- The name and contact information for the service coordinator and primary care physician is documented
- The child information includes a statement of the child's current health status based on a review of the child's health records and parent interview
- Current hearing and vision information is documented.
- The data from the IFSP pages matches the data on the data form.

ARIZONA EARLY INTERVENTION PROGRAM INDIVIDUALIZED FAMILY SERVICE PLAN CHILD AND FAMILY ASSESSMENT

Summary of Child Development within Routines and Activities Page

Process

The IDEA, Part C 2011 Regulations require each state to use an assessment tool when completing the family assessment. The **Child and Family Assessment** pages of the IFSP are Arizona's assessment tool.

To assist families in thinking about and preparing for the child and family assessment, the **Child and Family Assessment Guide for Families** is provided to each family prior to the initial and annual assessment. The Guide is not collected from families nor is it required to be included in the child's file; it is used by the family to support them during the assessment. The family may choose to document their thoughts on the **Child and Family Assessment Guide for Families**, or they may simply use it as a guide to follow along. The assessment tool includes five IFSP pages titled **Child and Family Assessment**. The **Summary of Child Development within Routines and Activities Page** documents the Child Assessment.

In the initial IFSP process:

Team members provide the **Child and Family Assessment Guide for Families** to the family at either the initial visit, for children eligible by record review OR at the end of the screening visit, for children needing an evaluation to determine eligibility.



Team members must obtain *Consent for the Child Assessment* prior to conducting the assessment. If a child is eligible by record review, the assessment must be conducted in a separate visit after the service coordinator's first visit, and prior to the initial IFSP. If a child is eligible based on an evaluation, the assessment must be conducted prior to the initial IFSP meeting and may be completed as a part of the evaluation visit (after determining eligibility) but must be conducted prior to the beginning of the initial IFSP meeting. Please see the Functional Assessment presentations and Chapter 3 of the AzEIP Policies and Procedures for more information regarding how to complete assessments. The discussion includes a review of the purpose and process of assessment. The team would ensure that the family has copy of the Guide to use during the assessment. If not, the team would offer a copy to use as a reference during the assessment. The discussion is documented on the Child and Family Assessment pages of the IFSP.

In the annual IFSP process:

The assessment visit may occur as a separate visit or may be part of the Annual IFSP visit. Two team members, one of whom can be the service coordinator, must complete the assessment. 1-2 weeks prior to the annual assessment, the service coordinator will provide and explain the **Child and Family Assessment Guide** to the family and ask them which



family members would like to participate in the assessment. It is important to ensure that if you are combining the Child and Family Assessment with the development of the Annual Assessment that you must schedule enough time to

ensure that both can be done completely, and provide the family and the team with a break before moving from the assessment to the IFSP development.

The service coordinator ensures that *Consent for the Child Assessment* is obtained prior to the assessment. The discussion includes a review of the purpose and process of assessment. The team would ensure that the family has copy of the Guide to use during the assessment. If not, the team would offer a copy to use as a reference during the assessment. The discussion is documented on the **Child and Family Assessment** pages of the IFSP.

Completing this page

Ensure all developmental areas are covered.

As the assessment discussion is nearing completion, the team member who is documenting the discussion on the IFSP pages will want to check and ensure that all areas of development have been covered in the discussion. Check boxes are on the first page of the Child and Family Assessment. The team member simply reviews all the information from the discussion and checks off each area covered. If an area of development has not been covered, the team may return to one of the activities or routines and ask additional probing questions. If vision and hearing impact the child's participation in the activities discussed, the team should note that in the description.



All developmental areas must be covered whether this includes one, two, or more activity areas. For example, if the team has discussed play as one of the activity settings, the developmental areas of cognition, socialization, and fine motor skills may have been covered. In discussing bedtime routine, the areas of self-help, adaptive, and gross motor skills may have been discussed. Taken together, all areas of development have been discussed. The child's visual and auditory behaviors, such as what he says during play, or how he looks and smiles at people, is noted and so the boxes for vision and hearing are checked as completed. Specific concerns about vision and hearing should be noted in the description.



Activity Check the activity or routine that the family would like to discuss.

If a family has difficulty identifying an area and are stuck on developmental skill acquisition, "I just want my child to talk more"; ask probing questions such as "when does his inability to talk get in the way the most?" or "during your day, when would it be most helpful if he was able to talk more?" Use additional questions to help the family identify one activity or routine that together the team will build upon to enhance the child's participation and also work on skills.

Some activity areas that are explored may highlight the child's strengths and independence in an activity that is going well. While outcome statements may not be developed from them, the information provides the team with information about the

child's abilities within a routine that he or she experiences success. *Children learn best when they are interested, having fun, and around people, places, and things that are familiar and important to them. Understanding the child's interests and preferences helps the team think about where and how the family might implement intervention strategies in order to effectively engage the child.* Often families want to explore what isn't going well and are asking for assistance from the team, these are activity areas that will most likely be developed into outcome statements.

How is it going? Ask the family members how the activity is going for the child and for other's involved. Sometimes it is the parent or other caregiver who is experiencing difficulty with a routine or activity even though the child seems perfectly comfortable with what is happening. These are opportunities to develop family outcomes.



"You were saying that Maria likes sleeping in bed with you. How do you feel about that?"

Comments/Details

Who is involved in this activity? Document the people in the child's life who are involved in the activity.



What is happening now? Record the important aspects of the routine or activity using bullets or short phrases and sentences to summarize. A long narrative of everything the parent said is not required.

"You were saying that Calvin really likes playing in the sandbox at the park. It sounds like he gets frustrated when the other children move away from him and play in other areas of the park. Tell me a little more about what you have tried and how things go at the park with the other children."

