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v. 7.1.2018.
INTRODUCTION

Kansas Infant Toddler Services has created this Individualized Family Service Plan (IFSP) Guidance Document to assist local tiny-k programs in completing the IFSP process using the statewide IFSP form. This guidance document promotes the purpose and mission of Kansas Infant Toddler Services.

PURPOSE:
- To enhance the development of infants and toddlers with disabilities, to minimize their potential for developmental delays and to recognize the significant brain development that occurs during the child's first three years.
- To enhance capacity of families to meet the special needs of their infants and toddlers with disabilities through partnerships with families and communities.

MISSION:
- Assure a statewide system of early intervention services
- Facilitate the coordination of payment for services
- Enhance quality and improvement in services
- Encourage expansion of service opportunities

Kansas Infant Toddler Services has designed the statewide IFSP with extensive stakeholder input. The statewide IFSP uses the Mission and Key Principles for Providing Early Intervention Services in Natural Environments as a guide. In addition, the document is guided by the Division for Early Childhood Recommended Practices. Therefore, the following beliefs are held:

- Parents are equal members of the IFSP team.
- The IFSP process is central to the delivery of early intervention supports and services.
- IFSP outcomes must be functional and based on children’s and families’ need and family identified priorities.
- The team, including parents, decides the supports, services, and specific strategies that are used to meet those outcomes.
- The whole team – not one individual, makes decisions.
- The IFSP is a dynamic document that changes over time as the needs of the child and/or family change.

The IFSP is MORE than just Paperwork! It is a process that leads to quality services!

The IFSP form is a way to document the discussions that occur from intake to exit:
- Complete the “Child and Family Information” with the information provided by the family during the intake process and review for accuracy with the family and the team at the IFSP meeting.
- Complete the “My Child’s Story” with all of the information gathered during the intake, child evaluation and assessment and family assessment at the IFSP meeting together with the family.
- The team, including the family, decides on the child and family outcomes to be addressed within the context of daily routines and based on information included in the “My Child’s Story” as well as the concerns and priorities of the family. Outcomes are written during the IFSP meeting and address the developmental needs of the child within the routines and activities identified by the family.
- The team, including the family, decides what supports and services will be provided to enable the child and family to be successful in making progress towards the outcomes.
• Transition plan and conference decisions are recorded at the appropriate times.
• The IFSP is reviewed at least every 6 months and amended as needed.
• A new IFSP is developed annually.

This Guidance Document and the Accompanying IFSP Form:
• Support effective working relationships between families and early intervention personnel as they promote the development of infants and toddlers;
• Promote recommended practices, including services and supports in everyday routines, activities, and places, and evidence-based practices that adhere to the primary service provider approach to teaming;
• Provide consistency for meeting regulatory requirements;
• Enhance consistent communication regarding expectations among IFSP team members, as well as among provider agencies; and
• Serve as a reference for ongoing training and professional development.

IFSP Updates:
• Periodically, Kansas Department of Health and Environment (KDHE) Infant-Toddler Services (ITS) will update the existing IFSP with policy or other relevant changes. Each time it is updated, the new date is placed in the upper right-hand corner. KS ITS avoids changing the statewide IFSP as much as possible but please check the website periodically to make sure you are using the most current version. Notice of significant changes will be alerted via infant toddler services coordinator list serv.

For more information regarding writing quality content on your IFSP, please use the criteria on the Quality Indicator Rubric (QIR) which is found at http://www.ksits.org/. Please contact the Kansas Inservice Training System (KITS) if you need additional assistance in writing quality IFSPs.

Each IFSP must be INDIVIDUALIZED. The examples provided can be used to stimulate your thinking and conversations with team members. The examples CANNOT be used as a formula or prescribed way to write that section of the IFSP.
Linking the IFSP with the Infant-Toddler Services Database: Dates and N/A

It is required that data be entered into the ITS Database within 15 business days after the data is gathered. All IFSP information must be recorded electronically, it is not acceptable to have written information on an IFSP that is not included in the electronic version. An English version of the IFSP must be entered into the database for all children.

For blanks occurring in the IFSP document, please use N/A when you are completing this information. The use of N/A at the beginning of a section is sufficient to indicate that section is not applicable to the child and family.

🌡️ You will not be able to put date values in the web-based version of the IFSP. These fields will be blank when printed. Text fields will allow N/A to be entered.

The guidance for each page or major section of the IFSP has been organized in the following manner as applicable:

1. **Heading of Each IFSP Page**
   
   Describes what each page is intended to cover and accomplish.

2. **Numbered Line by Line Guidance for Completing Each IFSP Page**

   This line-by-line guidance offers succinct, practical suggestions for completing each numbered item of the page as required.

3. **Tips**

   When appropriate, the “Tips” include examples of questions to ask families and other team members to elicit the required information as well as examples of ways to write these sections of the IFSP.

4. **Kansas Shape**

   The Kansas shape highlights special considerations and provides example questions that may be used with families or other team members. Additional examples illustrate how this section of the IFSP may be written.

5. **Mouse Icon 🐼**

   The mouse icon indicates when information about the web based IFSP is different from the IFSP Word document.
A page has been added so each local tiny-k program can design a personalized cover page. Child’s name, date of birth, and IFSP date, as well as, the name of your local network is included on the cover page. You may also include a photo of the child or family as desired. (For the purpose of illustration, a fictional child has been created - Christopher Lee Horton. All information regarding this child is purely fictional.)

LINE-BY-LINE GUIDANCE FOR THIS PAGE:

1. **Child’s name**: Insert the child’s full name, first name, middle initial and last name.

2. **Date of Birth**: Insert the child’s full date of birth, month, day, and year.

3. **IFSP Date**: Insert the child’s IFSP date, month, day, and year.

4. **Local tiny-k program**: Select the name of the local tiny-k program from which the child may receive services.
CHILD AND FAMILY INFORMATION

This IFSP page serves as the place to capture a variety of required demographic information about the child and family that will be entered into the KS ITS database system.

Information on this page will auto fill from information that has been entered into the database at intake.

LINE-BY-LINE GUIDANCE FOR THIS PAGE:

1. Child’s Name. List the legal last name, first name, and middle initial of child. A minimum of middle initial is required; a full middle name can be used. If the child has no middle initial, indicate NMI. NMI should be used ONLY for children with no legal middle name.

2. Date of Birth. List the child’s date of birth in numerical form with two digits for the month and day and four digits for the year. For example, January 6, 2005 would be 01/06/2005.

3. Gender. List the child’s gender as male, female, or unknown.

4. County of Residence. List the county where the child is living no matter with whom.

5. Primary Language, Interpreter needed. Record the family-identified primary language used in the home. It may be necessary to contact the referral source to identify the language spoken in the home and whether an interpreter is needed. This is also helpful when sending out information and/or surveys. Note: The IFSP must be conducted in the family’s native language except when unfeasible to do so.

6. Parent/Guardian’s Name. List the parent or guardian’s name. Space is available for more than one contact; e.g., if the parents are divorced/separated or for a grandparent or foster parent. Names of foster and biological parents may be redacted on printed copies of the IFSP as needed. If child is marked as being in foster care, fields will automatically appear to enter contact information for foster parent in the database.

7. Relationship. Select relationship to child for the parent/guardian listed above.

8. Child Resides at this address. Indicate whether child resides at the address listed for the relevant parent/guardian.

9. Mailing Address. List the street address for relevant parent/guardian.


11. Phone Number(s). List any phone numbers available for all relevant parent/guardians and indicate whether the number is for a work, home, or cell phone.

12. Parent Email Address. If available, list email address for relevant parent/guardian.

Much of the information on this page can be completed upon referral or at any time before the IFSP meeting. It should be reviewed with the family for accuracy at the meeting.
13. **Race.** Select race according to what parent reports, or, if necessary, what provider observes. This is a federal reporting requirement that race be established for data collection purposes.

14. **Ethnicity.** Select ethnicity according to what parent reports. This is a federal reporting requirement that ethnicity be established for data collection purposes. *Both fields (13 and 14) must be completed for every child.*

15. **Resident School District (USD#).** List the school district where child currently lives, no matter with whom, as Resident School District. District should be listed by number.

16. **Alternate Contact.** List name.

17. **Alternate Contact Mailing Address.** List the street address for relevant alternate contact.

18. **Alternate Contact Relationship to Child.** Choose the relationship of the alternate contact to the child from the drop-down box. If “other” applies, then list the relationship next to the name of the contact in # 16.

19. **Alternate Contact City/State/Zip.** List city, state, zip for relevant alternate comment.

20. **Alternate Contact Phone Number.** List any phone numbers available for relevant alternate contact and indicate whether the number is for a work, home, or cell phone.

21. **Alternate Contact Email Address.** If available, list email address for relevant alternate contact.

22. **Child Resides at this address.** Indicate whether or not child lives at this address.

23. **Identification Number KIDS ID and KITS ID.**
   - Children who were entered into the database prior to July 1, 2015 will continue to have a KIDS ID. The KIDS ID number will be used for transition information and will fill on the IFSP. The KIDS ID number will be removed from the IFSP form when all children who have one have left KS ITS.
   - **Children entered into the database after July 1, 2015 will only be assigned a KS ITS number in the database.** The KS ITS number will be a unique identifier to track a child throughout the system from initial referral to age three, as the child potentially exits and is re-referred or transfers between tiny-k programs across the state.

24. **Case Number.** Enter your local identifying case number (the one that your local tiny-k program uses for identification of the child.

25. **Interim/Initial/Annual/Review IFSP.** Check the meeting type.

