

## INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP)

### Introduction

The Individualized Family Service Plan (IFSP) is the written agreement between the family and the Infant-Toddler Services/tiny-k network that documents a plan for services needed by eligible children between the ages of birth and age 3 and their families. Development of the IFSP is a dynamic process that involves a collaborative planning effort and partnership between the parents (and other identified family members or persons who know the child and family) and the professionals who will deliver services and supports to the child and family. It is intended as an ongoing process of planning and adjusting services for the changing developmental needs of the child and his or her family. The IFSP should be fully understood (i.e., be user- and reader-friendly) by the parents/family and professional team members. The IFSP process is family-centered and assists in empowering the family. Therefore, cultural values and beliefs should be sought and honored throughout the IFSP process.

Partnerships in the development of the IFSP include active participation among all team members, including the parents/family members and professionals. The parents are key team players in providing information about their child's strengths and needs, as well as the family's strengths, resources, concerns, priorities, and preferences. However, it is the parents' choice to decide the extent of their role and level of activity in the development and implementation of the IFSP. It is the professionals' role to fully explain the IFSP process so parents and other family members are empowered to choose their roles and levels of activity accordingly.

Parents are responsible for the ultimate decision in determining whether they, their child, or other family members accept or decline services. The contents of the IFSP must be fully explained to parents and their informed written consent must be obtained prior to the provision of early intervention services described in the IFSP. The family's signature on the IFSP indicates that the family participated in the development of the IFSP.

The family service coordinator initiates the IFSP process and takes responsibility for the development, implementation, review, and revision of the IFSP.

### Purpose of the Initial IFSP Process

- To summarize all information known regarding the child's strengths and needs and the family's strengths, concerns, priorities, preferences, and current resources;
- To review the family's identified routines, daily activities, and natural environments;
- To develop and refine outcomes the family has chosen (includes outcomes for both the child and the family);
- To develop strategies for meeting the identified outcomes;
- To determine appropriate services and supports that link to meeting the identified outcomes;

- To develop a written document that will guide the family, the family service coordinator, and the other service providers;
- To determine the responsibilities of each team member;
- To determine how communication between the parent and other team members will be maintained; and
- To determine where (natural environments), when, and how services and supports will be delivered to the child and family.

**I. Notice of the IFSP Meeting [34 C.F.R. 303.342(d)]**

Meeting arrangements must be made with, and written notice of the meeting provided to, the family and other participants early enough before the IFSP meeting date to ensure that they will be able to attend. It is strongly recommended that providers give the family and other participants a 10-calendar-day written notice of the IFSP meeting. Parents must be informed of their rights prior to the meeting, including the right to bring a family member or other individual who knows the child and family and can contribute to preparing the IFSP.

IFSP meetings must be conducted

- in settings and at times that are convenient to families; and
- in the native language of the family or other mode of communication used by the family, unless it is clearly not feasible to do so.

If parents (or child advocate) are unable to attend the scheduled IFSP meeting, the team will not meet. The reason for the cancellation of the meeting must be documented in the child's records. The IFSP meeting must be rescheduled as soon as possible and at a time mutually agreed upon by the parents and other team members.

Federal Regulations 1997  
 34 C.F.R. 303.342 Procedures for IFSP development, review, and evaluation.  
 (d) *Accessibility and convenience of meetings.* (1) IFSP meetings must be conducted—  
 (i) In settings and at times that are convenient to families; and  
 (ii) In the native language of the family or other mode of communication used by the family, unless it is clearly not feasible to do so.  
 (2) Meeting arrangements must be made with, and written notice provided to, the family and other participants early enough before the meeting date to ensure that they will be able to attend.

**II. Timelines and IFSP Meetings [34 C.F.R. 303.342(a)(b)(c)]**

- A. The first IFSP meeting is held after the initial evaluation (including any assessments of the child and family) and determination of eligibility. The initial IFSP meeting must be conducted within the 45-calendar-day time period from receipt of the referral for the initial evaluation. The meeting is to be scheduled at a mutually convenient time and place for the family and other participants.

In the event of exceptional circumstances that make it impossible to complete the evaluation (including any assessments of the child and family) and assessment of service needs within 45 calendar days (e.g., if a child is ill) from receiving the referral for

evaluation, the Infant-Toddler Services/tiny-k network will document those circumstances and develop and implement an interim IFSP.