Child and Family Assessment Guide for Families can assist the family in preparing for the assessment. Prompts are given so that the family can provide the team with insight as to how a child's developmental concerns may be impacting everyday routines and activities. By using the Guide with families, teams may obtain information of what level and kind of support is needed to assist a child to fully participate in an activity. The prompts are not on the Child and Family Assessment pages of the IFSP. It is important for team members to become familiar with the contents of the Guide.

Is this an activity in which you would like to receive support from your early intervention team? Mark the appropriate box indicating the family's choice.

If yes, What would it look like if it were going well This question provides an opportunity to understand the family's expectations of their child within the routine or activity and assists in measuring progress. The team members responsibility in this part of the discussion is also to provide information about typical development, what could be expected for this child, given his /her developmental status for this particular activity or routine.

Follow-up questions to the family's initial responses to this question may be needed. For example, the family might say "my child will be able to eat dinner at the table with the rest of the family".

For one family this might mean that their child will stay seated in a chair, feed himself with a spoon and not throw food to the dog.

Another family might want their child to sit in a highchair next to the table or pull the highchair to the table and eat whatever the family has prepared instead of needing special foods.



This section has been completed correctly if:

- Consent for child assessment was obtained prior to conducting the Child Assessment.
- The information is obtained through a combination of discussion with the parent and caregivers and observation of the child and family during at least one of the identified routines and activities, and can be used to develop functional IFSP outcomes and intervention strategies that will help the primary caregivers support the child's participation in the family's typical routines, activities, and places;
- The information describes the child's functional abilities, strengths, and needs within the context of everyday routines and activity settings.
- The team has checked all areas of development have been addressed within the assessment discussion, including vision and hearing.



Q. Are all areas of development covered in each activity setting, or across all activity settings?

A. The Summary of Assessment pages should include a description of the child's present levels of development in all areas, including vision and hearing. This can be done for each activity discussed, or at a minimum, across all activity settings discussed.



Q. Do all four routines have to be completed, or can the team focus on 2 or 3 routines?

A. When completed, the assessment must include sufficient information to ensure the team members have discussed and documented all areas of development, including vision and hearing as appropriate.



Q. Can the Child and Family Assessment be documented in bullet form, or should it be a narrative?

A. It may be a narrative or bulleted format as long as the document provides clear information (to any reader, whether present or not) about how the child participates within a routine the family has identified as a priority. Ensuring all areas of development are addressed will provide the team with more rich information in

developing the outcomes, strategies, services, frequency, duration, intensity and who in supporting the family with their child's development.



Q. Can other types of assessment tools be used during the Child and Family Assessment?

A. Yes, it is permissible to use other assessment tools to assist in gathering information across all other areas of development and to address any concerns raised by the family. These domain-specific tools should be used to supplement the child and family assessment, resulting in a holistic description of the child's current development and the routines and activities selected by the family as a focus of the child and family assessment. However, the use of additional tools should not result in a description of isolated skills that the child is or isn't able to complete. Formal assessments or evaluation tools are not required.

ARIZONA EARLY INTERVENTION PROGRAM INDIVIDUALIZED FAMILY SERVICE PLAN CHILD AND FAMILY ASSESSMENT PAGE Natural Resources, Areas of Interest, Priorities

Process

The **Natural Resources, Areas of Interest,** and **Priorities** sections of the Child and Family Assessment are the **Family Assessment** portion of the assessment process.

- The family assessment is voluntary
- The family can share as much or as little as they wish
- All family members may contribute to the discussion

The team members ask the family to share the natural resources that support them and their child and check any areas of interest. The team members then help the family prioritize the areas of most importance to them that they wish to address in the next 3 to 6 months. This may be an activity area of routine or it may be one of the family's interests. Sometimes, an area identified as a priority can be matched to a natural resource that the family has also identified, if this occurs during the discussion, the team notes it in the space provided. These priorities will likely be developed into outcomes.

- If the family chooses NOT to share their concerns, priorities, and resources and/or include them in the IFSP, explain that the child and family will still be able to receive early intervention services. Based on the family's decision not to share, the team will still need to gather information about the child's development through observation and other means.



Child Indicators Reminder: During the assessment process, the same conversation is used to complete the Child Indicators Entry Summary Form. This form has been shortened to only include the ratings, as the discussion has already been documented in the IFSP.

Completing this page

Natural Resources: Record resources the family identifies as having in place that are helpful to them, including family members; extended family and friends who support the family with childcare or in other ways; community activities the family participates in or places that they visit which may support their child's development, such as the park or a play group or groups that offer the parents emotional or other types of support, such as organized parent groups or informal mom's day out activities. Understanding family resources can assist the IFSP Team to identify appropriate strategies, supports and services to meet functional IFSP outcomes.

Areas of Interest: The family's interest in obtaining additional information about resources within their community is documented. The service coordinator is responsible for knowing

about resources in their community and sharing this information with families. Service coordination includes providing families with information and assisting them with resources outside the AzEIP system. If the family is not interested in other resources you may note in this section that the family says, “none at this time”.

Priorities: Based on all the information the team has gathered: the child's strengths and challenges within typical routines and the families resources and interests, the team assists the family in prioritizing what they would like help with over the next 3 to 6 months. The team should review the activities and routines discussed to ensure the focus is on activities and/or routines and not on domain specific development/skills, such as walking or talking. These priorities will most likely be developed into outcome statements at the IFSP visit.



When completing this section the “priorities” use the activities that the family identified as wanting support during the Child and Family Assessment for instance, “mealtime/Snack” as something they want support from the team. This activity is what should be there under priorities section; we should not have a discrete skill such as communication.