---

Build a positive relationship with each family. Take the time necessary to get to know the family on your first visit. Sometimes we get so focused on filling out the paperwork, we forget what is meaningful for the family.
Definitions:

- **Interim IFSP**: Developed as a temporary IFSP. Does not take the place of Initial IFSP nor does it extend the 45-day timeline requirement. Used very rarely and must be discussed with KDHE prior to writing.

- **Initial IFSP**: Developed upon entry into the system in Kansas. A second Initial IFSP may be entered for a child whose prior IFSP was closed for any reason for more than six months. For example, a family withdraws their child who has an active IFSP and then returns to the program 9 months later seeking services. This child would receive a second Initial IFSP.
  
  - If a child is lost to service, the IFSP does not expire/close until the annual date of the IFSP is reached.
  - This does not apply to children transferring between programs with an active/open IFSP.
  - Please see Appendix A: Referral Process Decision Making Chart.

- **Annual IFSP**: Written at a minimum, once per year, usually upon the anniversary of the Initial IFSP. However, an annual IFSP may be written earlier if it is deemed appropriate by the IFSP team. Annual IFSP requires the use of a new form and/or is populated within the database from the most recent IFSP Review. Although eligibility does not need to be re-established annually, child and family assessment information is updated, families concerns, priorities and resources are reviewed, and outcomes are updated and added to as needed.

- **Review IFSP**: Date the IFSP was reviewed. This review could take place anytime between initial and annual IFSP or between annual IFSP’s but must be no longer than 6 months between reviews. Reviews occur any time there is a change in service, or outcomes, at transition plan and transition conference. Reviews of the IFSP are a continuation of either the Initial IFSP or the Annual IFSP that is being updated. (They do not stand alone).

Tips for Child and Family Information:

*Make certain:*

- Information is accurately recorded (e.g., correct dates, spellings, etc.).
- Ethnicity/race section is clearly explained to the parents. As required by federal regulation, the parents self-report of race and ethnicity is a priority. Provider selection is allowed when parents are not available to report (e.g. when family is lost to further contact and race/ethnicity has not been completed).
- Information is written clearly (or typed) in order for family and other team members to read and the data entry staff to enter.
- Information may be completed before the IFSP meeting and checked for accuracy with the family.
- All the blanks are filled in or indicate N/A.
- The use of symbols <,>, etc. in text fields may indicate a security threat to the data system. Do not use these symbols and spell out the words rather than using abbreviations.
IMPORTANT DATES

The purpose of this section is to identify important dates to the child and the family related to the IFSP.

LINE-BY-LINE GUIDANCE FOR THIS PAGE:

26. Initial Referral to Kansas Part C. Enter the date the first referral for Kansas Part C was received, (e.g., 06/22/2012). If this is the first referral to Kansas Part C, this date will be the same as the date in #28, Date referred to our local tiny-k program. This date remains constant until the child turns three years of age. Once entered it cannot be edited without assistance.

27. 45-day timeline due date. List date 45 days from date referred to our program (the database will generate the 45-day timeline after you enter the referral date into the database).

28. Date referred to our local tiny-k program. This is the date your program learned of the child in an initial referral, a re-referral, or a transfer from another program. It is not the date of your initial contact with the family (unless the family self-referred) nor the date of your first visit with a family.

29. Primary Part C Referral Source. Select the referral source’s relationship to child. If the child transferred from another Part C program with an active/open IFSP, enter the original referral source (for more information about transfers see “Tips” below). If a child’s IFSP has been closed for any reason for more than 6 months, and the child is re-referred or transferred between programs, a new Part C Referral Source would be noted. This data is required to be entered into the database within 15 business days of receiving the referral. Make sure your local referral source is associated with the correct federal category listing in file maintenance. This information is available in Guidance Document: http://www.ksits.org/download/Guide_for_Entering_Primary_Referral_Sources_in_the_ITS_Database.docx

30. Source Name. List complete last name and then first name of the person making referral, then list their phone number with the area code. If a child’s IFSP has been closed for any reason for more than 6 months, and the child is re-referred or transferred between programs, a new Source Name would be noted.

31. Initial Eligibility Date. List the initial eligibility date of the child (e.g., 01/20/2012). This is the date that your team determines that the child is eligible, and a Prior Written Notice is sent/given to the family. If a child’s IFSP has been closed for any reason for more than 6 months, and the child is re-referred or transferred between programs, a new Initial Eligibility Date would be noted.

32. Initial IFSP Date. List the initial IFSP date, (e.g., 02/20/2012). If a child’s IFSP has been closed for any reason for more than 6 months, and the child is re-referred or transferred between programs, a new Initial IFSP Date would be noted.

33. Current IFSP Date. List date of most recent initial or annual IFSP meeting (e.g., 01/30/2012).

34. Six-month IFSP Review Due Date. List the date of the IFSP review meeting due six months after initial IFSP. The IFSP must be reviewed no longer than 6 months from the date the initial IFSP or annual IFSP was written. If the local program has a policy of reviewing IFSPs more frequently than every six months, then the date falling within that timeframe would be listed (e.g., quarterly).
35. **Annual IFSP Review Due Date.** List the date of the IFSP review meeting one year after initial IFSP and one year after each annual IFSP thereafter. “Annual IFSP” requires that a new IFSP form be completed. Each year the IFSP must be reviewed and evaluated for effectiveness. It is the responsibility of the IFSP team to update Vision, Hearing and Health information, the My Child’s Story, ECO Descriptor Statements, Family’s Resources, Concerns and Priorities, determine if progress is being made as expected on the outcomes, if the services are appropriate to the needs of the child in accordance with the outcomes, and if revisions to the outcomes or services are needed.

36. **Part B Referral Date.** List the date of referral to Part B (e.g., 01/30/2012), using the Universal Part C to B Referral Form. This date also must be entered into the database within 15 business days of transition referral. It is important that the dates on the Universal Part C to B Referral Form, entered into the database, and in the transition plan, all match.

37. **Child transferred from another tiny-k program.** Mark Yes or No.

37a. **Program child transferred from.** List the name of the local tiny-k program where the child was previously enrolled.

38. **Date IFSP Reviewed by our program.** Enter the date that your team reviewed the IFSP with the family. Further guidance regarding transfers is listed in “Tips” below. This date is also entered as the IFSP review date.

39. **Transition Plan Date.** Enter the date of the transition planning meeting. In the database, this date is auto-populated from the transition pages of the IFSP.

40. **Transition Conference Date.** Enter date of Transition Conference (e.g., 01/30/2012). This is the actual date the conference is held. Prior to the time of the conference, this box will be marked N/A. In the database, this date is auto populated from the IFSP page.

41. **Transition documents open?** Mark Yes or No. If marked yes, then page 14 and 15 (Part C Transition Planning Timelines and Procedures) will be opened. In the web-based version of the IFSP, this box must be marked yes, for the Transition Plan Paperwork to appear.

**Note:** Transition plan and conference dates above are the actual date the meeting was held. Do not enter anticipated dates.

**Tips for Important Dates:**

- **Make certain:**
  - Information is accurately recorded (e.g., correct dates, spellings etc.).
  - You have reviewed the guidance regarding transfers, Appendix C: Transfer Process, Recommended Practices and Database Portal
Transfers from One Local tiny-k Program to Another (In State):

- See the guidance documents entitled *Transfer Process Recommended Practices* and *Transfer Process Data Portal* for complete information, KDHE ITS website: [http://www.ksits.org/guidance_docs.htm](http://www.ksits.org/guidance_docs.htm)

- Discuss the new referral at your team meeting and decide what team members are most appropriate to support this family based upon the existing IFSP.

- Designate a family service coordinator to support the family.

- Within 2 weeks schedule an IFSP meeting with the family, family service coordinator and other team members, as appropriate.
  - Follow the guidance documents to determine if eligibility must be re-established and which type of IFSP meeting you will hold. See Appendix A: Referral Process Decision-Making Chart in

Transfers From Out of State:

- Receive the referral from out of state. The 45-day timeline begins. Child is treated as a new referral and entered into the database.

- If the child has an active IFSP, they should be considered eligible for Part C services in Kansas. A copy of the IFSP must be obtained.

- Designate a family service coordinator to support the family, who contacts the family to initiate the initial referral to Kansas.

- Discuss the new referral with the team and plan the Kansas Initial IFSP meeting with the family.

- All Kansas forms should be signed and new assessment information gathered in accordance with Kansas IFSP procedures i.e.: information supportive of the routines and daily activities and documented in “My Child’s Story”. All information should be written into a Kansas IFSP document. Appropriate consents and PWN forms should be completed to support these activities. The

- An ECO Descriptor Statement must be chosen to reflect the child’s current level of functioning across settings and routines for each outcome area. This is the initial ECO Descriptor Statement in Kansas.

All data should be entered into the ITS database as a new child to Kansas.

- Kansas Initial Part C Referral Date and Date Referred to our program would be the date the referral was received.

- The date of the Kansas Initial IFSP meeting with the family will be the Initial IFSP, initial eligibility, and current IFSP date.
ELIGIBILITY FOR PART C SERVICES AND FAMILY SERVICE COORDINATOR INFORMATION

This page records the eligibility of the child for Part C Services and the team members who determined eligibility. It also serves as an area to record Family Service Coordinator Information.