B. Periodic IFSP reviews for a child and his or her family must be conducted every six months or more frequently if conditions warrant, or if the family requests a review. Such reviews may be carried out at a face-to-face meeting or by another means that is acceptable to the parents and other participants. The intent of this review is to ensure that the constantly changing developmental needs of the child and priorities of the family are acknowledged and documented. The purposes of the periodic review are to:

- review and revise the IFSP, as appropriate;
- determine the degree to which progress toward achieving the outcomes is occurring;
- determine whether modification or revision of the outcomes or services is necessary;
- discuss the family's satisfaction with services being received;
- review the results of any new evaluations and ongoing assessments;
- share any other new and relevant information related to the child and family; and
- outline plans for the next six months.

C. An annual meeting to evaluate the IFSP for a child and the child's family must be conducted to update its contents. The results of any current evaluations and any other information available from the ongoing assessment of the child and family must be used in determining what services are needed and will be provided. The annual review of the IFSP should be consistent with the development of the initial IFSP with regard to participants and purpose.

**Federal Regulations 1997**

**34 C.F.R. 303.342 Procedures for IFSP development, review, and evaluation.**

*(a) Meeting to develop initial IFSP timelines.*

For a child who has been evaluated for the first time and determined to be eligible under this part, a meeting to develop the initial IFSP must be conducted within the 45-day time period in § 303.321(e).

*(b) Periodic review.* (1) A review of the IFSP for a child and the child's family must be conducted every six months, or more frequently if conditions warrant, or if the family requests such a review.

The purpose of the periodic review is to determine—

(i) The degree to which progress toward achieving the outcomes is being made; and

(ii) Whether modification or revision of the outcomes or services is necessary.

(2) The review may be carried out by a meeting or by another means that is acceptable to the parents and other participants.

*(c) Annual meeting to evaluate the IFSP.* A meeting must be conducted on at least an annual basis to evaluate the IFSP for a child and the child's family, and, as appropriate, to revise its provisions. The results of any current evaluations conducted under § 303.322, and other information available from the ongoing assessment of the child and family, must be used in determining what services are needed and will be provided.

**III. Participants in IFSP Meetings [34 C.F.R. 303.343]**

A. Participants in the initial IFSP and annual review of the IFSP must include:

1. the parent or parents of the child (or legal guardian, or child advocate);
2. the family service coordinator who has been working with the family or who has been designated by the Infant-Toddler Service/tiny-k network to be responsible for the implementation of the IFSP;
3. other family members as requested by the parent (parent option);

4. an advocate or other person outside of the family as requested by the parent (parent option);
5. the person or persons directly involved in conducting the evaluations and assessments. If unable to attend, input from any of these individuals shall be provided through other means, including:
  - participating in a conference call;
  - having a knowledgeable authorized representative attend; or
  - making pertinent records available at the meeting;
6. as appropriate, persons who will be providing services to the child, family, or both.

B. Participants in the periodic review of the IFSP shall include:

1. the parent or parents of the child;
2. the family service coordinator;
3. other family members as requested by the parent (parent option);
4. an advocate or other person outside of the family as requested by the parent (parent option);
5. others as deemed appropriate or necessary by the Infant-Toddler Service/tiny-k network and the parent(s).

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34 C.F.R. 303.343 IFSP team meetings and periodic reviews.

(a) *Initial and annual IFSP team meetings.* (1) Each initial meeting and each annual IFSP team meeting to evaluate the IFSP must include the following participants:

- (i) The parent or parents of the child.
- (ii) Other family members, as requested by the parent, if feasible to do so.
- (iii) An advocate or person outside of the family, if the parent requests that the person participate.
- (iv) The service coordinator designated by the public agency to be responsible for implementation of the IFSP.
- (v) A person or persons directly involved in conducting the evaluations and assessments in § 303.322.
- (vi) As appropriate, persons who will be providing services under this part to the child or family.

(2) If a person listed in paragraph

(a)(1)(v) of this section is unable to attend a meeting, arrangements must be made for the person's involvement through other means, including one of the following:

- (i) Participating in a telephone conference call.
- (ii) Having a knowledgeable authorized representative attend the meeting.
- (iii) Making pertinent records available at the meeting.

(b) *Periodic review.* Each periodic review must provide for the participation of persons in paragraphs (a)(1)(i) through (a)(1)(iv) of this section. If conditions warrant, provisions must be made for the participation of other representatives identified in paragraph (a) of this section.

#### IV. IFSP Content Requirements [20 U.S.C. 1436(d); 34 C.F.R. 303.344]

The IFSP must include specified content that reflects the unique needs of the child and his or her family. The content of the IFSP is to be fully explained to the parents so they understand the importance of their input into its preparation. The IFSP is to reflect the concerns, needs, priorities, and resources of the parents and be responsive to the family's needs as a whole as well as the identified child.

The content of the IFSP must be understandable by all team members, including the parents and other individuals invited by the parents; therefore, it should be free of jargon and professional terminology and be sensitive to the family. The IFSP is to be written in the parent's native language or mode of communication, unless it is clearly not feasible to do so. Copies of the IFSP in both languages, English and the family's native language, are to be kept on file with the Infant-Toddler Services/tiny-k network.

