



# Alabama's Early Intervention System Part C Individualized Family Service Plan (IFSP)

Child's Name: \_\_\_\_\_ Child's DOB: \_\_\_\_\_  For Initial Plan  For Annual Plan

Program: \_\_\_\_\_ Service Coordinator: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of IFSP Meeting: \_\_\_\_\_ Begin/End Dates: \_\_\_\_\_ / \_\_\_\_\_

Basis of Eligibility:  Developmental Delay  Eligible Diagnosis \_\_\_\_\_  
 Informed Clinical Opinion Updated: \_\_\_\_\_  Developmental Delay  Eligible Diagnosis \_\_\_\_\_

Child's Present Level of Development: (✓ confirmed 25% or greater delay)  
 Physical  Cognitive  Communication  Adaptive  Social or Emotional  Vision  Hearing

Parent/Caregiver: \_\_\_\_\_ Email Address: \_\_\_\_\_

Contact#: \_\_\_\_\_ Alternate#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: AL Zip: \_\_\_\_\_ County: \_\_\_\_\_

Child Has:  Medicaid # \_\_\_\_\_  EPSDT  Private Insurance  All Kids  No Coverage

Vital Message provided & reviewed with family Date IFSP sent (parent and providers): \_\_\_\_\_  mailed  delivered  emailed

We will review your child's progress, change plan services or add new information as needed. You may request a review at any time and required reviews will be based on *target* dates indicated below. (§303.342)

<p><b>Six-month review:</b></p> <p style="text-align: right;">_____</p> <p style="text-align: center;">Date due      Date completed</p>	<p><b>Purpose:</b> Discuss progress, evaluate progress, and change plan if needed</p>
<p><b>Annual Review (in person):</b></p> <p style="text-align: right;">_____</p> <p style="text-align: center;">Date due</p>	<p><b>Purpose:</b> Discuss progress, evaluate progress, and change plan if needed</p>
<p><b>Transition Meeting at 27 months or at initial planning if child is 27 months:</b></p> <p style="text-align: right;">_____</p> <p style="text-align: center;">Date due      Date completed</p>	<p><b>Purpose:</b> Discuss where your child will continue to do his/her best when he/she turns 3. Discuss notification to a Local Education Agency (pre-school) or other community placements.</p>
<p><b>Transition Planning Meeting with LEA prior to 33 months unless parent Opts Out:</b></p> <p style="text-align: right;">_____</p> <p style="text-align: center;">Date due      Date completed</p>	<p><b>Purpose:</b> Discuss your child's educational pre-school needs and introduce your family to school system personnel <u>OR</u> meet with an alternate community placement agency of your choice.</p>



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AEIS VOLUNTARY FAMILY ASSESSMENT REPORT (add pages as needed)

Federal regulations require the use of a family assessment tool and also an interview [§303.321(c)(2)(iii)]. This process identifies resources, priorities, and concerns and the supports and services necessary to enhance a family's capacity to meet the developmental needs of their child.

I chose to voluntarily participate \_\_\_\_\_ (parent initial)  I chose not to participate \_\_\_\_\_ (parent initial)

RESOURCES FOR FAMILY: (friends, recreation opportunities, relatives, day care, clinics, agencies, etc.). Intervention is about helping you enhance the development of your child and improving your lives. Existing supports may play a part in your family's plan.

\*indicate any changes made at 6-month or additional review

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CHILD/FAMILY CONCERNS AND PRIORITIES: (Examples: "Morning is chaotic getting my child ready for the day", "My child is frustrated because he cannot say what he wants".) So we know what to help you work on, describe what concerns you most about your child or your family's situation during daily (eating, bathing, etc.) and family routines (trips, shopping, church, etc.) and the importance of addressing each.