LINE-BY-LINE GUIDANCE FOR THIS PAGE:

1. **Your child was evaluated and is eligible for Part C for the following reason:** Check ONE box that reflects eligibility decision.
   - Developmental Delay: Check this box when a child has a developmental delay by definition in Kansas; 25% in one area or 20% delay in 2 or more areas. It is expected that most children will be eligible due to a developmental delay. Use an approved curriculum-based assessment combined with record review, observation, parent interview and other means of authentic assessment to determine developmental delay. Explain the developmental delay.
   - Automatically Eligible: Check this box when a child has a condition listed in the Procedure Manual as an established risk for developmental delay. If the child is automatically eligible and a developmental delay also exists, choose the automatically eligible reason as the reason for eligibility. Explain the reason for automatic eligibility in the text box.
   - Informed Clinical Opinion:
     - Check this box, if the evaluation or assessment results do not indicate a 25% delay in one area of development or 20% delay in 2 areas or more, but the evaluation team feels that a combination of factors have established the child’s eligibility.
     - Check this box if the evaluation team agrees that this child has a trajectory of a developmental delay, even if the formal evaluation tools are not showing a significant delay at this time. Provide evidence and an explanation of the reason for using informed clinical opinion including information regarding the child’s functioning. Informed clinical opinion is used alone only when the evaluation/assessment tools do not indicate a delay that is significant enough to meet the Kansas definition of developmental delay.

2. **Team members determining eligibility.** List last name, first name, and discipline of team members who determined eligibility of child for Part C Services. At least two team members, from different disciplines, must be listed. Disciplines as referenced in the procedural manual as qualified personnel (Family Service Coordination is not a discipline).

3. **Family Service Coordinator.** List complete name of the family service coordinator who will assist the family in receiving all supports and services designated by the team.

4. **Agency.** List the name of the agency with which the family service coordinator is affiliated.

5. **Agency Address.** List the address of the agency affiliated with the family service coordinator for contact information.

6. **City/State/Zip.** List the city, state, and zip code for the family service coordinator.

7. **Phone Number.** List the phone number, with area code, of the family service coordinator.
8. **Work/Cell.** Indicate whether the phone number listed is the work phone or cell phone of the service coordinator.

9. **Email Address.** List the email address of the family service coordinator.

**Tips for Eligibility and Family Service Coordinator Information:**

*Make certain:*

- Information is accurately recorded (e.g., correct dates, spellings etc.).
- Information is written clearly (or typed) in order for family and other team members to read, and the data entry staff to enter.
- You have reviewed the “Automatic Eligibility” section in the Kansas Infant Toddler Procedure Manual.
- Fill in all the blanks.
- Read the “Tips for Using Curriculum-based Assessments and Informed Clinical Opinion for Eligibility” carefully (see below).

**Tips for Using Curriculum-Based Assessments and Informed Clinical Opinion for Eligibility:**

- **It is expected that most children will be eligible due to a developmental delay and that informed clinical opinion is used alone only** when the evaluation/assessment tools do not indicate a delay that is significant enough to meet the Kansas definition of developmental delay.

- **While a curriculum-based assessment may not determine a percentage of developmental delay, practitioners should have the required knowledge to determine if the information gathered on these assessments indicates the presence of a significant developmental delay. The authors of these assessments have often adapted the assessment tools to correlate with scores indicating a developmental delay (e.g., AEPS). This allows you to make an estimate of the amount of developmental delay the child has.**

Kansas Infant Toddler Services allows and highly recommends the use of curriculum-based assessments to determine eligibility determination rather than standardized evaluation tools (e.g., Bailey Scales of Infant Development, Battelle Developmental Inventory etc.). Curriculum-based assessments (CBAs) are designed to assess functional skills in everyday settings and provide more functional information than standardized tools, and can be used for on-going assessment. Additionally, CBA assessments **are required as part of the process for choosing ECO Descriptor Statements.** Utilizing a CBA to determine eligibility, program planning, and ECO Descriptor Statements reduces the time required for administering assessment tools during the initial evaluation of the child.

When marking Informed Clinical Opinion as the basis for eligibility, a description of the process in which eligibility was determined should be written, e.g. “use of the AEPS, interview with family, and observation lead the team to this decision.” Briefly describe factors including child functioning within daily routines and activities in the description that led to the eligibility decision.

The list of approved CBA tools can be found at:

The SAFER, used alone, does not meet the requirement of a child and family assessment. It is to be used with and after completion of an RBI.
SUMMARY OF RELEVANT HEALTH STATUS

Use this page to record the primary care information, insurance information, and other general health information.

LINE-BY-LINE GUIDANCE FOR THIS PAGE:

1. **Primary Care Provider/Medical Home Name.** Complete the primary care provider’s name, clinic, or practice name. The PCP may be a pediatrician, family practitioner, nurse practitioner, or physician’s assistant.

2. **Primary Care Address:** Enter address of Primary Care Physician/Medical Home.

3. **City/State/Zip:** Enter this information for Primary Care Physician/Medical Home.

4. **Primary Care Phone Number:** Enter phone number for Physician’s Office/Medical Home.

5. **Primary Care Fax Number:** Enter the fax number for Physician's Office/Medical Home.

6. **Physicians e-mail address:** Enter e-mail address for Physician, if known. If not known, enter N/A.

7. **Primary Insurance.** List the name of primary health insurance, KanCare or Medicaid for the child.

8. **Secondary Insurance.** List the name of secondary health insurance of child, if applicable.

9. **Signed Release to Bill Insurance.** Indicate, by marking Yes or No, whether a signed release to bill insurance, as applicable, has been provided.

10. **Medicaid/KanCare ID#:** List KanCare or Medicaid Identification number, as applicable.

11. **Summary of child’s health status based on review of pertinent records.** Provide a summary of the child’s health. For infants this may include giving a summary of their birth history (birth weight, Apgar score, etc.). For all children, it should summarize their present health status, including any current diagnosis and/or recurring issues (e.g., chronic ear infections, asthma, etc.). This section could also include information regarding medications, immunizations, oral health, health and safety precautions and family history. Indicate how health history was obtained (record review, parent report, professional report, etc.) Document any health providers that were involved in or conducted health assessment. List any additional information or evaluation results that are not documented below. Updated annually.

12. **Does child have a hearing loss/is deaf?**
   At initial and annual IFSP’s enter yes/no and the date.

13. **Does child have vision loss/is blind?**
   At initial and annual IFSP’s enter yes/no and the date.

14. **Is there a deaf/blind certification?**
   At initial and annual IFSP’s enter yes/no and the date.

As with all information, it is important to note where you obtained the information. (i.e., Medical records, parent report, WIC, etc.)
15. Does child have a diagnosis of autism? At initial and annual IFSP’s enter yes/no and the date.

16. Nutrition Summary - Weight/Length. List the child’s weight and length.

17. Nutrition Summary - Follow-up needed. Indicate whether follow-up is needed with a yes or no.

18. Nutrition Summary – Results/Concerns. Document any results and/or concerns. Report on mealtime behavior, weight gain or loss, difficulties with eating, special feeding equipment (e.g., feeding tube) or special diets (e.g., food intolerance or allergy). Please indicate what information was used to assess nutrition (e.g., child is followed by WIC, doctor’s records). Indicate if a screening tool was used. This information is updated annually.

19. Vision Summary – Date tested/screened. Indicate the date(s) tested/screened. Vision screening must be conducted as part of the child’s initial evaluation and assessment process and re-screened annually, consistent with the Vision Screening Guidelines 2004, at: http://www.ksits.org/guidance_docs.htm

20. Vision Summary – Results/Concerns. Indicate which medical provider and/or screening tool provided the information (e.g., photo screeners, optometrist). Describe any concerns or follow up needed. If parent report of screening is used, medical or other records must be obtained and documented by the 6-month review of the IFSP.

21. Vision Summary – Date re-tested/screened. Indicate the dates of re-test/screen.

22. Vision Summary – Results/Concerns. Indicate any results and/or concerns identified during the re-test/screen.

23. Hearing Summary – Date tested/screened. Indicate the date of the hearing screening and/or the screening tool used to obtain the information (e.g., newborn hearing screening, audiologist, tympanometry). Hearing screening must be conducted as part of the child’s initial evaluation and assessment process and re-screened annually, consistent with the Hearing Screening Guidelines and Resource Manual at http://www.ksits.org/guidance_docs.htm

24. Hearing Summary – Results/Concerns. In the results area, indicate the results of the screening tool or medical provider exam. Describe any follow up needed. If parent report of screening is used, medical or other records must be obtained and documented by the 6 month review of the IFSP.

25. Hearing Summary – Date re-tested/screened. Indicate the date of re-test/screen.

26. Hearing Summary – Results/Concerns. Indicate any results and/or concerns resulting from the retest/screen. If hearing test is more than one year old, schedule a hearing evaluation.

NOTE: For both vision and hearing screening, if information is obtained from outside your agency, parent report of results should be documented and updated by medical records obtained as soon as possible, but no later than the next IFSP review. It is expected that current information would be listed on any IFSP that has had at least one 6-month review. Screening protocols used, and results should be indicated on all IFSP’s. Hearing and Vision should be screened annually if there is no ongoing treatment. Vision and Hearing screening results from outside agencies are considered current for one year from screening date, including newborn screening results.
Tips for Summary of Relevant Health Status

Make certain:

- Information is accurately recorded (e.g., correct dates, spellings etc.).
- The purpose of this section is to give a summary of information gathered through record review and parent interview. It is not intended that a health assessment be conducted by the early intervention program. A traditional health assessment interview is not appropriate for use with this section.

MY CHILD’S STORY
(CHILD’S PRESENT LEVEL OF DEVELOPMENT)

This section reflects all information learned about a child and family from intake, evaluation and assessment visits. It is written within the context of the family’s typical routines and activities. The focus is on the child’s participation within these routines including the skills and challenges the child encounters, as well as the child’s social interactions with others during the activities. Developmental skills are integrated within functional routines and activities of the child and family.