Natural Resources:

Based on the natural resources identified during the child and family assessment discussion, note the resources identified by the family that may support the priorities they have selected. For example, if mealtime/snack is a priority, the neighborhood playgroup may be a resource as an opportunity for the family to engage in supporting their child during playgroup snack time.



As the team is discussing a priority, a specific natural resource already mentioned, or something new in the conversation can also be noted.

A family may identify the child's participation in mealtimes as their priority. The description from the child assessment is that the child's limited motor skills gets in the way of her ability to feed herself, her highchair prohibits her from sitting up close with the family at the table, and this seems to get in the way of her socializing with other family members. She gets “antsy” during meals when she isn't getting a lot of attention so it has just been easier to feed her early and let her watch a movie while the rest of the family eats their dinner later. A team member may also remember that one of the previously mentioned natural resources was her special relationship with her older brother. It is her brother that can always hold her attention the longest and get her to smile. Next to the priority of mealtime, the team member writes “older brother”



Functional outcomes will be developed at the next visit and the team will use any information here in the priorities section to help them identify the outcome, strategies and supports to meet that priority.

Child Indicator Entry Summary reminder box is checked when the team completes the Child Indicator Summary Form. This information must be documented in I-TEAMS by the Initial Service Coordinator. A copy of the entry (and later, the exit) summary is placed in the child's file.



Remember to take a copy of the child indicators decision-making tree, definition of the ratings, and the entry summary to the assessment visit with the family.



This section has been completed correctly if:

- The team understands and has documented what is of interest to the family and their priorities for their child's participation in family and community activities
- The information obtained through this interview and observation process, along with any additional information, can be used to develop functional IFSP outcomes and strategies that will help the primary caregivers support the child's participation in the family's typical routines, activities, and places
- Resources that the family has reported they find helpful and that they want included on the IFSP have been noted.
- If this is an initial IFSP, the Child Indicators Entry Ratings have been completed and entered into ITEAMS, with a copy of the indicators placed in the child's file

ARIZONA EARLY INTERVENTION PROGRAM INDIVIDUALIZED FAMILY SERVICE PLAN OUTCOME FOR CHILD AND FAMILY PAGE

Process

The IFSP meeting begins by:

- The SC and other team members reviewing the information documented on the Child and Family Assessment pages, paying particular attention to the priorities identified by the family.
- If the family agrees that these are still their priorities, the team proceeds to developing the outcomes and the rest of the IFSP.
- If the family has new priorities, the SC adds them to the priorities list and then the team proceeds to developing outcomes and the rest of the IFSP. The team discusses and documents these new priorities and adds them to the priority list.

The team continues the discussion from the priorities section and documents what is most important to the family. This may be an activity related_priority or an informational need_of the family. Next, the outcome statement is developed. The team should review what that activity or routine would look like if it was going well to help them develop this statement. Then, the team will reflect upon the natural resources and identify initial steps that the family and team members can take to help meet the stated outcome.

The team reviews the outcome status during the 6-month, or any other IFSP reviews. This review should include any progress made, or revisions necessary to the outcome.

Completing this page

Outcome # Each outcome should be numbered consecutively. The number is useful for keeping track of outcomes. It does not relate to the priority of the outcome.

Priority identifies the activity area this outcome will address based on information from Priorities section of the Child and Family Assessment.

Outcome is developed using the Summary of the Child's Development within Routines and Activities. The team writes a summary statement of what the family would like to see happen for their child within the context of an activity area.

Outcomes are to be:

- *Participation based* within the context of an activity setting not focused on the development of a skill.
- *Not discipline specific* meaning that the reader should not be able to identify it as specifically "a speech outcome" or "a behavior outcome"
- *Measurable Outcomes* should be specific enough to determine when the outcome is achieved. Families are included in measuring outcomes and may use special occasions as timelines for measuring outcomes
- *Free from passive wording, negatives, jargon, and acronyms.*
- *Remember to go back to the Child and Family Assessment and look at what the*

family said the activity would look like if things were going well. This will likely lead the team in writing the outcome.

Cindy will go visit grandma and ride in her car seat all the way to her house.
Michael will play with his toys so Grandma can cook breakfast and get the older kids off to school.
Lori will play together with her brother at the park using words and gestures.
Ava will sleep through the night.
Jackson will play in the backyard getting around on his own using his walker.
Walker will make some friends at story time at the library.
Kai will eat enough food so he can gain weight and not have to have surgery.
Miles will be happy and relaxed when his mom leaves him at childcare.
Dorrie will get to eat what he wants during mealtimes by pointing or looking at the choices his parents provide.
Sara will join the family on short hikes at Upper Creek Falls while riding comfortably in her infant carrier.



Don't back yourself into a corner! The biggest mistake is to start the conversation by asking "what do you want for your child?" and then to write down the first thing that comes out of the family's mouth. This is a conversation. Listen first, sit on your hands if you have to, and develop an outcome statement with the family. Writing can happen as you summarize the conversation, not as you start it. Remember, the family already described what it would look like if it was going well so start the conversation reviewing this information.

Strategies are the specific steps that the family and team members will take to work on this outcome. The strategies should be highly individualized and take into account the natural resources already in use by the family.

An outcome about participation in mealtimes might include steps such as:

- With the help of the Amy (the PT who is coming on a Joint Visit with the Team Lead), the parents will adapt the highchair so that Sarah is at the best sitting position possible at the table.
- The Team Lead and Mom will explore adapting a set of silverware or purchasing some adaptive silverware for Sarah
- We will all sit down together for mealtime.
- Sarah will be encouraged to feed herself, with dad assisting as needed

Outcome Status is completed only at reviews and updates of the IFSP. The SC enters the

date of the IFSP review or update and summarizes progress made or reason to revise or discontinue the outcome. The SC checks the box appropriate to the team's decision to continue, revise, discontinue or complete the outcome.