\_\_\_\_\_ #\_\_\_\_\_  
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\_\_\_\_\_ #\_\_\_\_\_  
\_\_\_\_\_ #\_\_\_\_\_  
\_\_\_\_\_ #\_\_\_\_\_

Service Coordinator Signature: \_\_\_\_\_

For Initial Plan/Assessment Tool: \_\_\_\_\_ Date: \_\_\_\_\_

For Annual Plan: Ongoing personal contact with parents and/or family member Date: \_\_\_\_\_



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**CONCERNS ADDED AT:  6-MONTH REVIEW**

-----	#_-----
-----	#_-----
-----	#_-----
-----	#_-----
-----	#_-----
-----	#_-----
-----	#_-----
-----	#_-----

**CONCERNS ADDED AT:  ADDITIONAL REVIEW**

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-----	#_-----
-----	#_-----
-----	#_-----
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-----	#_-----
-----	#_-----











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Outcomes are based on parent identified resources, priorities and concerns. Consideration must be given to pre-literacy and language skills as developmentally appropriate. Services are based on peer-reviewed research to the extent practicable. Service(s) are provided in natural environments to the maximum extent appropriate OR a justification explains why early intervention services cannot be achieved satisfactorily in a natural environment. Multiple outcomes can be addressed by a single provider at the same time. If a parent is not satisfied with progress at review, revise this outcome. (§303.344)

OUTCOME:	Family Evaluation  <input type="checkbox"/> 6-month <input type="checkbox"/> Additional Review  Date: _____  Parent initial: _____	Family Evaluation  <input type="checkbox"/> Annual <input type="checkbox"/> Additional Review  Date: _____  Parent initial: _____
PROCEDURE(S):	<input type="checkbox"/> We are pleased to have achieved this outcome <input type="checkbox"/> We are pleased with progress but we will continue to work on this outcome <input type="checkbox"/> We are pleased there was some progress but want a revision during this IFSP review <input type="checkbox"/> We are not pleased with progress and want a revision during this IFSP review <input type="checkbox"/> We no longer consider this outcome a priority	<input type="checkbox"/> We are pleased to have achieved this outcome <input type="checkbox"/> We are pleased with progress but we will continue to work on this outcome <input type="checkbox"/> We are pleased there was some progress but want a revision during this IFSP review <input type="checkbox"/> We are not pleased with progress and want a revision during this IFSP review <input type="checkbox"/> We no longer consider this outcome a priority
<input type="checkbox"/> added at 6-month review _____ <input type="checkbox"/> added at additional review _____		



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## EARLY INTERVENTION SERVICES PAGE (add pages as needed)

Service Coordination: Begin Date: _____	End Date: _____	Frequency/Length: _____/_____
Setting: _____	Potential Payer(s) of Services: (1) _____ (2) _____	Intensity: <u>Individual</u>
Method: <input type="checkbox"/> Direct Child/Family Service <input type="checkbox"/> Support/Information to Family		

El Service: \_\_\_\_\_

Intensity:  Individual  Group

Begin/End Date: \_\_\_\_\_

Frequency/Length: \_\_\_\_\_

Method:  Direct Child/Family Service  Consultation  Support/Information to Family

Potential Payer(s) of Services: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (Evaluations at public expense)

Setting: \_\_\_\_\_

Early Intervention Service is in natural environment

Justification if not in the natural environment

Parent signature indicates written consent to a change in EI service determined at the following review:  6-month  additional

Add new service

\_\_\_\_\_  
Parent Signature/Date

Change: \_\_\_\_\_  
Begin/End Dates: \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_  
Parent Signature/Date

End Service: \_\_\_\_\_ (effective date)

\_\_\_\_\_  
Parent Signature/Date

El Service: \_\_\_\_\_

Intensity:  Individual  Group

Begin/End Date: \_\_\_\_\_

Frequency/Length: \_\_\_\_\_

Method:  Direct Child/Family Service  Consultation  Support/Information to Family

Potential Payer(s) of Services: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (Evaluations at public expense)

Setting: \_\_\_\_\_

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Add new service

\_\_\_\_\_  
Parent Signature/Date

Change: \_\_\_\_\_  
Begin/End Dates: \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_  
Parent Signature/Date

End Service: \_\_\_\_\_ (effective date)

\_\_\_\_\_  
Parent Signature/Date



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El Service: \_\_\_\_\_

Intensity:  Individual  Group

Begin/End Date: \_\_\_\_\_

Frequency/Length: \_\_\_\_\_

Method:  Direct Child/Family Service  Consultation  Support/Information to Family

Potential Payer(s) of Services: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (Evaluations at public expense)

Setting: \_\_\_\_\_

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Add new service

\_\_\_\_\_  
Parent Signature/Date

Change: \_\_\_\_\_  
Begin/End Dates: \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_  
Parent Signature/Date

End Service: \_\_\_\_\_ (effective date)