LINE-BY-LINE GUIDANCE FOR THIS PAGE:

Evaluation and Assessment Information

1a. List the sources, locations and dates of the curriculum-based tool used for the child’s evaluation (e.g. AEPS, HELP, etc.) Kansas requires the administration of a curriculum-based assessment tool for all children to aid in eligibility determination and the completion of the Child Outcomes. List the date the assessment was completed, the tool used, and the people involved in the assessment process.

1b. List the sources, locations and dates of child and family assessments. (RBI, RBI-SAFER combo) List the date of the child and family assessment, the tool used, and the people involved in the assessment process.

1c. All other sources, locations and dates (parent report, observation, checklists) List all other sources of information used in the evaluation and assessment process. Include the date, source, and people involved.

2. Summary of development within the family’s routines and activities (getting up and ready in the morning, playtime and leisure activities, eating, going places, nighttime routines). All developmental domains including: Cognitive, Communication, Physical Development including vision and hearing, Self Help and Social Emotional must be addressed. Using the prompts provided, describe the child’s typical routines and activities of the day. Within each of these routines or activities, address the child’s interactions with others, what the child does, and what other’s do in response. Ask how the child is learning within these activities, how they ask for help, and what they are able to do for themselves. Integrate the child’s evaluation and assessment results into this narrative description.

3. Based upon the above conversation, what are the routines and activities that I would like the team to address when we develop my child’s outcomes? Indicate the family identified routines and activities that they want the team to address. These may be routines or activities that are challenging for the child in some way or times the family had concerns about their child’s ability to participate fully. These are the family’s concerns.
Tips for My Child’s Story

• The focus of the IFSP process, from referral to completion of the IFSP should be building a relationship with the child’s family.

• The recommended practice, supported by OSEP and experts in early intervention, is to complete three face-to-face visits with families in the first 45 days following referral; an intake visit, an evaluation or evaluation and assessment visit, and lastly the IFSP or assessment/IFSP visit.

• This section is a summary of the story of the child that has unfolded from the intake, evaluation and assessment process. This is not a list of discrete skills or scores from the CBA. It does not replace the documentation of child and family assessment processes nor should that assessment documentation be copied and pasted into this section. The story is written with the family during the IFSP meeting.

• If using an RBI or RBI-SAFER combo, #3 of this section may be the same concerns identified by the family at the end of their assessment process, or the concerns may have changed.

• Developmental information is written in family-friendly language, avoiding the use of professional jargon.

• Routines and activities that are meaningful to the child and family are the basis of your discussion.

• Sufficient information on people, places, and things that interest and motivate the child to participate in everyday routines and activities have been included.

• There is information on how everyday routines and activities may be challenging to the child and family as well as their strengths within routines or activities.

• Think about what happens most days. A Routine does not necessarily happen every day or happen in the same way every time. When you identify routines, you ask about what the child does, who is there, what the child and parent enjoy about the interaction, and what change do the parents see in their child during the routine. As you go through this process, the specifics of each routine will become much clearer to you and will help the family identify what supports will be most appropriate within these routines.

• Families may have concerns in routines even if they indicate basic satisfaction with the routine when asked (e.g., rating of five on the RBI). Families may have routines that are not designed to enhance the development of their child (e.g., the parent feeds his or her child so they can get out the door and not be late for work). The family may indicate they are okay with this routine, but they would still like him to be able to eat independently. In terms of satisfaction ratings, some people are very positive regardless of child functioning, and other people are less positive regardless of child functioning. **Be sure to go as in-depth as needed to determine what is important to the family.**

• Not all family concerns will be developed into outcomes.

**NOTE:** The SAFER, used alone, does not meet the requirement of a child and family assessment. It is to be used with and after completion of an RBI.

List of approved CBA tools:
EARLY CHILDHOOD OUTCOMES SUMMARY

This section documents the ECO descriptor statements. ECO descriptor statement are chosen based on the information gathered during the child’s assessment and evaluation. In Kansas a curriculum-based tool is required in order to complete the descriptor statement. In addition, an age anchoring tool such as the ECO Center’s 11-8-12 Child Outcome Summary Process Discussion Prompts with age specific examples and the Decision Tree, are used to decide the Descriptor Statement that accurately reflects how the child is functioning in each area below. Descriptor statements should be completed within the team, including the family.

LINE-BY-LINE GUIDANCE FOR THIS PAGE:

Positive Social Relationships: This outcome measures how infants and toddlers interact with other children and relate to adults. Skills include forming attachments, separating from adults, and developing a sense of autonomy. Expressing emotions and feelings through eye-contact, bodily movement and facial expressions. Learning rules and expectations such as showing interest in other children, and engaging in interactions through imitation, joint attention and social play. Together with the family, decide the descriptor statement that accurately reflects how the child is functioning in this area.

Acquiring and Using Knowledge and Skills. This outcome measures how infants and toddlers learn about their world: thinking, reasoning, memory, and problem-solving skills. Skills include interacting by focusing on caregiver’s face, turning away to disengage, vocalizations, and beginning to understand and use words. Begin to notice objects, repeat actions with intention, explore and manipulate objects. Understand concepts such as object permanence, use sounds, gestures or words to get needs met and communicate with others. The development of early concepts - symbols, pictures, numbers, early literacy. Together with the family, decide the descriptor statement that accurately reflects how the child is functioning in this area.

Taking Action to Meet Needs. This outcome measures how infants and toddlers take care of their own needs within routines such as eating, dressing, sleeping and getting from one place to another. Skills include comforting self by babbling, clutching, or mouthing objects and lifting arms to caregiver. Recognizing and anticipating familiar routines such as diaper changes, hand washing. Using words, sounds or gestures to communicate their needs. Using objects such as a fork to eat or toys to play. Exploring the environment through movement. Together with the family, decide the descriptor statement that accurately reflects how the child is functioning in this area.

Tips for Early Childhood Outcomes Summary

Make certain:

- That team members assisting the family in making decisions about descriptor statements have a good understanding of the process and use tools such as the ECO Center’s 11-8-12 Child Outcome Summary Process Discussion Prompts with age appropriate examples and the Decision Tree.
- To support parents in their participation and understanding of the Early Childhood Outcomes, and ensure their information is used in development of the Descriptor Statement.
- Choose a descriptor statement that relates to the child’s functioning across everyday routines and activities in relationship to a typically developing peer. In particular think about the quality of the child’s functioning in relationship to a typically developing peers.
FAMILY CONCERNS, RESOURCES, PRIORITIES

In partnership with families, the IFSP must include a statement of the family’s resources, priorities, and concerns related to enhancing the development of the child as identified through the assessment of the family. In Kansas, the belief is held that in order for a family to enhance the development of their child, their needs as a family must first be met. The identification of these resources, priorities, and concerns is the key in meeting family needs.

In Kansas, we safeguard the family’s right to a voluntary assessment by making very clear that the parents have the right to not answer any question asked and to only give the information they are comfortable sharing. Families also have the right to limit who sees the information collected. The goal of the IFSP is to support children to participate in the everyday routines, activities, and places that are important to them and their families.

This page will serve as a guide to conversations with the family as they participate in a voluntary process to identify their:

- **Concerns**: Found on the My Child’s Story page, question number 3. This is what the family identified as what they wanted the team to address.
- **Priorities**: what the family feels is most urgent and should be addressed first.
- **Resources**: what resources, both formal and informal, support the child and family in their day-to-day life, and in what way? This information might be gathered as a result of developing an Eco Map with the family.

**LINE-BY-LINE GUIDANCE FOR THIS PAGE:**

1. **Name of Assessment tool used to identify Family Concerns, Priorities, and Resources.** List the sources, locations and dates of child and family assessments. (RBI, RBI-SAFER combo) The assessment tool is not intended to be used solely as a checklist or to be handed to the family to complete on their own. IDEA regulations require that this information be based the use of a specific tool. KDHE requires a personal interview with the family. The Routines Based Interview by Robin McWilliam is a tool that will support this process. In the web-based version of the IFSP, this box will auto-populate from the My Child's Story Page, #1b.

2. **Priorities of the Family.** The family is asked to prioritize their concerns. These priorities should be things they would like to see changed within their daily routines and activities. Priorities could be related to routines and activities the family currently participates in or those that they would like to participate in sometime in the future. They can include family needs such as, accessing resources for finding a job, or getting connected with other resources. Family level needs may have been discussed during My Child’s Story but if not, this is the time to discuss family level needs. Record in this box the order of priorities the family has indicated they would like to work on.

3. **Strengths, Resources that Family has to meet their Child's Needs.** Ask the family to identify their family’s strengths. What, as a family do they do well? List the resources (e.g., family, groups, financial supports, friends, etc.) that support the family and in what way. For example, a family member may care for the child while their parents work or spend some time away, or a specific friend may help in transporting the family to medical appointments. This is a good place to put information gathered from the ECO Map process. Also list other resources a family may have that are relevant, i.e.: Have applied for support from Shriner’s Hospital.
4. What else would be helpful in planning supports and services? Ask the family to identify any additional information the family feels is relevant to planning services for their child. Any additional information not previously listed can be summarized here. Think about this as one last offer to say to the parents, what have we forgotten or have not yet discussed that is critical to our knowing more about your family as we begin this work together?