A. The IFSP must include:

1. *Information about the child's status* based on information from the child's evaluation and/or assessments. This information establishes a baseline in order to measure progress and lists professionally acceptable objective criteria, including present level of:
  - physical development
    - health (including nutrition)
    - vision
    - hearing
    - motor (fine and gross)
  - cognitive development;
  - communication, language, and speech development (including preliteracy);
  - social or emotional development;
  - adaptive/self-help development.
2. *Family information* (voluntary by the family), which includes a statement of the family's resources, priorities, and concerns related to enhancing the child's development.
3. A statement of the *measurable results or outcomes* developed and written by the IFSP team (including family members) that are expected to be achieved for the child **(including preliteracy and language skills, as developmentally appropriate for the child)** and family.
4. The *criteria, procedures* and *timelines* used to determine:
  - the degree to which progress toward achieving the results or outcomes is being made; and
  - whether modifications or revisions of the results/outcomes or services and supports are necessary.
6. **The specific *early intervention services*, based on peer-reviewed research (to the extent practicable), that are necessary to meet the unique needs of the child and the family to achieve the identified results or outcomes.** These early intervention services are defined in Section XII of this manual.
  - a. Early intervention services include, but are not limited to:
    - assistive technology services and devices;
    - audiology;
    - family training and counseling, and home visits;
    - health services;

- medical services only for diagnostic or evaluation purposes;
- occupational therapy;
- physical therapy;
- psychological services;
- service coordination services;
- social work services;
- special instruction;
- speech-language pathology;
- transportation and related costs;
- vision services.

b. For each service listed, a statement must include the following:

- i. The *dates* projected for initiation of services (as soon as possible after the IFSP meeting) and the anticipated length, duration, frequency, intensity, and method of delivering the services.

*Length* means the length of time the service is provided during each session of that service (such as one hour or some other specified time period).

*Duration* means a projection of when a given service will no longer be provided (such as when the child is expected to achieve the results or outcomes in his or her IFSP).

*Frequency* and *intensity* mean the number of days or sessions that a service will be provided, and whether the service is provided on an individual or group basis.

*Method* means how a service is provided (direct, indirect, multidisciplinary, transdisciplinary, consultative, etc.)

- ii. The *natural environments* in which the early intervention services will be provided. The statement must include a justification of the extent, if any, to which the services will not be provided in a natural environment.

The determination of the appropriate setting for providing early intervention services to an infant or toddler with a disability, including any justification for not providing a particular early intervention service in the natural environment for that child and service, must be

- made by the IFSP team (which includes the parent and other team members);
- consistent with the provisions in early intervention services, native language of the child, and early intervention services in the natural environment; and
- based on the child's outcomes, which are identified by the IFSP team.

Early intervention services for infants and toddlers with disabilities are to be provided

- to the maximum extent appropriate, in natural environments; and

- in settings other than the natural environment that are most appropriate, as determined by the parent and the IFSP team, only when early intervention services cannot be provided satisfactorily in a natural environment.

"Natural environments" means settings that are natural or normal for the child's age peers who have no disability, and includes those individuals who typically interact with the child on a regular basis. Examples of natural environment settings include the home or community settings in which children without disabilities participate.

- iii. The location/place(s) where the services will be provided.
- iv. The payment arrangements, if any. And
- v. The persons or agencies responsible for providing the early intervention services and supports.

6. *Family service coordinator* identified by name. This person can be from the profession most immediately relevant to the child's or family's needs or somebody who is otherwise qualified to carry out all applicable responsibilities under Part C of IDEA. The family service coordinator will be responsible for ensuring implementation of the IFSP and coordination with other agencies and persons. The family service coordinator's responsibilities include:

- initiation, development, and reviews of the IFSP, and implementation of early intervention services,;
- coordination with other agencies and/or persons of their services and supports; and
- transitions within Infant-Toddler Services/tiny-k network areas, from Part C to Part B services or other appropriate services.

7. *Other services*, to the extent appropriate, that should be included on the IFSP are:

- a. Medical and other services that the child or family needs or is receiving through other sources, but that are neither required nor funded under Kansas Infant-Toddler Services/tiny-k. The funding sources used to pay for those services or steps taken to obtain those services through public or private sources are to be included within this description; and
- b. If those services are not currently being provided, a description should be included of the steps the service coordinator or family may take to assist the child and family in securing such other services.

