



SoonerStart Early Intervention Program Individualized Family Service Plan (IFSP)

Section 1A: Child Information

Child's name:		Date of Birth:
AKA name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Client ID:
County:	School District:	

Section 1B: Family Contact Information

Primary Contact Name:	Relationship to Child:
Mailing Address:	Phone:
Physical Address:	Language:
Other Contact:	Relationship to Child:
Mailing Address:	Phone:

Section 1C: SoonerStart Contact Information

Service Coordinator:	
Address:	Phone:
Email Address:	
Primary Provider:	
Email Address:	Phone:

Section 1D: Date of Individualized Family Service Plan (IFSP)

Interim IFSP:
Initial IFSP:
Annual IFSP:

Section 1E: Medical and other services that the family or child needs or is receiving through other sources (neither required nor funded under Part C)

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Child's Name:	Date of Birth:
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Section 2A: Concerns, Priorities and Resources

The family chooses to share information about their concerns, priorities and resources and/or include this information in the IFSP. The family understands that if their child is eligible, s/he can still receive services if they do not complete this section. The family gave permission?

YES NO Date: _____

What are the family's concerns?

Of the concerns, what would the family like to focus on (priorities)?

What resources does the family use?

Section 2B: Present Levels of Development

Adaptive:

Social-Emotional

Communication:

Motor/Physical:

Cognitive:

Health: (Including Vision and Hearing)

Child's Name:	Date of Birth:
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Section 3: Outcomes

<input type="checkbox"/> Child	<input type="checkbox"/> Family
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Outcome # _____

Strategies and Activities: (Include activity settings, people, and everyday routines of the family and child).

How does the team plan on measuring progress?

<input type="checkbox"/> Provider progress notes	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Parent report	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Service Coordinator contact with the family	<input type="checkbox"/> Other: _____

<input type="checkbox"/> Periodic Review <input type="checkbox"/> Annual Review <input type="checkbox"/> Other	Modification to Outcome	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Outcome Status	<input type="checkbox"/> Continue with changes <input type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue per parent request <input type="checkbox"/> Accomplished
	Summary of Progress	
<input type="checkbox"/> Periodic Review <input type="checkbox"/> Annual Review <input type="checkbox"/> Other	Modification to Outcome	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Outcome Status	<input type="checkbox"/> Continue with changes <input type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue per parent request <input type="checkbox"/> Accomplished
	Summary of Progress	
<input type="checkbox"/> Periodic Review <input type="checkbox"/> Annual Review <input type="checkbox"/> Other	Modification to Outcome	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Outcome Status	<input type="checkbox"/> Continue with changes <input type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue per parent request <input type="checkbox"/> Accomplished
	Summary of Progress	

Child's Name:	Date of Birth:
Section 4: Transition Steps and Services	
27 – 33 months	Date Completed
<p>Notification to the LEA (Local Education Agency) – Child Find Information Transmitted to the LEA</p>	
<p>Transition Initiated – Developed Transition Plan with Family: _____ Family Declined TPC with LEA</p> <p>Reviewed Transition Options for LEA and/or community services:</p> <p>Transmitted SoonerStart records to relevant agencies with parental consent:</p>	
<p>Referral to LEA (Part B Services)</p> <p>Coordinated and facilitated Transition Planning Conference (TPC) with LEA:</p> <p>Local school district determines eligibility for IDEA, Part B services:</p> <p>Referrals to other community resources:</p> <p>Steps and activities to prepare the family and child for the new setting:</p> <p>Individual Education Plan (IEP) meeting scheduled by local school district:</p>	
<p>Referral to Community Programs or Agencies</p> <p>Coordinated and facilitated Transition Planning Conference with Family and/or Community Programs:</p> <p>Referrals to other community resources:</p> <p>Steps and activities to prepare the family and child for the new setting:</p>	

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Section 5: Service(s) Needed to Achieve Outcomes

El Service	Start Date	End Date	Frequency, Length, and Location	Intensity (Group or Individual)	Method	Payment Source	Provider	Modified End Date

Section 6: Natural Environment

Early Intervention Service	Is the Early Intervention Service Provided in the natural environment?	If not, the justification for that determination based on the family and child's outcomes.

Section 7: Consent

I have participated in the development of this Individualized Family Service Plan (IFSP) and understand the content. I understand I can accept or refuse any or all of the services identified on the IFSP. I understand that my consent for services may be withdrawn at any time.

_____ I understand my rights under this program and have received a written copy of my parent rights.

_____ I give permission to carry out this IFSP as written.

Title:	Signature:	Date:
Parent/Caregiver		
Parent/Caregiver		
Service Coordinator and Discipline		
Early Interventionist and Discipline		
Early Interventionist and Discipline		
Other		
Other		

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Section 8: Modification

IFSP Modification Date:	Modification made:

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Title:	Signature:	Date:
Parent/Caregiver		
Service Coordinator		
Early Interventionist		
Early Interventionist		

IFSP Modification Date:	Modification made:

I have participated in the development of this Individualized Family Service Plan (IFSP) and understand the content. I understand I can accept or refuse any or all of the services identified on the IFSP. I understand that my consent for services may be withdrawn at any time.

Title:	Signature:	Date:
Parent/Caregiver		
Service Coordinator		
Early Interventionist		
Early Interventionist		

IFSP Modification Date:	Modification made:

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Early Interventionist		
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