This section has been completed correctly if:

- The IFSP contains outcomes that are functional, measurable, and written in clear and understandable language so that the entire IFSP team, which includes the family, understands what the team is working towards
- The outcomes reflect the family resources, priorities and concerns within the context of the child's participation in a family activity or routine.
- The outcomes are discipline and jargon free
- Outcomes are written in positive words
- Strategies are individualized to the child's skills and abilities and identified routines
- Outcomes are attainable in 3 to 6 months.
- It is clear who will be doing what to support progress toward the outcome.
- Outcome status is documented during reviews
- Data sheet and data system have been updated



Q. How many outcomes should be written based on the areas of concern of the family from the Assessment?

A. Outcomes for the IFSP are based on the priorities of the entire child and family assessment process. This number varies by family and is not limited by the areas of routines discussed and documented on the Child and Family Assessment section of the IFSP.



Q. On the outcome page, there is no longer a section to document "how will we know we've made progress"? Where is progress documented?

A. The "Outcome - What will it look like when it's going well" refers back to the Child and Family Assessment, Summary of Child's Development pages. The information written in the Outcomes box should come directly from #3. Progress is documented in the outcome status box.



Q. How do we know if an outcome is measurable?

A. Outcomes should be specific enough to determine when the outcome is achieved. You should be able to ask the family "did we achieve what was stated in the outcome?" Yes, or No?

ARIZONA EARLY INTERVENTION PROGRAM INDIVIDUALIZED FAMILY SERVICE PLAN TRANSITION PLAN PAGE

Process

This Transition Plan page of the IFSP documents the discussion and the steps needed to begin to support the transition process. The transition plan in the IFSP is documentation of all the necessary steps to ensure that the family has a smooth transition out of early intervention. The team should discuss transition with the family at all IFSP meetings.

At the *IFSP meeting closest to the child's 2nd birthday*, the team must explain to the family:

- The opt-out policy
- The purpose of a transition conference and IFSP Transition Planning Meeting.
- The need to consent to share any information, verbally or in writing, with the school district or other programs.
- All options available to their family once the child has exited early intervention.

The *Transition Conference* is held so that parents are aware of all programs their child may be potentially eligible for once the child exits early intervention. The Service Coordinator facilitates the meeting and documents the discussions and next steps on the Transition Conference Summary form.

The *IFSP Transition Planning Meeting* can be held at the same time as the Transition Conference. During this time, the service coordinator documents the steps needed to ensure a successful transition on the IFSP Transition Timeline page.



If the parent decides they would like to hold a transition conference, AND provided consent to share information with the school district, the service coordinator would send the Invitation to Participate in a Transition Conference to the parent, the school district and any other programs that family would like to have participate. The Transition Conference **MUST** be held no later when the child is 2.9. If the school district is unable to attend by this date, the service coordinator must hold the transition conference and send an alert to AzEIP.

If the parent does not opt-out, the *PEA Notification/Referral form* must be sent to the school district and to the Arizona Department of Education before the child is 2.9.

Completing this page

Date Child is 2.8 is the date by which the parent must make a decision to opt out of the automatic referral. If the parent does not opt-out, in writing, by this date, the PEA Notification/Referral form will be sent to the school district and the AZ Department of Education.

Date Child is 2.9 is the date by which the service coordinator must have held the transition conference and the IFSP Transition Planning meeting AND sent the PEA Notification/Referral form to the school district and to the AZ Department of Education. There is no family reason for delay – if the parent has not signed the opt-out by 2.8, the form must be sent before the date the child is 2.9 years.

Family's Priority regarding transition documents identified priorities and concerns related to the transition out of early intervention. This section may not be filled out at every IFSP. As the child nears 2.6, the family may be better able to identify their concerns or priorities for transition.

Steps to be taken to support transition include any activities that need to be taken prior to the transition out of early intervention to support the child and/or family. For example, the family will visit the preschool.

Date Achieved is documented as the steps have been completed, including the date of the IFSP meeting closest to the child's 2nd birthday.

Agreement to hold Transition Conference is checked if the parent would like to hold a transition conference. The people/programs they would like to attend the transition conference are listed.

Consent to share information The parent checks what information they would like to share with the school district or other programs and if that information can be shared verbally and/or in writing. The name of the Early Childhood programs should be listed and the parent must sign, giving consent to share the information.

Agreement to not hold a Transition Conference is checked if the parent does not wish to hold a transition conference. There may be times when a parent decides at the IFSP meeting closest to their child's 2nd birthday that they do not wish to hold a transition conference, but as the child nears their 3rd birthday, they change their mind! The service coordinator should document that conversation in the child's file and proceed with the transition process, as appropriate.



This section has been completed correctly if:

- The IFSP has transition steps and services documented, as appropriate.
- Dates the steps were achieved have been filled in.

ARIZONA EARLY INTERVENTION PROGRAM INDIVIDUALIZED FAMILY SERVICE PLAN TRANSITION TIMELINE PAGE

Process

The transition timeline page of the IFSP is used to document steps needed during the transition process when a child is between 2.6 and 2.9, or as early as 2.3 if all parties agree. This page should be used during the Transition Conference and the IFSP Transition Planning meeting to document the activities that have occurred or steps that need to be taken to support the family's transition out of early intervention.

This page also documents the service coordinator responsibilities related to a child exiting out of early intervention.

1. Completing the Child Indicator Exit summary form with the family and ensuring that the data is entered into I-TEAMS. Remember, it would be very unusual that a child did not make any progress in the three indicators by the time of exit.
2. The Family Survey should be explained and given to the family at the IFSP Transition Planning Meeting, or prior to exit from early intervention.
3. The service coordinator should explain the family's procedural safeguards regarding retention of records and offer the family a copy of the child's records prior to exiting.
4. The service coordinator should list any other activities that need to occur prior to the child exiting from the program. This could include making referrals to community programs, applying for ALTCS, etc.