The other services described above are services that a child or family needs, but that are neither required nor covered under Part C of IDEA. Listing of these non-required services does not mean that these services must be provided. By listing them, the IFSP provides a comprehensive picture of the child's total service needs (not only early intervention services but medical and health services as well), which can be helpful to both the child's family and the family service coordinator. It is appropriate for the family service coordinator to assist the family in securing these non-required services.

Routine medical services such as immunizations and "well-baby" care should not be included unless the child needs these services and the services are not otherwise available or being provided.

8. Transition From Infant-Toddler Services/tiny-k [34 C.F.R. 344(h)]

a. The IFSP must include steps to be taken to support the transition of the child to

- preschool services under Part B of the Act, to the extent that those services are appropriate;
- early education, Head Start and Early Head Start, or child care programs; or
- other transitions that should be considered and planned for include:
  - neonatal intensive care unit (NICU) to home;
  - home to center-based services;
  - any occurrence that has major impact on child and family (i.e., a move, hospitalization, personnel change).

b. These steps shall include

- convening a meeting to develop a transition plan;
- discussions with, training of, or instruction for parents regarding future placements and other matters related to the child's transition;
- procedures to prepare the child for change in service delivery, including steps to help the child adjust to, and function in, a new setting;
- the transmission of Child Find information about the child to the local educational agency (LEA) or other relevant agency and, with parental consent, transmission of additional information to LEA to ensure the continuity of services, including evaluation and assessment information and copies of IFSPs that have been developed and implemented;
- consideration of the financial responsibilities of all relevant agencies;
- decisions about the responsibility for performing or sharing evaluations of children;
- participation in the development of an IFSP or an Individualized Education Program (IEP) if the child is eligible for Part B services;
- mechanisms to ensure uninterrupted provision of appropriate services to the child, including the summer months. (Extended school year services during the summer for a 3-year-old child shall be determined by the Part B program IEP/IFSP team.); and
- explanation of all procedural safeguards and parent rights.

Federal Statute 2004

**20 U.S.C. 1436. INDIVIDUALIZED FAMILY SERVICE PLAN.**

(d) CONTENT OF PLAN.—The individualized family service plan shall be in writing and contain—

(1) a statement of the infant's or toddler's present levels of physical development, cognitive development, communication development, social or emotional development, and adaptive development, based on objective criteria;

(2) a statement of the family's resources, priorities, and concerns relating to enhancing the development of the family's infant or toddler with a disability;

(3) a statement of the measurable results or outcomes expected to be achieved for the infant or toddler and the family, including pre-literacy and language skills, as developmentally appropriate for the child, and the criteria, procedures, and timelines used to determine the degree to which progress toward achieving the results or outcomes is being made and whether modifications or revisions of the results or outcomes or services are necessary;

(4) a statement of specific early intervention services based on peer-reviewed research, to the extent practicable, necessary to meet the

- unique needs of the infant or toddler and the family, including the frequency, intensity, and method of delivering services;
- (5) a statement of the natural environments in which early intervention services will appropriately be provided, including a justification of the extent, if any, to which the services will not be provided in a natural environment;
- (6) the projected dates for initiation of services and the anticipated length, duration, and frequency of the services;
- (7) the identification of the service coordinator from the profession most immediately relevant to the infant's or toddler's or family's needs (or who is otherwise qualified to carry out all applicable responsibilities under this part) who will be responsible for the implementation of the plan and coordination with other agencies and persons, including transition services; and
- (8) the steps to be taken to support the transition of the toddler with a disability to preschool or other appropriate services.