Tips for Family Concerns, Priorities, and Resources

Make certain:

- Families understand sharing concerns, priorities, and resources are voluntary. IDEA is clear that family interviews are voluntary. In Kansas, parents have the right NOT to answer any questions and to give us ONLY information they are comfortable sharing. We are also clear that they have the right to limit who sees the information we collect.
- If the family chooses NOT to share their concerns, priorities, and resources, you indicate that on the IFSP.
- The family’s words are used as much as possible.
- The family understands that the information will be shared with other team members.
- You have used a routines-based interview or other family assessment tool (approved by KDHE) with the family to gather and record this information.
- The team understands what a typical day looks like for this family, their concerns, and what is most important for them to address in the IFSP.
- Resources the family is utilizing, as well as those they need more information about, are indicated.

OTHER SERVICES

To provide a simple picture of the family’s supports not provided under Part C. Information about the formal community resources the family currently accesses. A discussion around the programs and supports listed here can also assist in identifying other supports that would be useful for the family they are currently not receiving. Services listed in this section are not required to be paid by Part C, but is the expectation that the Family Service Coordinator assist families in accessing these desired services.

LINE-BY-LINE GUIDANCE FOR THIS PAGE:

1. Do you or your child currently receive any of the following services? Indicate what services the family receives. If service is not listed, check empty box in appropriate column and list the service.

2. Description of needed services and contact information. Indicate which of the services above the family would like to receive and the steps the FSC will take to assist in securing them. Contact information for any of the identified services and funding information may also be included in this field. Do not use this chart to ask every single question. Collect information through interview and be very clear parent only needs to offer information they are comfortable offering.
OUTCOMES FOR CHILDREN AND FAMILIES

This section uses information learned through the My Child’s Story and the Families Concerns, Resources, and priorities pages to identify what routines and activities the family would like to work on over the next time period.

The family and team choose outcomes by reviewing the concerns identified as routines and activities the family wanted the team to address during the My Child’s Story discussion. The team and family also consider any additional information from the discussion about their resources, concerns and priorities that might be helpful. It is also possible that the family may raise new concerns or challenges not previously discussed and in those cases the Family Concerns, Resources and Priorities page should be updated to reflect these new concerns.

Routines or activities that were reported to be challenging for the child should be the foundation of the child’s outcomes. Specific skills that a child may need to be more successful in the routine would naturally be included. IFSP outcomes should not focus on discreet skill development and should not be pulled directly from a curriculum-based assessment.

Family outcomes are not an add-on or a separate class of outcomes. Child and Family outcomes should be integrated. The child is part of the family unit and is not going to learn things without other family members. However, outcomes targeting a parent’s desire to complete his or her GED, or to learn to speak English so he or she can talk to their child’s preschool teachers, are also appropriate and necessary outcomes.

LINE-BY-LINE GUIDANCE FOR THIS PAGE:

1. **Outcome #.** The Family Service Coordinator provides the number of the outcome.

2. **Start Date.** List the established start date for the outcome (e.g., 01/22/2012).

3. **Target Date.** List the anticipated target date for achieving the outcome (e.g., 04/22/2012). Target dates should be tied to a realistic point that has meaning for the family. I.e.: by the time we start swim lessons.

4. **What would your family like to see happen for your child/family?** Document the child or family outcome here, based on family priorities. Use Family Concerns, Resources, and Priorities together with the My Child’s Story section to assist in the development of outcomes. This statement should be functional and meaningful to the family. The family’s words should be used as much as possible, and not include professional jargon. It is fine to suggest wording to the family (e.g., “what I hear you saying is that you both would like Sam to be able to stop playing and come to the dinner table – is that right…?”).

5. **What’s happening now related to this outcome?** Provide additional information related to the outcome, including daily activities or routines. Include things the family has already tried, what has been successful in the past, promising practices that have worked for the family. This will give the team positive things to build upon. Document specific accommodations or adaptations made for the child or specific piece(s) of equipment used to increase participation in daily routines. Information regarding the child’s strengths and challenges gathered from the curriculum-based assessment, would be included.

Outcomes address the hopes, dreams, concerns, priorities, and resources that the family has reported; supports and services are assigned to address these outcomes.
6. How will we know we’ve made progress or if revisions are needed to outcomes or services? Describe what progress will look like. What will team members see, hear, or feel that will let them know the outcome has been met? Indicate who will observe/report the progress. Document what methods will be used to help achieve the outcome or those needed to modify the outcome to achieve completion (e.g., observation, functional assessment, video tape, parent report). Remember to include something measurable (more than half the time he is requested) Choose a date (or preferably an event) that is meaningful for the family, not OUR timeline (by the time school starts, before the baby is born).

7. What progress have we made? Document the progress made toward achieving the outcome, how the process went and how you will proceed. Remember to document the criteria used to measure progress. (Johnny now uses words such as cracker or cookie most of the time to indicate he wants more snack.) Choose if the outcome should be continued as planned, discontinued or revised. Enter the date outcome was reviewed. Explain why outcome is being discontinued (outcome met, or no longer relevant to child or family). If outcome is being revised, indicate what revisions are being made.

8. Was our outcome met? Enter yes/no and the date.

Early Childhood Outcome Area. Check the box corresponding with the Early Childhood Outcome area that is the intended result of the IFSP outcome (#4 above). There are four choices:

10. Acquiring and Using Knowledge and Skills.
12. Family Outcome

Tips for Writing Outcomes for Children and Families

Make Certain:

- The focus has been on building a relationship with the child’s family and other caregivers.
- The parents have had the opportunity to share their hopes, dreams and wishes for their child.
- Outcomes are functional and related to participation in everyday routines
- Outcomes are written in clear, family friendly language.
- Outcomes and strategies build on child and family strengths.
- Outcomes are not assessment items that are placed into a routine.
- Outcomes have timelines that are defined and have meaning for the family.
- IFSP outcomes should be developed according to family priorities and challenges described in the My Child’s Story.
- ECO area is tied to the primary intent of the IFSP outcome based on what the family would like to see happen in relation to everyday routines and activities.
- Family Outcomes should be marked when the parent is identified as the active learner and the outcome covers the family obtaining information, gaining support, or learning of resources.
SUMMARY OF SERVICES

This section document services and supports needed to achieve functional IFSP outcomes. Services are designed to enhance the capacity of the family in supporting their child's development and to promote the child’s learning and development through functional participation in family and community activities. This section will keep track of the specific information regarding these services and list the team members involved.

Each service listed must include the following:

- **Method** means how a service is provided (face-to-face, joint visits, other).
- **Frequency** means the number of sessions that a service will be provided.
- **Intensity** means the period of time the sessions will be carried out (week, month, quarter, 6-months)
- **Length** means the number of minutes the service is provided during each session of that service and is indicated in minutes (30, 45, 60)
- **Location** means the place that services are provided and may include only one place per service line (home, daycare, community location)
- **Duration** includes the start and end dates of services.
  - The **Start Date** is the projected date for initiation of services (within 30 days after consent to implement the IFSP).
  - The **End Date** means a projection of when a given service will no longer be provided (when the infant or toddler is expected to achieve the results or outcomes in his or her IFSP).

LINE BY LINE GUIDANCE FOR THIS PAGE:

1. **Primary Provider**. Indicate which service provider is the primary provider for the family. Per the required service delivery model in Kansas, each child must have a primary provider indicated on the IFSP. A family may have just one primary provider at a time.

2. **Family Services Coordinator**. All children must have a family service coordinator. Indicate the person who will provide this service. This may be the same as the Primary Service Provider but must be listed on two separate lines.

3. **Provider Name**. List the first and last name of provider. All providers who are providing a service under Part C Infant Toddle Services must be listed on the services table. List a provider more than once if he/she is providing service by more than one method, or in more than one setting. I.e.: Provider is serving as both FSC and primary, or if the child is being seen in both childcare and at home.

4. **Early Intervention Services**. Choose which services the child will be receiving. Service Coordination should be the first service listed for each child.

5. **Methods**. Choose the method of service: Face-to-face, Joint visits, Peer coaching or other. If other is chosen, describe it in #12. Description of services and include justification as needed. Team meetings are not listed in the services table as they occur regularly for every child in the program.

Peer coaching is used when intentional and/or intensive coaching is needed between team members outside of the typical team meetings and joint visits. Peer coaching most often would occur at the service providers location. This method is chosen when the team has identified either role gap or role overlap situations and recognize the need for further assistance.
For example, if a PSP needs additional time with another team member after a joint visit has occurred at the family home, peer coaching could be used for these two team members to have in-depth discussions outside of the team meeting or an additional joint visit.

The PSP plays a pivotal role in communication between the family and team members, sharing team information with the family and family information with the team.

6. **Frequency, Number of visits.** Indicate the number of sessions the service will be provided.

7. **Intensity, In what period of time?** Indicate the time period over which the service is to be provided. (week, month, quarter)

8. **Length, How long are visits?** Indicate the number of minutes the service is provided during each session or visit. The length of visits should be flexible to meet the needs of the family. **Not every family needs or wants an hour visit every other week. IFSPs are designed to meet the individual needs of each family.**

   **NOTE:** In a primary provider approach to teaming, it is important to give you and your team flexibility in meeting the needs of the family. The frequency, intensity and length columns of the service table work together to provide that flexibility.

   For example: Imagine a child with a feeding problem. The primary provider thinks she will go to the family’s home three times a week for the first week, two times a week for the next two weeks and then 1 time a week over the next month, and then hopefully every other week for the remainder of the six-month time period.

   She could write 4 service lines for the same service outlining her plan, or she could simplify it by writing:

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Intensity</th>
<th>Length</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>Quarterly</td>
<td>45</td>
</tr>
</tbody>
</table>

   The primary provider will do 13 visits, per quarter, that last 45 minutes each visit. The visits may work out as she has planned them, but if not, she has flexibility to do something differently without the need of a review.