\_\_\_\_\_  
Parent Signature/Date

El Service: \_\_\_\_\_

Intensity:  Individual  Group

Begin/End Date: \_\_\_\_\_

Frequency/Length: \_\_\_\_\_

Method:  Direct Child/Family Service  Consultation  Support/Information to Family

Potential Payer(s) of Services: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (Evaluations at public expense)

Setting: \_\_\_\_\_

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Parent signature indicates written consent to a change in EI service determined at the following review:  6-month  additional

Add new service

\_\_\_\_\_  
Parent Signature/Date

Change: \_\_\_\_\_  
Begin/End Dates: \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_  
Parent Signature/Date

End Service: \_\_\_\_\_ (effective date)

\_\_\_\_\_  
Parent Signature/Date



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### TRANSITION PLANNING

Transition planning begins no earlier than 9 months prior to a child turning 3 years old (27 months or at initial IFSP meeting). Target dates are based on when a child enters AEIS. Local Education Agency (LEA) is notified and a meeting scheduled to discuss transition unless a parent opts-out in 10 days (a plan is always written to reflect any parent choice). (§303.209)

Target Date: (27 months) _____ Parent is informed about the transition process and how it may impact this child when she/he turns 3 years of age.	Family Evaluation
<p>Service(s) Provided: Service Coordination    Team Member Responsible: Service Coordinator (SC)</p> <p>Procedure(s): SC will discuss steps necessary to transition toddler from EI to another community-based service. SC will explain:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> eligibility criteria for 3-5 year old programs</li> <li><input type="checkbox"/> similarities/differences in EI and 3-5 year old programs</li> <li><input type="checkbox"/> settings, optimal choices based on toddler's current needs</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> We are pleased to have achieved this outcome</li> <li><input type="checkbox"/> We are pleased with progress but we will continue to work on this outcome</li> <li><input type="checkbox"/> We are not pleased with progress</li> </ul> <p>Explain: _____</p> <p>_____</p> <p>Parent initial/date here: _____</p>
Target Date: (27 months) _____ Parent is informed about the service and placement options available in home community when child turns three years old.	Family Evaluation
<p>Service(s) Provided: Service Coordination    Team Member Responsible: Service Coordinator (SC)</p> <p>Procedure(s): SC explains local placement options and LEA program (notification, eligibility criteria and how service delivery is different from AEIS services).</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> SC explains other placement options for toddlers in this family's community such as: Head Start, daycares, mother's day out programs, other options to promote development.</li> <li><input type="checkbox"/> SC provides resource materials as a further guide for transition.</li> <li><input type="checkbox"/> SC explains the opt-out policy and form and timelines associated with opting-out of notification (including making a parent referral to LEA).</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> We are pleased to have achieved this outcome</li> <li><input type="checkbox"/> We are pleased with progress but we will continue to work on this outcome</li> <li><input type="checkbox"/> We are not pleased with progress</li> </ul> <p>Explain: _____</p> <p>_____</p> <p>Parent initial/date here: _____</p>



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Table with 2 columns: Target Date: (27 months) \_\_\_\_\_ Parent makes choice regarding placement options for child at age 3. and Family Evaluation. The table contains service details, parent choices, and evaluation checkboxes.