#### Federal Regulations 1997

##### 34 C.F.R. 303.344 Content of an IFSP.

- (a) Information about the child's status. (1) The IFSP must include a statement of the child's present levels of physical development (including vision, hearing, and health status), cognitive development, communication development, social or emotional development, and adaptive development.
  - (2) The statement in paragraph (a)(1) of this section must be based on professionally acceptable objective criteria.
- (b) Family information. With the concurrence of the family, the IFS must include a statement of the family's resources, priorities, and concerns related to enhancing the development of the child.
- (c) Outcomes. The IFSP must include a statement of the major outcomes expected to be achieved for the child and family, and the criteria, procedures, and timeliness used to determine—
  - (1) The degree to which progress toward achieving the outcomes is being made; and
  - (2) Whether modifications or revisions of the outcomes or services are necessary.
- (d) Early intervention services. (1) The IFSP must include a statement of the specific early intervention services necessary to meet the unique needs of the child and the family to achieve the outcomes identified in paragraph (c) of this section, including —
  - (i) The frequency, intensity, and method of delivering the services;
  - (ii) The natural environments, as described in Sec. 303.12(b); and
 Sec. 303.18 in which early intervention services will be provided, and a justification of the extent, if any, to which the services will not be provided in a natural environment;
  - (iii) The location of the services; and
  - (iv) The payment arrangements, if any.
  - (2) As used in paragraph (d)(1)(i) of this section—
    - (i) Frequency and intensity mean the number of days or sessions that a service will be provided, the length of time the service is provided during each session, and whether the service is provided on an individual or group basis; and
    - (ii) Method means how a service is provided.
  - (3) As used in paragraph (d)(1)(iii) of this section, location means the actual place or places where a service will be provided.
- (e) Other services. (1) To the extent appropriate, the IFSP must include—
  - (i) Medical and other services that the child needs, but that are not required under this part; and
  - (ii) The funding sources to be used in paying for those services or the steps that will be taken to secure those services through public or private sources.
  - (2) The requirement in paragraph (e)(1) of this section does not apply to routine medical services (e.g., immunizations and "well-baby" care), unless a child needs those services and the services are not otherwise available or being provided.
- (f) Dates; duration of services. The IFSP must include—
  - (1) The projected dates for initiation of the services in paragraph (d)(1) of this section as soon as possible after the IFSP meetings described in Sec. 303.342; and
  - (2) The anticipated duration of those services.
- (g) Service coordinator. (1) The IFSP must include the name of the service coordinator from the profession most immediately relevant to the child's or family's needs (or who is otherwise qualified to carry out all applicable responsibilities under this part), who will be responsible for the implementation of the IFSP and coordination with other agencies and persons.
  - (2) In meeting the requirements in paragraph (g)(1) of this section, the public agency may —
    - (i) Assign the same service coordinator who was appointed at the time that the child was initially referred for evaluation to be responsible for implementing a child's and family's IFSP; or
    - (ii) Appoint a new service coordinator.
  - (3) As used in paragraph (g)(1) of this section, the term profession includes "service coordination."
- (h) Transition from Part C services. (1) The IFSP must include the steps to be taken to support the transition of the child, in accordance with Sec. 303.148, to—
  - (i) Preschool services under Part B of the Act, to the extent that those services are appropriate; or
  - (ii) Other services that may be available, if appropriate.
  - (2) The steps required in paragraph (h)(1) of this section include—
    - (i) Discussions with, and training of, parents regarding future placements and other matters related to the child's transition;

(ii) Procedures to prepare the child for changes in service delivery, including steps to help the child adjust to, and function in, a new setting; and

(iii) With parental consent, the transmission of information about the child to the local educational agency, to ensure continuity of services, including evaluation and assessment information required in Sec. 303.322, and copies of IFSPs that have been developed and implemented in accordance with Secs. 303.340 through 303.346. (Approved by the Office of Management and Budget under control number 1820-0550) (Authority: 20 U.S.C. 1436(d))

**Note 1:** With respect to the requirements in paragraph (d) of this section, the appropriate location of services for some infants and toddlers might be a hospital setting — during the period in which they require extensive medical intervention. However, for these and other eligible children, early intervention services must be provided in natural environments (e.g., the home, child care centers, or other community settings) to the maximum extent appropriate to the needs of the child.

**Note 2:** Throughout the process of developing and implementing IFSPs for an eligible child and the child's family, it is important for agencies to recognize the variety of roles that family members play in enhancing the child's development. It also is important that the degree to which the needs of the family are addressed in the IFSP process is determined in a collaborative manner with the full agreement and participation of the parents of the child. Parents retain the ultimate decision in determining whether they, their child, or other family members will accept or decline services under this part.

**Note 3:** The early intervention services in paragraph (d) of this section are those services that a State is required to provide to a child in accordance with Sec. 303.12.

The "other services" in paragraph (e) of this section are services that a child or family needs, but that are neither required nor covered under this part. While listing the non-required services in the IFSP does not mean that those services must be provided, their identification can be helpful to both the child's family and the service coordinator, for the following reasons: First, the IFSP would provide a comprehensive picture of the child's total service needs (including the need for medical and health services, as well as early intervention services). Second, it is appropriate for the service coordinator to assist the family in securing the non-required services (e.g., by (1) determining if there is a public agency that could provide financial assistance, if needed, (2) assisting in the preparation of eligibility claims or insurance claims, if needed, and (3) assisting the family in seeking out and arranging for the child to receive the needed medical-health services).

Thus, to the extent appropriate, it is important for a State's procedures under this part to provide for ensuring that other needs of the child, and of the family related to enhancing the development of the child, such as medical and health needs, are considered and addressed, including determining (1) who will provide each service, and when, where, and how it will be provided, and (2) how the service will be paid for (e.g., through private insurance, an existing Federal-State funding source, such as Medicaid or EPSDT, or some other funding arrangement).