9. **Location, Where will services will take place?** List the location where service will take place (e.g. home, childcare, community). If the service will be provided in more than one location, then choose the location where the majority of service will be provided. If service time at home and service time in another location are comparable, use two service lines, one for each location.

   For example. Most FSC visits happen at home. However, a family requests that the IFSP review happen at mom’s work over the lunch hour. A separate service line would not be necessary in order to hold the meeting.

   If a service provider is seeing the child most often in childcare, a plan for keeping the family informed of the child’s services must be made in the description of services. Options for keeping a family informed includes scheduling every fifth visit at the family home, sending a video or text to the parent from each visit, keeping a communication notebook of comments at the childcare that is sent home with the child for the family to read.

10. **Duration, Start Date.** List the same date as IFSP meeting/consent for services. If parent(s) sign consent after the meeting date (e.g., they want a few days to think it over) then use the date that consent for services was signed.
11. **Duration, End Date.** List estimated end date. This date is intended to inform parents of how long services are needed to achieve short and long-term outcomes and not the duration of the plan. This end date can be written in intervals most appropriate for the family as well as other team members (e.g., quarterly, every six months). Remember the end date is an anticipated date, and services may end prior to, or extend past this expected end date. End date cannot go past the date of the annual review, or past the child’s third birthday.

12. **Description of Services and how they are going to be delivered.** Provide more information regarding how the child’s team is supporting the child and family. Description may also include more information about methods in service delivery. For example, the child is being seen in both the father’s home and the mother’s home. Describe any support or services to the child and family other than what is listed above. Remember a general description of teaming is provided at the top of the page and does not need to be restated. This statement appears on the next page in the web-based version.

13. **Funding Statement.** Check the boxes which include the funding sources used for this individual family and child. Additional comments and clarification may be added if other funding is being used for this child. This funding statement should be specific to the child and family and not a general statement used on every IFSP. **THIS FUNDING STATEMENT SHOULD NOT BE MARKED N/A UNDER ANY CIRCUMSTANCE.** This statement appears on the next page on the web-based version.

14. **Natural Environments Justification Needed.** Mark the appropriate box, Yes or No. If YES, then you must complete the next page (Natural Environment Justification). This statement appears on the next page on the web-based version.

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**NATURAL ENVIRONMENT JUSTIFICATION**

**LINE-BY-LINE GUIDANCE FOR THIS PAGE:**

1. **Service(s) Support(s).** List all services not occurring in natural environment.

2. **Setting.** List the settings for the services not occurring in natural environment.

3. **Explanation of Why Outcomes Cannot be achieved in a Natural Environment.** If the team decided a service cannot be provided in a natural environment, a justification is written here.

   **Plan for Moving Service(s) and/or Supports(s) into Natural Environments.** If the outcome cannot be met in a natural environment, you will also include a plan and a timeline on how you will provide supports and services in order to move supports and services to a natural environment.
Tips for Summary of Services and Natural Environments Justification

**Make Certain:**

- This section is used when a service cannot be delivered in a natural environment for a short period of time and must include a plan to return to a natural environment as quickly as possible. It is rarely used, as all other natural environments must be exhausted before providing services in a non-natural environment such as a clinic space.
- A justification should be used if a child is hospitalized and services will be provided to support the transition from hospital to home, a justification should be written.
- A justification is not needed to provide services to a child outside of the Part C system. For example, if the team feels the child needs a swallow study, it would be listed under Other Services.
- It is not used for services such as audiology visits, medical evaluations, or making phone calls on behalf of a family from an office.
IFSP AGREEMENT

This page documents:

- The informed written consent of the parents/guardian, agreeing to the services as described on the IFSP.
- Who participated in the IFSP development and meeting.
- How each person participated.

Parents/guardians must be informed of their rights regarding the IFSP process and other aspects of their participation.

LINE-BY-LINE GUIDANCE FOR THIS PAGE:

1. Consent to continue without 10-day prior written notice. Parents initial if they wish to continue without a 10-day written notice prior to services.

2. Action Refused (if any). If the box is checked indicating parent does not give consent for the IFSP as written, use this section to indicate which service(s) they are declining.

3. Reasons for Refusal (if action refused). List parents’ reason(s) for refusing the action, if action was refused.


Note: A PDF or paper copy must be saved in order to have a “point in time” version of the IFSP. Because the IFSP is web-based and shares data elements with the database, any new data entered in either side of the database is updated immediately in the IFSP document. When “viewing” a document, the most current data will be shown. Data fields that are shared and auto-populate may be found in Appendix E: Shared Data Elements Between the Database and IFSP.
**PART C TRANSITION PLANNING TIMELINES AND PROCEDURES**

The Transition Plan will help the team ensure that each child and family experience a smooth and effective transition. Careful plans and informed decision-making are the keys to success during this process. Through discussions with the family, specific steps and actions are determined that facilitate the family’s transition from early intervention to other needed supports and services. The family’s service coordinator is responsible to guide, coordinate, and facilitate this process. The transition plan is a “to do list” that identifies—who will do what, by when; in order to make sure transition happens smoothly and effectively and helps prepare the family and the IFSP Team for the Transition Conference. The IFSP transition pages are part of the complete IFSP and must be attached to the rest of the IFSP.

**LINE-BY-LINE GUIDANCE FOR THIS PAGE:**

1. **Date of Transition Plan.** If you have marked “yes” on page 1, this should be the date the family service coordinator and the family write the transition plan together. This would occur at an IFSP review and could be incorporated into a regularly scheduled review. While it is allowable to wait until the 90-day mark to develop the transition plan, it is not advisable. Planning allows both the family and the family service coordinator to be ready for the transition conference and to complete the needed steps prior to the conference. The transition plan question on page 1 must be marked yes in order to access the transition plan pages on the web-based version.

2. **Family Priorities for Child’s Transition.** Write a summary of the family’s priorities and goals for their child’s transition. This should be specific to the child and family priorities and needs for transition e.g. “We want Marco to be able to attend the same preschool as his twin brother. We need information on how to accommodate his wheelchair and medical needs so this can happen;” “I want Brittany to be ready for Kindergarten by continuing to improve her ability to communicate with peers;” “Our family does not want Roberto to have to travel back and forth between child care and a special school.”

**Tips for IFSP Agreement**

*Make certain:*

- You have clearly printed the names, roles, and titles of all individuals who have participated in the development of the IFSP and will assist in carrying it out.
- The team, including the family, has a clear record of the personnel providing services, agencies and contact information.
- You have given to the parents/caregivers a written copy and verbal explanation of the Family Rights.
- The parents/caregivers have signed and dated the IFSP if they agree with the services as listed.

**LINE-BY-LINE GUIDANCE FOR THIS PAGE:**

1. **IFSP Participants that attended the IFSP Meeting.** List the full name, credentials, and role or organization of each person who attended the IFSP meeting. Obtain a signature from participants and enter the date that the person participated.

2. **IFSP Participants that did not attend the meeting.** List the full name, credentials, and role or organization of each person who did not attend the IFSP meeting but contributed to the IFSP meeting in writing or by attendance through conference call or skype. Indicate the type of participation.
3. **School District.** List the USD Number where the child resides.

4. **Name of Program.** List the name of the school district program (e.g., sunshine preschool program).

5. **Contact’s Name.** List the name of the contact at the school district to which the referral is made.

6. **Address.** List the school district address where the referral is sent.

7. **Phone number.** List the phone number of the contact listed above who will have information for follow-up regarding the referral.

8. **Email.** List the email address of the contact listed above.

9. **Transition Planning Requirements and Activities.** All children receiving early intervention services who are approaching the age of three, must have a Transition Plan developed not fewer than 90 days, and at the discretion of all parties, not more than nine months from the child’s third birthday. The Transition plan is intended to review program options for children turning three, including community programs, Head Start, or Part B services.

   Document all activities for the transition-planning meeting or attempts to engage the family in the meeting. Indicate person responsible to assure completion of this section and indicate date when all activities for this section are completed. Provide detailed description of the family service coordinator’s activities to assist the family in exploring their options. Family service coordinators should be familiar with all community program’s eligibility criteria and services in order to share this information with the family.

   Anticipated completion dates are to be listed in the “activity” boxes. The **completion dates must be documented in the “date completed” box.**

   When the consent for transition conference is marked yes; this will allow the Transition Conference documentation pages to appear.

   Do not fill in anticipated dates as dates completed. The system will read this as the activity has been completed and trigger an incorrect date on other reports.

**NOTE:**

Box “g” has three questions specific to parental rights. These three questions should be answered **prior** to making the official referral to Part B. **If not** using a web-based version of the IFSP, the answers in “g” must be entered into the KS ITS database separately in order to create an appropriate upload file to KSDE.

Box “j” is where you would document other transition activities/plans if it is determined there will be no transition conference with school district. This should be specific for what the plans are for the child.

**Tips for Completing the Transition Plan Page**

**Make Certain:**

- The team has enabled the family to make informed decisions about transition.
- The team has addressed all the activities that will need to occur in order to ensure a smooth and effective transition.
- Specific action steps are described for each transition planning requirement.
- The plan is individualized to meet the needs of the child and is based on the desires of the family.
- Team members know who is responsible for which activities.
- The target dates to complete the activities are established and completed dates are documented.
TRANSITION CONFERENCE DOCUMENTATION

Decisions made at the Transition Conference are recorded on this page of the IFSP. It MUST be completed by the Family Service Coordinator with the Family, and all other parties involved in the child’s transition. Other members of the IFSP team may also attend. A representative from the Local Education Agency (LEA) must be invited.