As part of the process of exiting a child from early intervention, the service coordinator should ensure that all required data elements are entered into I-TEAMS.

Completing this page

Before Child is 2.8 The service coordinator would document any steps that are needed to ensure the parent has made the decision to opt out prior to the child turning 2.8. The service coordinator will document the date the parent signs (decides to opt out) or doesn't sign (does not opt out) on the opt-out section of the PEA Notification/Referral form.

Age of Child is between 2.6 - 2.9 (and as early as 2.3, if all parties agree): The service coordinator will document any steps that are needed to support the Transition Conference and IFSP Transition Planning meeting. Some examples may be further discussion about the automatic referral, providing information about community preschool, or preparing the family to visit the program. The service coordinator will

document the date the activities are achieved.

The service coordinator would also document the date the PEA Notification/Referral form was sent to the school district and ADE.

Age of Child is 2.9-3.0: The service coordinator would document any additional steps needed to support the family with the MET and/or IEP meeting, including the date the meetings happened.

Other Transition Activities and Date Achieved: These service coordination activities are important to ensure the child and family successfully transition out of early intervention. The service coordinator should document the date each activity is achieved and include any additional activities, if needed.



For children *eligible for AzEIP between 2.9 and 2.10 ½*, the timelines are different. The initial IFSP meeting should include completing the following transition activities:

- Opt out must be completed before or during the initial IFSP meeting
- PEA Notification/Referral must be sent no later than the next business day after the initial IFSP meeting, unless the parent opts-out
- Transition conference is not required but can be combined with the initial IFSP meeting, if the parent wishes to have a transition conference
- IFSP Transition Planning meeting is not required, but can be combined with the initial IFSP meeting

This section has been completed correctly if:



- The PEA Notification/referral form was sent to the school district and ADE prior to the child turning 2.9, if the parent did not opt-out.
- The Transition conference took place prior to the child turning 2.9, or if later than 2.9, there is a documented family reason.

**ARIZONA EARLY INTERVENTION PROGRAM
INDIVIDUALIZED FAMILY SERVICE PLAN
SERVICES NEEDED TO MAKE PROGRESS TOWARD OUTCOMES PAGE**

Process

Services are provided to meet the child and family outcomes identified in the IFSP. This page documents the services, and the frequency, intensity and duration of those services as determined by the team at the IFSP meeting. The team uses all information gathered during the assessment process, including natural resources available to the family, to come to a consensus regarding the services. The Team reviews all the IFSP outcomes to determine the early intervention service(s) needed to meet the outcomes. The team should keep in mind what other related services are currently in place, or the family needs as well as the natural resources available to the family to support the outcomes.

Completing this page

Outcome # will correspond to each of the outcomes in the IFSP. For each service, indicate the outcome number that the service will support. One service may support all the outcomes. There does not need to be a separate service for each outcome. At each annual IFSP, the numbering is started again. An outcome should not be carried over into a new annual IFSP unless it has been revised.

Early Intervention Service: List each of the Part C services identified by the team. Spell out each service – do not use acronyms.

Early intervention services listed in IDEA Part C include:

Assistive Technology

Audiology

Family Training, Counseling & Home Visits

Health Services

Medical Services

Nursing Services

Nutrition Services

Occupational Therapy

Physical Therapy

Psychological Services

Service Coordination

Sign Language & Cued Language Services

Social Work Services

Special Instruction

Speech-Language Pathology Services

Transportation & Related Costs

Vision Services

Intensity is whether the service is being provided to the individual, two eligible children or multiple (3 or more) eligible children (i.e. Eligible children in the same foster home). Indicate by using the appropriate code (I, UN, UP) for the level of intensity.

Frequency is the number of sessions per specific time period (i.e. week, month, 3 months or 6 months) and the number of minutes per session for each service. The team should keep in mind what other related services the family has, or needs and the natural resources available to the family to support the outcomes. The service coordinator should document the number of sessions within the specified time, and the number of minutes per session. The frequency should be specific – “up to” or “between” is not appropriate for this section.



 To allow for activity based, flexible services; and for possible bursts of service, it is advisable to note total number of sessions per 3 or 6 months, rather than using shorter increments of time.

Service Setting is determined by the team as the most appropriate place for outcomes to be achieved. IDEA Part C requires that early intervention services be provided in the natural environment unless outcomes cannot be achieved in the natural environment. If it is determined that a service cannot be provided in the natural environment, the justification section of this page just be completed, regardless of funding source. The justification must include how early intervention services will support the child's participation in routines and activities and a plan and timeline to move services into the natural environment. The Service Coordinator should check the appropriate box for where the child is receiving the service. If the child is receiving the same amount of service in the “Home” and “Other”, the default is “Home”. Only one box should be checked for each service.

Method describes the provider's approach to supporting the child and family. Looking across all outcomes, the IFSP team should decide the most appropriate team member to be the Team Lead. The IFSP team should also decide the method by which any other service identified will be provided.

SELECT ONE:

Team Lead (TL): primary service provider who is the team member who visits the family most often. The Team Lead will use the expertise of the other team members during Team Conferencing and Joint Visits.

Joint Visits (JV): two or more team members providing a direct service to the child and family together

Non Team Lead (NTL): Is used rarely, for a very short defined period of time, which is specified on the IFSP. NTL is used when one team member might meet alone with a family, but must closely coordinate and coach the Team Lead during weekly team meetings.

Duration is based on the time needed to achieve the outcomes. It may be appropriate for services to have different durations. Service coordination must be a minimum of at least monthly contact; however, the team may decide that more contact is needed.