**Note 4:** Although the IFSP must include information about each of the items in paragraphs (b) through (h) of this section, this does not mean that the IFSP must be a detailed, lengthy document. It might be a brief outline, with appropriate attachments that address each of the points in the paragraphs under this section. It is important for the IFSP itself to be clear about (a) what services are to be provided, (b) the actions that are to be taken by the service coordinator in initiating those services, and (c) what actions will be taken by the parents.

## **V. Interim IFSP [34 C.F.R. 303.345]**

Early intervention services for a child and the child's family may commence before the completion of the evaluation (including the assessment of the child and family) and assessment of service needs. An interim IFSP may be developed to facilitate the provision of services in the event that a child has obvious immediate needs, even at the time of referral (e.g., a physician recommends that a child with cerebral palsy begin receiving physical therapy as soon as possible). The following conditions must be met

- A. Written parental consent is obtained indicating their knowledge of, and agreement to, the desire to begin services before evaluation, and/or the delay in completing the evaluation.
- B. An interim IFSP is developed that includes
  1. the name of the family service coordinator who will be responsible for implementation of the interim IFSP and coordination with other agencies and persons; and

2. the early intervention services that have been determined to be needed immediately by the child and the child's family.
- C. The interim IFSP does not circumvent the requirements for the timely evaluation, assessments, and development of the IFSP within the 45-calendar-day timeline from the receipt of parents' written consent for the initial evaluation.

In the event that an interim IFSP is needed to begin services before the evaluation and assessment can be completed, the family service coordinator will ensure that the interim IFSP is developed to include V. B. 1 and 2 above, and that the evaluation and assessment are completed within 45 calendar days from the date of receipt of referral for the initial evaluation. The interim IFSP in this circumstance does not circumvent the requirements for the timely evaluation and assessment of the child.

In the event that the need for an interim IFSP is due to exceptional circumstances (e.g., the child is ill), the family service coordinator must document the reason(s) that the 45-calendar-day time requirement for completing the evaluation and developing the IFSP has not been met and, to the extent appropriate, implement the interim IFSP according to V. B. 1 and 2 above. For example, evaluations and assessments will be completed as soon as the health of the child permits.

**Federal Regulations 1997**

**34 C.F.R. 303.345 Provision of services before evaluation and assessment are completed.**

Early intervention services for an eligible child and the child's family may commence before the completion of the evaluation and assessment in Sec. 303.322, if the following conditions are met:

- (a) Parental consent is obtained.
- (b) An interim IFSP is developed that includes—
  - (1) The name of the service coordinator who will be responsible, consistent with Sec. 303.344(g), for implementation of the interim IFSP and coordination with other agencies and persons; and
  - (2) The early intervention services that have been determined to be needed immediately by the child and the child's family.
- (c) The evaluation and assessment are completed within the time period required in Sec. 303.322(e). (Approved by the Office of Management and Budget under control number 1820-0550) (Authority: 20 U.S.C. 1436(c))

Note: This section is intended to accomplish two specific purposes:

- (1) To facilitate the provision of services in the event that a child has obvious immediate needs that are identified, even at the time of referral (e.g., a physician recommends that a child with cerebral palsy begin receiving physical therapy as soon as possible), and (2) to ensure that the requirements for the timely evaluation and assessment are not circumvented.

**VI. Parent Consent for Services in the IFSP [20 U.S.C. 1436(e); 34 C.F.R. 303.342(e); 34 C.F.R. 303.403; 303.404; 34 C.F.R. 303.405] (See Appendix A for sample forms.)**

The contents of the IFSP must be fully explained to the parents and informed written consent must be obtained prior to the provision of any early intervention services described in the IFSP. The early intervention services for which parental consent is obtained must be provided.

- A. The parent must be provided with prior written notice and a request for consent in his or her native language indicating that the Infant-Toddler Services/tiny-k network is proposing to provide early intervention services for the child and the family and the reason for providing the early intervention services (34 C.F.R. 303.403).

- B. The Infant-Toddler Services/tiny-k network must also provide the parent with the parent rights (procedural safeguards) information (34 C.F.R. 303.403).
- C. The parent must provide informed written consent for the provision of early intervention services (34 C.F.R. 303.404).
- D. The parent may determine whether the family will accept or decline any early intervention service written into the IFSP without jeopardizing the right to receive other early intervention services. If the parent does not provide consent for the services, or some part of the services, only the services to which consent has been obtained must be provided (34 C.F.R. 303.405).

**Federal Statute 2004**

**20 U.S.C. 1436. INDIVIDUALIZED FAMILY SERVICE PLAN.**

(e) PARENTAL CONSENT.—The contents of the individualized service plan shall be fully explained to the parents and informed written consent from the parents shall be obtained prior to the provision of early intervention services described in such plan. If the parents do not provide consent with respect to a particular early intervention service, then only the early intervention services to which consent is obtained shall be provided.