LINE-BY-LINE GUIDANCE FOR THIS PAGE:

The Transition Conference Date at top of page should match date on the bottom of Page 1, Field # 39.

Agenda Item refers to the required activities that must be addressed at the transition conference by the multi-agency team, including the parents.

Discussion/Plan/Timeline Use this part to take notes and document required steps and additional needs for transition, what will be done, the plan and by when, during the conference. This should make it clear to everyone what is going to happen.

   a. Have the parents share information about their child and family, include the parent’s hopes and dreams for their child and any concerns they have regarding transition. This sets the tone of the meeting that this is a child in the context of a family.

   b. Part B shares information about eligibility. This is different from Part C. Make sure you have prepared the family for this and let them know that it is different, not better or worse.

   c. Part B must provide information about the availability of Special Education Services.

   d. Talk about the specific process that this individual child will go through to determine eligibility.

   e. Talk about and outline other activities that need to take place to ensure the transition happens smoothly, like enrollment, medical needs, etc. Make sure you address individual needs for each child. E.g. “Olivia will need some time to become familiar with the preschool setting with her mother present. This will help reduce her anxiety.”

   f. Make a plan for services if the child has a summer birthday or during a school break.

List any activities that the child/family may participate in to prepare for the change in services and service delivery. This should be specific to the child’s and family’s needs. Describe the follow-up activities that may be needed based on the family’s needs. Follow-up may include service coordination to see how transition is going and/or direct service consultation for the new staff working with the child.

Remember to include future supports for the parents, such as, Child Care, Respite; DD waiver; parent support groups; Case Management
g. Other – This section is for anything that didn’t get covered above. Like the anticipated date of the Eligibility meeting/IEP meeting. Describe if and when the family will be contacted to determine the effectiveness of the transition process.

**Indicate Who Is Responsible:** List by name who will carry out the specific action steps and activities. Activities may be shared between the early intervention provider, the LEA or other community organizations and the family.

**Tips for Completing the Transition Conference Documentation**

**Make Certain:**
- The team has addressed individual needs for this child and family.
- The team has addressed all the activities that will need to occur in order to ensure a smooth and effective transition.
- Specific action steps are described for each transition-planning requirement.
- Team members know who is responsible for which activities.
- The target dates to complete the activities are established.

Support the family to make decisions about what is best for their child and family during the transition process… Families will have to be strong advocates for their child in the school system.
IFSP REVIEW SUMMARY

This page provides a place for the IFSP team to document the decisions made during each periodic review conducted between initial and annual IFSPs. Federal and state regulations require that the IFSP be reviewed for effectiveness at least every six months. This review should include the Family Service Coordinator, parents/guardians and other appropriate family members and caregivers, as well as appropriate service providers. The periodic review MUST include the progress the child is making on outcomes, and/or services if the expected progress is not occurring and/or if one or more of the outcomes is no longer applicable. If vision and/or hearing screening indicated a need for follow-up in the previous IFSP, that should also be documented in the review. IFSP must be reviewed any time change is made in outcomes or services except for changing the names of service providers. The FSC name cannot be changed with a review meeting. The IFSP review is a continuation of/extension of an initial or annual IFSP, it does not stand alone. Edits may be made to the various pages of the IFSP or included in the summary page.

This page documents:

- The informed written consent of the parents/guardian, agreeing to the services as described on the IFSP.
- Who participated in the IFSP development and meeting.
- In what way each person participated.

Parents/guardians must be informed of their rights regarding the IFSP process and other aspects of their participation.

Please see Appendix B. Tips on Entering an IFSP Review into the Database for additional guidance.

LINE-BY-LINE GUIDANCE FOR THIS PAGE:

1. Date of Review. List date IFSP is being reviewed.

2. Summary of Review Results. Provide a summary of review of the IFSP, the purpose of the review and pages of the IFSP that were updated to reflect changes of child or family information, progress on outcomes, and changes to services.

IFSP REVIEW AGREEMENT

LINE-BY-LINE GUIDANCE FOR THIS PAGE:

1. Consent to Continue Without 10-day prior written notice. Parents initial if they wish to continue without a 10-day written notice prior to services.

2. Action Refused (if any). If the box is checked indicating parent does not give consent for the IFSP as written, use this section to indicate which service(s) they are declining.
3. **Reasons for Refusal (if action refused).** List parents’ reason(s) for refusing the action if action was refused.

4. **Signature of Parent, Legal Guardian, or Child Advocate.** Check appropriate box - parent, legal guardian or child advocate. Obtain signature(s). Print name under signature. List date signed.

5. **Signature of Parent, Legal Guardian, or Child Advocate.** Check appropriate box - parent, legal guardian or child advocate. Obtain signature(s). Print name under signature. List date signed.

1. **IFSP Participants that attended the IFSP Review Meeting.**
   List the full name, credentials, and role or organization of each person who attended the IFSP review meeting. Obtain a signature from participants and enter the date that the person participated.

2. **IFSP Participants that did not attend the meeting.**
   List the full name, credentials, and role or organization of each person that did not attend the IFSP review meeting but who participated in the meeting through a conference call or writing. Indicate if the person participated via conference call or in writing.

**Additional Resources**
If you need additional guidance and resources for IFSP development, please refer to the following resources located at www.ksits.org:

- Kansas IDEA Part C Procedure Manual
- Guidance Documents
- IFSP Quality Indicator Rubric (QIR)

If you need additional support for developing quality IFSPs, please contact KITS for additional technical assistance needs.
Appendix A

Referral Process Chart:

Does the child have an open/active IFSP?

No

Has the child ever had an IFSP? (IFSP was closed/expired)

No

This is an Initial KS Part C Referral
* Continue with Initial Eligibly Process

This could be a re-referral if the child was previously referred to you but no IFSP had been developed.
* Continue with Initial Eligibly Process & Initial IFSP.

Yes

Was the IFSP with your local program?

No

This is a Re-referral
* If IFSP has been closed for any reason for less than 6 months, eligibility is assumed and an Annual IFSP is completed.
* If IFSP has been closed for any reason for more than 6 months, eligibility must be re-established and an Initial IFSP is completed.

Yes

Is the IFSP with your local program?

No

This is a Transfer
* Request IFSP from the previous program
* If IFSP has been closed for any reason for less than 6 months, eligibility is assumed and an Annual IFSP is completed.
* If IFSP has been closed for any reason for more than 6 months, eligibility must be re-established and an Initial IFSP is completed.

Yes

This is a Transfer
* Request IFSP from the previous program
* If IFSP is less than 6 month old, complete IFSP review and resume services.
* If IFSP is more than 6 months old, program may do an additional IFSP Review or Annual IFSP Review.

This is re-contact
* If IFSP is less than 6 month old, complete IFSP review and resume services.
* If IFSP is more than 6 months old, program may do an additional IFSP Review or Annual IFSP Review.

Developed by the Kansas Inservice Training System (KITS) under contract with the Kansas Department of Health and Environment- Infant Toddler Services

Closed for any reason includes withdrawal and expired IFSP
Importing IFSP Reviews in the Database
Guidance Document
Specific attention to the IFSP Services Page

Background: According to the Kansas Infant Toddler Services Procedure Manual, periodic IFSP reviews must be conducted every six months or more frequently if conditions are warranted, or as requested by the family. (Page XII-2).

The documents used in the review include the 3-page IFSP Review pages; which consists of an IFSP Review (Summary) page and the IFSP Review Agreement pages. Update any page of the IFSP for which there is new information or update the Review Summary Page. For example, follow-up of hearing or vision screening may be needed, or additional information for the My Child’s Story could be noted.

This guidance document has been designed to show both the IFSP user’s screens and the Administrative/Database Manager’s screens. IFSP Reviews are typically completed by an IFSP user from the IFSP side of the database. However, administrative and data managers can view the review from the database side as well. There is an additional difference in the database concerning viewing a child’s history of services from the initial IFSP through exit.

- IFSP users can only see the service history of a child by opening each individual IFSP and viewing the services.
- Database users can see the history by going to the Service tab in the database. This will show all services from all IFSPs.

How to add an IFSP Review

Step 1. To enter a review, select the child and view his record.

An IFSP user would see this screen. Click on the child’s name to highlight it, then click on the view button.
An administrator/data manager would also select the child to view, and then open the IFSP/ECO tab.

**Step 2.** Find the IFSP in the list to be reviewed. **Select the icon indicated.** Hovering over this icon will produce a pop-up that says “Create Review”.

**DO NOT USE THE NEW ENTRY BUTTON TO CREATE A REVIEW.** Selecting “New Entry” produces a blank document. None of the existing IFSP information will be imported.

11/30/17
Step 3. Select the type of entry (Review) then, click on the Import Now button.

IFSP User View

Step 4. Update any page of the Review IFSP or the Review Summary page for which there is new information, including health information; family resources, priorities and concerns; and my child’s story.

Updating the Services Page on an IFSP Review

Make sure you are in the right place. It is recommended that services only be updated through the IFSP side of the database. The services page looks very different on the Administrative/Data Managers side of the database.

IFSP User’s view of the IFSP Services Page

From this page, directions include deleting old information. Deleted information is archived as history on the database side.
On the services page of the IFSP, the services that were put in place at the prior IFSP will be imported to the Review. During a Review, these services should be discussed to ensure they continue to meet the child and family’s needs.

Duration, 9. Start Date: This date is not edited on a Review.

To continue a service as it is: If the service is continuing, just as it is, and NO dates or other information are changing, nothing needs to be done.

To continue a service into a new time period (extend a service): End the services for the previous time frame by entering the date of the Review into the End Date, SAVE, and re-write the service line with new Start and End Dates. Then delete the old service line for that service.