Planned Start Date is the date the team, including the family, agrees that the service should start as soon as possible after the IFSP meeting. The planned start date are individualized and should be responsive to the needs of the individual child and family. This date should not be the date of the IFSP, with the exception of service coordination, unless a service session is happening later that day. For an annual IFSP with a continuing service, this date is the date of the next scheduled visit with the provider.

Planned End Date should be individualized based on the need for the service to meet the outcomes. The end date should be no more than 6 months from the IFSP date.

Primary Service Setting is the location in which the child receives the most hours of early intervention services. Check only one box.

Justification: The service coordinator should list the service, service location and service provider in the top of this section. Then, document the justification for the team's decision why outcomes cannot be achieved in the natural environment. Next, the team should explain how services would be generalized to support the child in their daily routines. The Justification should include a plan and timeline to move early intervention services to the natural environment.

This section has been completed correctly if:



- The IFSP team determines the planned start date for the service as soon as possible after the IFSP meeting and reflect the family's priorities and schedule.
- All services on the IFSP are provided in home or community based settings.
- If not, the IFSP includes an appropriate justification with timelines for transitioning back into the natural environment.
- The documentation of services necessary to meet the needs of the child and family, including frequency, duration and intensity are listed appropriately.
- The services and supports identified in the IFSP are designed to enhance the capacity of the family in meeting the developmental needs of their child.

ARIZONA EARLY INTERVENTION PROGRAM INDIVIDUALIZED FAMILY SERVICE PLAN PAYMENT ARRANGEMENTS FOR SERVICES PAGE

Process

The Payment Arrangements for Services page captures information about the payor of services identified on the IFSP. This page also documents the *Resources, Services and Supports* that the child or family currently has in place, or has identified as a need, but is not required or funded under early intervention.

Completing this page

IFSP Type documents whether the meeting is an Initial IFSP or Annual IFSP. If this is an "other" review, the annual date does not change.

IFSP Date is the date the Initial or Annual IFSP was completed.

Child's Name: Document the child's legal name.

Date of Birth: Document the month/day/year of the child's birth.

Family Cost Participation is an AzEIP requirement in which families with income over a certain amount for their family size must share in the State's cost for certain services.

The Service Coordinator confirms with the family that they have received information about the AzEIP Service Providing Agency's cost for each service subject to Family Cost Participation and has the parent initial that they have received the information.

If the family has not received information about Family Cost Participation, the Service Coordinator should provide the information, along with the Financial Information Form for the family to complete and send to the AzEIP Service Providing Agency that provides services to the family (AzEIP, DDD, or ASDB).



Fees apply to all IFSP services, except: Service Coordination, Evaluation, Assessments, team conferences, IFSP meetings, dispute resolution, implementing procedural safeguards and teaming activities on behalf of the family.

Although fees apply, the percentage of the fee is 0% in certain circumstances: See the Family Guide to Funding for explanation of children and families who will have a 0% fee for services.

Discussion of use of insurance: With the parent's written consent, public and/or private

health insurance may be used to pay for some or all of the child's early intervention services, including evaluations, as long as there is no cost to the family, and on-going services.

Public Insurance: Document the type of public insurance by marking the corresponding box and listing the name of the Health Plan. If the child is not covered under public insurance, write N/A.

Private Insurance: List the name of the Private Insurance Plan. If the child is not covered under private health insurance, write N/A.

If the family declines to use their public and/or private insurance, the early intervention services will not be denied or delayed as a result. Family Cost Participation applies regardless of whether or not the parent consents to use insurance. If the family wishes to consent to the use of their public/private insurance, the Consent for Insurance form (GCI-1040) must be completed and signed by the family prior to billing public and/or private insurance.



If the child is enrolled in DES/DDD and the Arizona Long Term Care System (ALTCS), DES/DDD is required to access private insurance before using Title XIX/ALTCS funding. If the child is ALTCS eligible, the parent must consent to the use of their private insurance, before they can consent to the use of ALTCS to pay for their early intervention services. If the parent declines to consent to use their private health insurance, the child will receive early intervention services as an AzEIP only eligible child, which may include Family Cost Participation.

Early Intervention Service: Document each of the Part C services identified by the team from the Services Needed To Make Progress Toward Outcomes Page of the IFSP. Spell out each service – do not use acronyms.

Discipline: Document the discipline of the person providing the service (e.g. service coordinator, physical therapist, occupational therapist, speech-language pathologist, developmental special instructionist, hearing specialist, vision specialist, psychologist, social worker, etc). If one of the other services, such as nutrition, is being provided, then the discipline might be registered dietician.

Funding source: Using the Funding Source numerical codes (1-7), document all potential funding source(s) for each of the identified early intervention services. An early intervention service may have multiple funding sources. For services that have *no cost*, enter the funding source numerical code for the AzEIP Service Providing Agency (AzEIP, DDD, or ASDB).

1. Medicaid (AHCCCS/CMDP)- use 1 if the child is covered under an acute care AHCCCS plan or CMDP **and** the parent has provided written consent to use public insurance.