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<b>Target Date: (27 months) _____ LEA (and State Education Agency) is notified using the EI Notification to LEA form letter that child will turn 3 within 9 months.</b>	<b>Family Evaluation</b>
<p>Service(s) Provided: Service Coordination Team Member Responsible: Service Coordinator</p> <p>Procedure(s): Name of Local Education Agency: _____</p> <p><input type="checkbox"/> SC sends the "EI Notification to LEA" letter to the appropriate LEA for child which is based on <u>current</u> residence. (State Office reports these data quarterly to State Department of Education.)</p> <p><input type="checkbox"/> SC follows up with LEA to ensure it has received notification and schedules a meeting prior to 33 months. SC requests parent to sign Release of Information form if they choose to send additional information to LEA. (State Office notifies State Education Department unless family opts-out)</p>	<p><input type="checkbox"/> We are pleased to have achieved this outcome</p> <p><input type="checkbox"/> We are pleased with progress but we will continue to work on this outcome</p> <p><input type="checkbox"/> We are not pleased with progress</p> <p>Explain: _____</p> <p>_____</p> <p><b>Parent initial/date here at 33 month meeting _____</b></p> <p><i><input type="checkbox"/> Service Coordinator check box if parent did not attend 33 month meeting</i></p>
<b>Target Date: (33 months) _____ A Transition Planning Meeting with LEA is convened to discuss child's educational pre-school needs and introduce family to school system personnel <u>OR</u> a meeting is convened with an alternate community placement agency (if appropriate).</b>	<b>Family Evaluation</b>
<p>Service(s) Provided: Service Coordination Team Member Responsible: Service Coordinator</p> <p>Procedure(s):</p> <p><input type="checkbox"/> SC accompanies parent to Transition Planning Meeting at LEA.</p> <p><input type="checkbox"/> LEA answers questions about services and explains parent rights for Part B (preschool).</p> <p><input type="checkbox"/> Parent chooses to move forward with LEA eligibility determination.</p> <p><input type="checkbox"/> SC accompanies parent to meet with alternate community placement agency (if appropriate)</p> <p>Name of alternate community placement agency: _____</p>	<p><input type="checkbox"/> We are pleased to have achieved this outcome</p> <p><input type="checkbox"/> We are pleased with progress but we will continue to work on this outcome</p> <p><input type="checkbox"/> We are not pleased with progress</p> <p>Explain: _____</p> <p>_____</p> <p><b>Parent initial/date here at 33 month meeting _____</b></p> <p><i><input type="checkbox"/> Service Coordinator check box if parent did not attend 33 month meeting</i></p>



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Target Date: (33 months) _____ SC discusses with parent other activities which may facilitate a smoother transition.	Family Evaluation
<p>Service(s) Provided: Service Coordination Team Member Responsible: Service Coordinator</p> <p>Procedure(s):</p> <p><input type="checkbox"/> SC suggests additional supportive activities which may help the child adjust to a new environment.</p> <p>Steps or recommendations may include:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<p><input type="checkbox"/> We are pleased to have achieved this outcome</p> <p><input type="checkbox"/> We are pleased with progress but we will continue to work on this outcome</p> <p><input type="checkbox"/> We are not pleased with progress</p> <p>Explain: _____</p> <p>_____</p> <p>Parent initial/date here: _____</p>



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## NON-EARLY INTERVENTION SERVICES

To the extent appropriate with regard to medical and other services, the service coordinator and family should identify services that the child and family needs or is receiving through other sources but are neither required nor funded by Part C. If those services are not currently provided, the following describes steps to be taken by the service coordinator or family to assist in securing those services. Examples include: local support groups, certain CRS clinics, medical clinics, socialization groups, private therapy of parent choice to supplement recommended EI services. Early Intervention (Part C) is not responsible for payment, monitoring, or provision of Non-EI Services. (303.344(e))

- No Non-EI Service at the initial/annual IFSP Date: \_\_\_\_\_
- No Non-EI Service at the 6-month review Date: \_\_\_\_\_
- Non-EI Service in place at time of initial/annual IFSP Meeting: (Service/Agency responsible) \_\_\_\_\_/\_\_\_\_\_
- Non-EI Service in place at time of 6-month review: (Service/Agency responsible) \_\_\_\_\_/\_\_\_\_\_
- Non-EI Service parent would like to access at initial/annual IFSP meeting: (Service/Agency responsible) \_\_\_\_\_/\_\_\_\_\_

Assistance in accessing Non-EI service or support:  SC will assist parent with information re: community-based support  
 Parent will make contact with community-based support  
 SC will assist family in making arrangements

Other assistance: \_\_\_\_\_

Non-EI Service parent would like to access at 6 month review: (Service/Agency responsible) \_\_\_\_\_/\_\_\_\_\_

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Planning teams include parent(s), caregiver(s), evaluators, advocates, family and providers who are ready to help achieve outcomes. Other team members may be identified at any time and added to the team. Team members may consider revisions to the current plan when they feel it is needed. (Add second signature page if needed.)

		DATE:	DATE:	DATE:
NAME	TEAM MEMBER	SIGNATURE INITIAL/ANNUAL IFSP	SIGNATURE 6-MONTH REVIEW (note if by phone or by other acceptable means)	SIGNATURE 27 MONTH TRANSITION MEETING
	Service Coordinator			
	Evaluator			
	Evaluator			
	Relative/Friend/Advocate			
	PARENT			
	PARENT			