



**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>_____</p> <p 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>_____</p> <p 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 initial IFSP if child is 27 months or more:</b></p> <p>_____</p> <p 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>_____</p> <p 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)

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

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

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

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

Blank lines for resource information.

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.

Blank lines for concerns and priorities, each ending with a '#' symbol.



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**CONCERNS CONTINUED:**

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

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

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

**CONCERNS ADDED AT:  ADDITIONAL REVIEW**

\_\_\_\_\_ # \_\_\_\_\_  
\_\_\_\_\_ # \_\_\_\_\_  
\_\_\_\_\_ # \_\_\_\_\_  
\_\_\_\_\_ # \_\_\_\_\_  
\_\_\_\_\_ # \_\_\_\_\_  
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<p><b>OUTCOME:</b></p>	<p style="text-align: center;"><b>Family Evaluation</b></p> <p><input type="checkbox"/> 6-month <input type="checkbox"/> Additional Review</p> <p>Date: _____</p> <p>Parent initial: _____</p>	<p style="text-align: center;"><b>Family Evaluation</b></p> <p><input type="checkbox"/> Annual <input type="checkbox"/> Additional Review</p> <p>Date: _____</p> <p>Parent initial: _____</p>
<p>Procedure(s):</p>          <p><input type="checkbox"/> added at 6-month review _____</p> <p><input type="checkbox"/> added at additional review _____</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 pleased there was some progress but want a revision during this IFSP review</p> <p><input type="checkbox"/> We are not pleased with progress and want a revision during this IFSP review</p> <p><input type="checkbox"/> We no longer consider this outcome a priority</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 pleased there was some progress but want a revision during this IFSP review</p> <p><input type="checkbox"/> We are not pleased with progress and want a revision during this IFSP review</p> <p><input type="checkbox"/> We no longer consider this outcome a priority</p>



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

Service Coordination: Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Frequency/Length: \_\_\_\_\_/\_\_\_\_\_ Intensity: Individual  
Setting: \_\_\_\_\_ Potential Payer(s) of Services: 1) \_\_\_\_\_ (2) \_\_\_\_\_  
Method:  Direct Child/Family Service  Support/Information to Family

EI 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(s) 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  
 End Service:  
\_\_\_\_\_ (effective date)  
\_\_\_\_\_  
Parent Signature/Date

EI 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(s) 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:  
\_\_\_\_\_  
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\_\_\_\_\_  
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)

<b>Target Date: (27 months)</b> _____ <b>Parent is informed about the transition process and how it may impact this child when she/he turns 3 years of age.</b>	<b>Family Evaluation</b>
Service(s) Provided: Service Coordination Team Member Responsible: Service Coordinator (SC)  Procedure(s): SC will discuss steps necessary to transition toddler from EI to another community-based service. SC will explain:  <input type="checkbox"/> eligibility criteria for 3-5 year old programs <input type="checkbox"/> similarities/differences in EI and 3-5 year old programs <input type="checkbox"/> settings, optimal choices based on toddler's current needs	<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 not pleased with progress Explain: _____ _____  Parent initial/date here: _____
<b>Target Date: (27 months)</b> _____ <b>Parent is informed about the service and placement options available in home community when child turns three years old.</b>	<b>Family Evaluation</b>
Service(s) Provided: Service Coordination Team Member Responsible: Service Coordinator (SC)  Procedure(s): SC explains local placement options and LEA program (notification, eligibility criteria and how service delivery is different from AEIS services). <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. <input type="checkbox"/> SC provides resource materials as a further guide for transition. <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).	<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 not pleased with progress Explain: _____ _____  Parent initial/date here: _____



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Target Date: (27 months) _____ Parent makes choice regarding placement options for child at age 3.	Family Evaluation
<p>Service(s) Provided: Service Coordination Team Member Responsible: Service Coordinator (SC)</p> <p><b>Procedure(s): Parent chooses from the following:</b></p> <p><input type="checkbox"/> Parent chooses to opt-out of notification to LEA and has signed an opt-out form presented during this meeting. (Notification <b>will not</b> be sent) Parent will make a Parent Referral to LEA if they change their mind later and want child considered for LEA pre-school.</p> <p><input type="checkbox"/> Parent requests 10 days to determine if they wish to opt-out of notification to LEA but has not yet signed the opt-out form. (Notification will be sent if this form is not returned to SC)</p> <p><input type="checkbox"/> Parent expresses interest in notification to LEA and has given written permission to release additional documentation to LEA such as IFSP and evaluation reports.</p> <p><input type="checkbox"/> Parent expresses interest in notification to LEA but has not given written permission to release additional documentation to LEA.</p> <p><input type="checkbox"/> SC may notify LEA (and include personally identifiable information like parent/contact names, address, telephone, DOB) and request a convenient Transition Planning Meeting with parent/LEA.</p> <p><input type="checkbox"/> SC may notify LEA but does not request to schedule a Transition Planning Meeting because the child is already 33 months of age. (The LEA will contact the family to explore further options.)</p> <p><input type="checkbox"/> Parent chooses for their child to remain at home or a community placement option(s) other than LEA or in addition to LEA, and SC agrees to meet with parent and alternate placement agency if parent chooses. (may choose more than one)</p> <p><b>Choices</b> _____</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><b>Explain:</b></p> <p>_____</p> <p>_____</p> <p><b>Parent initial/date here:</b> _____</p>



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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.	Family Evaluation
<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>Parent initial/date here at 33 month meeting _____</p> <p><i><input type="checkbox"/> Service Coordinator check box if parent did not attend 33 month meeting</i></p>
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 <b>OR</b> meeting is convened with an alternate community placement agency (if appropriate).	Family Evaluation
<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>Parent initial/date here at 33 month meeting _____</p> <p><i><input type="checkbox"/> Service Coordinator check box if parent did not attend 33 month meeting</i></p>



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

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/> <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> <hr/> <hr/> <p>Parent initial/date here: _____</p>



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

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

### 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) \_\_\_\_\_

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 make arrangements

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





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

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

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 <small>(note if by phone or by other acceptable means)</small>	SIGNATURE 27 MONTH TRANSITION MEETING
	Service Coordinator			
	Evaluator			
	Evaluator			
	Relative/ Friend/ Advocate			
	PARENT			
	PARENT			