2. Private Insurance (PI)- use 2 if the child is covered under a private health insurance plan **and** the parent has provided written consent to use private insurance.
3. Family Cost Participation (FCP)- use 3 if the service has an applicable fee/cost. See the AzEIP Family Guide to Funding for more information.
4. Arizona Early Intervention Program (AzEIP)- use 4 if an AzEIP Contractor is the Service Providing Agency.
5. Division of Developmental Disabilities (DDD)- use 5 if DDD is the Service Providing Agency and the child is receiving the service through DDD (Service Coordination only).
6. Arizona Long Term Care System (ALTCS)- use 6 if the child is ALTCS eligible.
7. Arizona State Schools for the Deaf and Blind (ASDB)- use 7 if ASDB is the Service Providing Agency, and the child is receiving the service through ASDB

Fees Apply? Document whether or not fees apply for each early intervention service by marking the Yes box if fees apply and the No box if fees do not apply. Even though the Yes box may be marked, the family may have a zero percent to pay. Fees do not apply to the following:

- Any of the activities related to initial referral to AzEIP, determining a child's eligibility or developing the Individualized Family Service Plan;
- Evaluation and assessment (to determine if a child is eligible for AzEIP and to identify strengths and needs in order to plan appropriate services)
- Service coordination; and
- Administrative and coordination activities related to:
 - Development, review, and evaluation of IFSPs;
 - Transition conferences;
 - Procedural safeguards, including dispute resolution; and
 - Teaming activities on behalf of the family.

Resource(s), Service(s), and Support(s) documented here are those that the family currently finds helpful in meeting the needs of the child and family, as well as those in which the family may be interested. These resource(s), service(s), and support(s) are not funded by IDEA, Part C. This information may have been identified during the assessment process and can be found on the assessment pages of the IFSP. New resource(s), service(s), and support(s) may be identified through the course of the IFSP and should be documented here.



Examples of Resources might include, but are not limited to:

- WIC
- SSI

Examples of Services might include, but are not limited to:

- Respite covered under ALTCS;
- Therapy services provided through Indian Health Services, but not through AHCCCS/IHS;
- Therapy services funded solely through private insurance or funded through CRS

Examples of Supports might include, but are not limited to:

- Grandparents
- Faith based organizations
- Neighborhood play groups

Check if needed: If the resource/service/support is not in place and is needed, mark this box.

Payment Source for the service is documented here. N/A should be used if there is no cost. If payment source is unknown, steps to be taken may include identifying a payment source.

Steps to be Taken: If the box is checked indicating the Resource, Service, or Support is needed, document the steps that will be taken to ensure the Resource, Service or Support is put in place.



This section has been completed correctly if:

- Parent has initialed acknowledgment of Family Cost Participation
- Public and/or private insurance are documented
- All identified Early Intervention Services are spelled out, no acronyms.
- The Discipline of each Early Intervention Service provider is listed.
- All potential funding sources are noted.
- The fees apply boxes are checked for each early intervention service accurately.
- Additional non-funded resources/ services, and supports are documented, including those identified on the child and family assessment pages.
- If a resource, service or support is needed, steps to ensure these are put in place are listed.

ARIZONA EARLY INTERVENTION PROGRAM INDIVIDUALIZED FAMILY SERVICE PLAN INFORMED CONSENT BY PARENT FOR SERVICES PAGE

Process

Federal and state regulations require that the parent(s) be provided prior written notice of the services identified in the IFSP so the parent(s) can provide informed written consent agreeing or not agreeing to the services. After the IFSP has been developed with the family, the Service Coordinator must discuss the proposed services with the family and obtain the parent's written consent before each service may be initiated.



The "Parent" is defined in order of availability as:

- Biological or adoptive parent
- Relative or stepparent with whom the child lives
- Foster parent
- Guardian appointed for the child (cannot be an employee of DES, including a CPS worker, or any state agency)
- Surrogate Parent assigned by a judge overseeing the child's case

Completing this page

IFSP Type documents whether the meeting is an Initial IFSP or Annual IFSP.

IFSP Date is the date the Initial or Annual IFSP was completed.

Child's Name: Document the child's legal name.

Date of Birth: Document the month/day/year of the child's birth.



Prior to requesting the parent's initials on 1a and 1b, the Service Coordinator must:

- Summarize what the team is proposing.
- Inform the parent that he/she may choose to agree to initiate all, some, or none of the proposed early intervention services.
- Explain that the parent must provide written consent prior to the initiation of early intervention services.
- Discuss that all services identified on the IFSP to which the family consents must be provided.

Initial 1a: By initialing this box, the parent is indicating he/she is in agreement with the proposed IFSP as written and is consenting to initiate services.

Initial 1b: By initialing this box, the parent is indicating he/she does not agree with the

proposed IFSP as written. If the parent agrees with some, but not all of the proposed service(s), the parent should initial 1b and the Service Coordinator must then:

- Ask the parent which service(s)/frequency he/she is consenting to initiate.
- Record the services that the parent is agreeing to in section 1b.
- Complete the Prior Written Notice form (GCI-1050A) to document the reason(s) the team is proposing or refusing to initiate a service(s).
- Provide the parent with a copy of the Prior Written Notice.
- IF the child is ALTCS eligible, follow the Notice of Action procedures
- *Discuss the next steps in the Procedural Safeguards.*
- *Refer to the Family Rights Handbook.*

Initial 2: By initialing this box, the parent is indicating that the Service Coordinator explained their rights under the AzEIP program The Service Coordinator must explain the family's procedural rights and safeguards and offer the family a copy of the Child and Family Rights in the Arizona Early Intervention Program. . The Service Coordinator must document that the parent has accepted or declined a written copy of the AzEIP Family Rights Handbook by marking the corresponding box.

Initial 3: By initialing this box, the parent is indicating that he/she was given a copy of the AzEIP Family Survey.



Prior to requesting the parent's initials, the Service Coordinator must:

- Explain the purpose of the AzEIP Family Survey
- Ask the family to share their experiences about the program by using the survey
- Provide the parent with the AzEIP Family Survey and a pre-stamped envelope at each annual IFSP and at or near the exit from the program
- Offer assistance to families, if needed, to fill the survey out or return it

Parent Signature and Date: By signing this line, the parent documents that he/she has participated in the development of the IFSP, understands that he/she can accept or refuse any or all of the services identified in the IFSP and that their rights under IDEA Part C have been fully explained.