Do not extend a service into a new time period by just changing the end date. When a service line was extended in the past, the service appeared to be written for a year, which is not consistent with a review of services at least every six months.

<table>
<thead>
<tr>
<th>Early Intervention Service</th>
<th>Method</th>
<th>Frequency/Intensity</th>
<th>Length</th>
<th>Location</th>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Service Coordination</td>
<td>Face to Face</td>
<td>Minutes/month</td>
<td>30</td>
<td>Home</td>
<td>5-7-2016</td>
<td>11-7-2017</td>
</tr>
<tr>
<td>Family Service Coordination</td>
<td>Face to Face</td>
<td>Minutes/month</td>
<td>30</td>
<td>Home</td>
<td>11-7-2017</td>
<td>3-28-2017</td>
</tr>
</tbody>
</table>

To change a service: If the service, method, frequency/intensity, length or location of a service is changing, first end the service as it has been delivered by entering the date of the IFSP Review. Add a new service line by selecting the Add Service button, and enter the service again with the new information. SAVE the changes, then delete the old service line.
NOTE: Changing the name of the Family Service Coordinator requires an IFSP Review meeting to be held with the family. Changing the name of other service providers is allowed without holding an IFSP Review Meeting with the family as long as all other information remains the same (service, method, frequency/intensity, length, location, start and end dates).

To end a service: If the service is ending, change the end date to the date of the IFSP Review, SAVE the changes, then delete the service line from the IFSP Review being worked on. The original service will be retained in the IFSP it was imported from and the stop date will be updated there. The service line will be retained in history and available on the services tab of the database side.

To add a new service line: After editing the existing service lines as outlined above, new services can be added by selecting the Add Service button. Information must be completed fully for each new service from the options provided.

Also important:
- If a service is provided in more than one location, there must be a service line for each location.
- The frequency/Intensity chosen must include the time (minutes, month) as well as the time period (per month, week, quarter).
- The length column is numeric only, no text entered will be saved or printed.
- Best practice is to write services for 6 months.
- The projected end date cannot be more than one year from the initial or annual IFSP date or the child’s third birthday unless the child will receive summer services.
- It is recommended that Teaming not be entered into the services table, but instead be explained in the Description of Services.
- It is recommended to show just the current services on a child’s IFSP, not the history of services.
- All part. C services provided to the child must be entered into the database and saved in the history of services.
Appendix C

IFSP PDF Upload/Download Guidance

Intro/background

The downloadable IFSP was created to assist FSC’s in writing an IFSP or IFSP review on a visit without the need for internet connection.

Adobe Acrobat is required for editing IFSP(s). This is a free download which is available at https://get.adobe.com/reader/. The IFSP was designed to be editable and should not have problems as long as this program is downloaded.

The Downloadable IFSP works differently than the web based IFSP. There is no session time limit and the data is not updated in the database until the IFSP is uploaded. While it is not necessary to save when switching between pages, frequent saving is encouraged. It is necessary to save upon completing the document, uploading final document, or before exiting out of Adobe.

Only an IFSP generated by the Kansas ITS database can be uploaded to the Kansas ITS database; e.g. a user cannot create a Downloadable IFSP from an outside document (such as the state provided Word document) and upload it into the Kansas ITS database. A blank downloaded IFSP CANNOT be used as an editable document to later be uploaded to different children.

A downloadable IFSP is specific to an individual child’s case number. When an IFSP is downloaded, the Kansas ITS database will register each individual IFSP with a specific data code e.g. like a barcode. The IFSP can be downloaded once and will then be locked on the IFSP/ECO tab until an upload occurs. A second download is not possible during this time.

Store the downloaded IFSP temporarily on the Family Service Coordinator’s laptop or table. Edit, adjust, update or make changes to the downloaded IFSP.

Programs will need to develop a system for “sharing” a downloaded IFSP with team members. Getting all the updated information on ONE finalized IFSP prior to uploading.

Upload back into the database. The uploaded IFSP must match the specific data code. This is a safeguard to make sure that child’s specific information updates the correct file. A second attempt to upload WILL replace previous information. The database will give you a notice before you can upload a second time and ask if you want to replace the first upload.

During the file upload, data checks are performed on required fields. A notice will be given if any corrections are needed before the IFSP can be uploaded. IFSP user then hits the “mark complete” button. If the Admin has the “Require Approval” feature on for the IFSP user, the “mark complete” button changes the status to “pending” and sends to the supervisor to be reviewed. The supervisor then has the ability to make edits or reject the IFSP. After the IFSP has been marked complete, the ability to unlock an IFSP is the same.

Important Notes to remember:

- Import from the most recent IFSP or create an Initial IFSP.
- Only IFSP(s) created after 7/1/2018 will have the downloadable functionality. IFSP(s) created prior to this cannot be downloaded for editing or uploaded.
A downloadable IFSP is specific to an individual child’s case number. It cannot be used as a blank IFSP, editable document to be uploaded to different children.

When you import an IFSP and download it, the upload of that IFSP must match exactly to its specific download, e.g. Like barcode.

During the file upload data checks are performed on required fields. A notice will be given if any corrections are needed before the IFSP can be uploaded.

After an IFSP has been uploaded the database is not updated until the IFSP is marked complete.

Create the IFSP prior to downloading it. (this is the same as it’s always been)

- If this is the initial IFSP for a child, click “new entry”; Select the type “Initial”
  - Click “continue”; The IFSP opens to the first page.
  - If you work on the document prior to downloading, click “save” before you close it.
  - To simply create a copy to download, click cancel, then close.
  - This will return you to the list of IFSP’s and the downloadable icon will appear.

- If this is any other type of IFSP, go to the list of available IFSP’s
  - click the sheet of paper with green arrow, to “create review”
  - select the type of IFSP and then click “import now”.
  - The IFSP will open to the first page in edit mode.
  - If you work on the document prior to downloading, click “save” before you close it.
  - To simply create a copy to download, click cancel, then close.
  - This will take you back to the list of IFSP’s and now the review is downloadable.

Click the download button indicated to download a copy of the IFSP to your laptop or tablet.
Download the IFSP to your laptop or tablet.

**In chrome:** When downloading an IFSP in Chrome with a PDF viewer extension installed, the IFSP will open in a new tab for viewing. Before the IFSP can be edited, it must be downloaded and opened with Adobe Acrobat. To download the IFSP, click the "Download" icon located in the upper right-hand corner (highlighted in red). This will open the save dialog for selecting where to save the document.

**In Internet Explorer:** When downloading an IFSP in Internet Explorer you will see the dialog below shown at the bottom of the screen. Click the arrow next to "Save" (as indicated above) to open the dropdown, then select "Save As" to open the save dialog for selecting where to save the document.
Save the Downloaded IFSP to your laptop or tablet.

Once you have completed the action previously mentioned for your browser, the save dialog shown below will open. This is for selecting where to save the file. Enter a name for the file (any name can be used), select a location for the file, then click "Save" to save the file. Be sure to note the location of the file being saved, you will need to know this when opening or uploading the file later.

IFSP is ready to be created/edited in Adobe Acrobat

Once you have downloaded the IFSP, open Adobe Acrobat and use the "Open" option under "File" to locate and open the file. From here you may begin editing the IFSP. Fields in light blue are the fields that may be edited.

The PDF works differently than the web based IFSP. There is no session time limit and the data is not updated in the database until the IFSP is uploaded. While it is not necessary to save when switching between pages, frequent saving is encouraged.
Service table is different on the Downloadable IFSP

The downloaded IFSP is worked on “off-line”. Changes were made to the service table to indicate the imported services that are ending and new services that will be in place once the IFSP is uploaded.

The top portion is where imported services will be shown and a checkbox has been added to the end of each row for indicating that the service is ending with this IFSP. New services can be entered in the second set.

Uploading the IFSP when completed

When the "Upload PDF" button (highlighted in red above) is clicked, a popup to choose the file will open. Click the "Choose File" button to open the upload dialog.

Hint: Make all edits to the IFSP while it is downloaded. Only upload completed IFSPs.
Use the upload dialog to navigate to the location where the PDF was saved. Select the file, then click "Open"

Once you have selected the file, you will notice the name of the file being uploaded is now shown (highlighted in red). Click "Upload" to proceed.

During the file upload data checks are performed on required fields. A notice will be given if any corrections are needed before the IFSP can be uploaded. After an IFSP has been uploaded the database is not updated until the IFSP is marked complete. All processes for this remain the same.
Shared Data Elements of the IFSP and Database

As of July 1, 2018, none of the items listed will change in real time. The database will only be updated from the IFSP when it is marked complete. Shared data elements from the database will be pulled into an IFSP when it is created and may update the current/most recent IFSP. (whether this is a new, blank, or a review imported from an existing IFSP)

Page 1:
- All except item 40 (Open Transition documents)

Page 2:
- All

Page 3:
  - Item 1 (2-6 are updated when changes are made to the physician in File Maintenance)
  - Items 7-10
  - Items 12-15

Pages 4-9:
- No items

Page 10 (Services):
- Services

Page 11:
- No items

Transition Plan:
  - Item 1: Transition Plan date
  - Item 3: School district (4-7 are updated when changes are made in File Maintenance)
  - Item 8f: Part B Referral Date
  - Item 8g: Parental Agreement (Consent for Transition Conference)

Transition Conference:
- Conference Date

IFSP Review Page:
- Date of Review

As of July 1, 2018, changes made in the database or IFSP will not take place in real-time. The database will only be updated from the IFSP when it is marked complete. Changes to the database will be imported into the next IFSP created and may be added to the most recent IFSP.