**Federal Regulations 1997**

**34 C.F.R. 303.405 Parent right to decline service.**

The parents of a child eligible under this part may determine whether they, their child, or other family members will accept or decline any early intervention service under this part in accordance with State law, and may decline such a service after first accepting it, without jeopardizing other early intervention services under this part. (Authority: 20 U.S.C. 1439(a)(3))

## **VII. Exiting From Services**

Once the child has been determined eligible and the parent has consented to early intervention services, a child/family cannot be exited unless the child is no longer eligible or the parents have withdrawn their consent for services. The IFSP may end based on the duration of services agreed to on the IFSP. In all cases the parent must be provided with prior written notice of the action.

### **A. Exit Criteria**

The criteria for exit include the following conditions:

1. The child reaches age 3 (no longer eligible); or
2. For a child who was eligible due to a significant developmental delay: the child functions within his age range in all developmental areas as measured by an assessment or evaluation tool and informed clinical opinion; or
3. Parents choose to withdraw their child (enrollment in the system is voluntary).

### **B. Exit Process**

#### **1. No Longer Eligible**

- a. Once the child reaches age 3, he/she is no longer eligible for early intervention services under the Infant-Toddler Services/tiny-k.

- b. A child who was eligible due to a significant developmental delay may be found to be functioning within his or her age range in all developmental areas as measured by an assessment or evaluation tool and informed clinical opinion.
- c. The family service coordinator should schedule an IFSP review to discuss the updated assessment results. Written notice of the IFSP meeting must be given to the family to notify them that the child's IFSP will be reviewed and to determine the need for continued services.

## 2. Parent Request for Exit

The family may request that the child exit early intervention services. Services are voluntary on the part of the family. In this case the child may exit without an IFSP review.

## 3. Prior Written Notice

The family service coordinator must provide written notice to the parent upon the child exiting the services. The notice must state what the action is (exiting early intervention services) and the reason for the action (no longer eligible, parent request, end of services on IFSP, etc.). The notice is to be presented to the parent with a copy of the Parent's Rights Brochure (See Appendix A for sample forms and Parent Rights Brochure at [http://www.ksits.org/download/Parents\\_Rights\\_Booklet.pdf](http://www.ksits.org/download/Parents_Rights_Booklet.pdf)). There should be documentation signed by the parent, that the family is aware of their rights and is in agreement with their child's exiting.

## 4. Exit Conference

Depending on the circumstances of the child's exit from services, the family service coordinator should consider offering to hold a transition conference with the family to discuss the discontinuation of the services. During this conference, the IFSP may be reviewed, especially the transition plan. The plan should include activities to prepare for the transition and a reasonable time frame for completing them. It should also include connecting the family with community resources by the Infant-Toddler Services/tiny-k network. (See Section XI for additional information on transitions.)

## C. Child/Family Not Available

There are instances in which families are not home when the early interventionist arrives and the visit has not been canceled ahead of time. In such a case, the service provider should leave a note explaining that she or he will contact the family to reschedule and remind them of the need to cancel appointments 24 hours prior to the visit whenever possible.

If the family is not home for two consecutive scheduled visit without any advance cancelation (or appropriate explanation), the program may send the family written notice of an IFSP review and inform them that services will be suspended until the plan can be reviewed. Documentation of all attempts to contact the family must be maintained.

At the review meeting, the service coordinator must try to determine what, if any, services the family wants to receive and how those services can best be configured to meet the family's needs. If the family states at the meeting that they no longer want to receive early intervention services, the family service coordinator should document their desire to withdraw their child from the Infant Toddler Services/tiny-k services and, at a minimum, hold an immediate transition conference with the family to discuss other available community resources.

The program then exits the child from the system, using "parent withdrew" as the exit status for the data system. The service coordinator should remind the family that if they change their mind later, they may re-refer their child.

#### D. Child/Family Cannot Be Located

If a family cannot be reached as described in C above, the provider should send a letter to the address on file, requesting that the family contact the program with new contact information. If the family does not respond to the first letter, the program should send a certified letter to the address on file giving the family written notice of an IFSP review and inform the family that services will be suspended until the IFSP can be reviewed.

If the family does not contact the program by the time the IFSP expires, the program can exit the child upon expiration of the IFSP under the exit reason of "child/family could not be located." Documentation of all attempts to contact the family is to be maintained.