This section has been completed correctly if:

- The contents of the IFSP have been fully explained to the parents and Prior Written Notice was given prior to initiation or change in services.
- The parent has initialed either 1a or 1b (not both).
- If the parent has initialed 1b, they have written the services/frequency that they do consent to, if appropriate.
- The parent has initialed 2 and marked a box to accept or decline a copy of the Child and Family Rights in the Arizona Early Intervention Program booklet.
- The parent provided consent prior to initiation of or change in service by signing the page.

ARIZONA EARLY INTERVENTION PROGRAM INDIVIDUALIZED FAMILY SERVICE PLAN IFSP TEAM PAGE

Process

The IFSP Team page documents all team members who participated in development of the IFSP and the IFSP team meeting. This page also documents the core team members that the child and family may access throughout their involvement in early intervention. The Core Team Members are noted to remind all involved that although the child has a service coordinator and Team Lead who see the child/family most frequently, the child/family also has access to the support of an entire team in the Team Based Early Intervention Model. The Service Coordinator is responsible for completing this page and including all team members whether they were present or not. Signatures of team members are not required. All core team members should be noted on this page—if the team for this family includes a social worker, psychologist, vision specialist or hearing specialist they should be named on the page.

Completing this page

IFSP Type documents whether the meeting is an Initial IFSP or Annual IFSP.

IFSP Date is the date the Initial or Annual IFSP was completed.

Child's Name: Document the child's full legal name.

Date of Birth: Document the month/day/year of the child's birth.

IFSP Team Members are the people (other than the family), present or not, who contributed to the development of the IFSP.

- **Service Coordination** is the team member who will provide on-going service coordination to the family. If the service coordinator from the initial planning process team was involved in the initial assessment process, then his/her name is listed as an IFSP team member.
- **Team Lead** is the service provider chosen by the team during the IFSP meeting to see the family most frequently and to ensure collaboration with other service providers.
- **IFSP Team Members** are the team members who participated in the development of the IFSP. This includes the second member of the multidisciplinary evaluation

and/or assessment team who may not be present at the meeting but contributed through their participation in the evaluation and/or assessment process.

Discipline/Role: Document the discipline/role of each IFSP participant. If the participant is a speech therapist, document "Speech Therapist". For dual role service coordinators, their name would appear twice on the page, once under service coordinator and again under Team Lead.

Agency/Program: Document the name of the Agency / Program for which the team member works.

Phone No: Document the team member's phone number (and/or email address).

Initial if Present: Each team member who was present for the IFSP meeting must initial.

Core Team Members and Discipline/Role are documented to reinforce the team model in which one person is the primary service provider for the family, but is supported by the entire team. Under core team members, list all of the other IFSP team members (including Psychologist, Social Worker, and if applicable Hearing or Vision Specialist) who did not participate in the development of the IFSP, but who are part of the family's team.



This section has been completed correctly if:

- All IFSP Team Members and Core Team Members are listed
- Team Members who were present for the IFSP meeting initialed next to their name

ARIZONA EARLY INTERVENTION PROGRAM INDIVIDUALIZED FAMILY SERVICE PLAN ADDENDUM PAGES

Process

The IFSP Addendum pages are used at the 6-month review, and at any other review of the IFSP which includes an addition or change in a service, including a change in frequency, intensity or duration of a service. All team members who are actively providing services on the IFSP must be present at an addendum meeting. These Addendum pages are completed in the same way as the IFSP pages for an initial or annual IFSP, with one addition to the Informed Consent by Parent for Services page. The Addendum pages include:

- *Services Needed to Make Progress Towards Outcomes page*
- *Payment Arrangements for Services page*
- *Informed Consent by Parent for Services page*
- *IFSP Team page*

Completing this page

Services Needed to Make Progress Towards Outcomes Addendum page lists all services the IFSP team decides are needed to meet the outcomes. At the 6-month review or any other reviews this page is re-written to reflect any changes in services. The *Planned End Date* is no more than 6 months from the date of the IFSP.



Services, frequency, intensity or duration should never be crossed out. An addendum page should be used to reflect the changes.



During any review all IFSP team members currently providing services to the child and family must attend the meeting in person with the service.

Payment Arrangements for Services Addendum page identifies the payor for each service. This page should be changed at the 6-month review, or any other review, to reflect the changes to the services.

Informed Consent by Parent for Services Addendum page documents the informed written consent of the parent, agreeing or not agreeing to the services on the IFSP. Written consent must be obtained from the parent prior to the initiation of early intervention services. When there is a change in service(s) on the IFSP, the parent must provide consent to initiate the change in service(s).

The **Informed Consent by Parent for Services Addendum** page requires that the parent

indicate whether or not they *Consent for Private Insurance* to be billed for services. This consent is obtained each time a there is a change in type, frequency, length, duration or intensity of service.

IFSP Team Addendum page documents which team members were involved in the review and development of the IFSP. Under core team members, list the other IFSP team members who are not directly involved in providing services to a child/family, but who are available to the family through team conferencing and coaching.

90 day/ALTCS reviews When children are receiving service coordination through the Division of Developmental Disabilities, DDD Support Coordinators serving as AzEIP service coordinators, must hold reviews of a child's plan every 90 days. The DDD support coordinator and the IFSP team members currently providing services to the child and family must coordinate to ensure that any review that might result in changes to the frequency, intensity or service providers on the IFSP include the participation by all active team members.



The AzEIP Service coordinator must obtain the responsible person's written consent to use the responsible person's or child's private insurance to pay for each increase in frequency, length, duration, or intensity of an early intervention service. This does not apply to public insurance.