## **IFSP Checklist for Kansas Infant Toddler Services/Part C/tiny-k**

The following information must be present on the IFSP or accompanying forms:

### **Identifying Information**

- \_\_\_ Child's Name
- \_\_\_ Child's Date of Birth
- \_\_\_ Child's Date of Birth
- \_\_\_ Child's Complete Address
- \_\_\_ Child's Primary Health Care Providers Name
- \_\_\_ Date of Initial IFSP Meeting
- \_\_\_ Documentation of Written Notice of Meeting
- \_\_\_ Scheduled Date of IFSP Periodic Review
- \_\_\_ Proposed Date of IFSP Annual Review
- \_\_\_ Area of Concern/Diagnosis
- \_\_\_ Parent(s) Name
- \_\_\_ Parent(s) Home & Work Telephone Numbers
- \_\_\_ Parent(s) Preferred Language/Communication Mode

### **Participants at the IFSP Meeting**

- \_\_\_ Parent or Guardian
- \_\_\_ Family Services Coordinator Identified By Name
- \_\_\_ Other Family Members if Requested by Parent
- \_\_\_ Advocate/Person Outside Family if Requested by Parent
- \_\_\_ Evaluation Team Members Either Present or Relevant Information Provided
- \_\_\_ Persons Who Will Be Providing Services As Appropriate (recommended that at a minimum the primary provider be present)

## Child's Present Level of Development

\_\_\_ Physical: \_\_\_ Vision \_\_\_ Hearing \_\_\_ Health \_\_\_ Nutrition \_\_\_ Gross Motor \_\_\_ Fine Motor

\_\_\_ Cognitive

\_\_\_ Communication: \_\_\_ Receptive \_\_\_ Expressive

\_\_\_ Social/Emotional

\_\_\_ Adaptive

\_\_\_ **Statement of the family's concerns, priorities and resources relating to**

**enhancing the development of the family's infant or toddler with a disability**

\_\_\_ **Major outcomes expected for child and family (including pre-literacy/language skills as developmentally appropriate for child)**

\_\_\_ Criteria to determine that progress is being made or if revisions are necessary

\_\_\_ Procedures to determine that progress is being made or if revisions are necessary

\_\_\_ Timelines to determine that progress is being made or if revisions are necessary

\_\_\_ **Statement of specific early intervention services needed to achieve outcomes (based on peer reviewed research to the extent practicable)**

\_\_\_ Frequency of Services \_\_\_ Intensity

\_\_\_ Method of Service Delivery \_\_\_ Location

\_\_\_ Natural Environment of Services or Justification for Services Outside the Natural Environment by Outcome

\_\_\_ Medical and Other Services Needed by Child/Family but Not Required/Funded by Part C

\_\_\_ Steps FSC/Family may take to secure other services / funding sources

\_\_\_ Date of Initiation of Services

\_\_\_ Anticipated Duration of Services (as soon as possible after IFSP meeting)

\_\_\_ Steps to support transition to preschool or other services

\_\_\_ Parent Signature on IFSP

\_\_\_ Parental Written Consent to Begin Early Intervention Services

\_\_\_ Parental Written Consent for Transmission of Information Outside of Program

Sec. 636 INDIVIDUALIZED FAMILY SERVICE PLAN.

(d) Content of Plan. --The individualized family service plan shall be in writing and contain--

- (1) a statement of the infant's or toddler's present levels of physical development, cognitive development, communication development, social or emotional development, and adaptive development, based on objective criteria;
- (2) a statement of the family's resources, priorities, and concerns relating to enhancing the development of the family's infant or toddler with a disability;
- (3) a statement of the measurable results or outcomes expected to be achieved for the infant or toddler and the family, including pre-literacy and language skills, as developmentally appropriate for the child, and the criteria, procedures, and timelines used to determine the degree to which progress toward achieving the results or outcomes is being made and whether modifications or revisions of the results or outcomes or services are necessary;
- (4) a statement of specific early intervention services based on peer-reviewed research, to the extent practicable, necessary to meet the unique needs of the infant or toddler and the family, including the frequency, intensity, and method of delivering services;
- (5) a statement of the natural environments in which early intervention services will appropriately be provided, including a justification of the extent, if any, to which the services will not be provided in a natural environment;
- (6) the projected dates for initiation of services and the anticipated length, duration, and frequency of the services;
- (7) the identification of the service coordinator from the profession most immediately relevant to the infant's or toddler's or family's needs (or who is otherwise qualified to carry out all applicable responsibilities under this part) who will be responsible for the implementation of the plan and coordination with other agencies and persons, including transition services; and
- (8) the steps to be taken to support the transition of the toddler with a disability to preschool or other appropriate services.

(e) Parental Consent.--The contents of the individualized family service plan shall be fully explained to the parents and informed written consent from the parents shall be obtained prior to the provision of early intervention services described in such plan. If the parents do not provide consent with respect to a particular early intervention service, then only the early intervention services to which consent is obtained shall be provided.