



# 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:
<b>Section 2C: Family Supports (Informal, Formal and Intermediate)</b>	
<p>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?</p> <p><input type="checkbox"/> YES   <input type="checkbox"/> NO   Date: _____</p>	
<b>Who lives in your household?</b>	
<b>Who are the important people in your family's life?</b>	
<b>What community resources/services are being provided to your family and/or child?</b>	
<b>What are your main concerns for your family and child?</b>	

Child's Name:		Date of Birth:
<b>Section 2D: Present Levels of Development in Daily Routines and Activities</b>		
<b>Routine:</b>	<b>Description of Time of Day or Activity (Star Concerns):</b>	<b>Developmental Areas:</b>
		<input type="checkbox"/> Communication <input type="checkbox"/> Motor/Physical <input type="checkbox"/> Adaptive <input type="checkbox"/> Cognitive <input type="checkbox"/> Social-Emotional • Relationships <input type="checkbox"/> Health <input type="checkbox"/> Engagement <input type="checkbox"/> Independence
<b>Routine Rating:</b>		
1 – Terrible 2 3 4 5 – Fantastic		
<b>Routine:</b>	<b>Description of Time of Day or Activity (Star Concerns):</b>	<b>Developmental Areas:</b>
		<input type="checkbox"/> Communication <input type="checkbox"/> Motor/Physical <input type="checkbox"/> Adaptive <input type="checkbox"/> Cognitive <input type="checkbox"/> Social-Emotional • Relationships <input type="checkbox"/> Health <input type="checkbox"/> Engagement <input type="checkbox"/> Independence
<b>Routine Rating:</b>		
1 – Terrible 2 3 4 5 – Fantastic		
<b>Routine:</b>	<b>Description of Time of Day or Activity (Star Concerns):</b>	<b>Developmental Areas:</b>
		<input type="checkbox"/> Communication <input type="checkbox"/> Motor/Physical <input type="checkbox"/> Adaptive <input type="checkbox"/> Cognitive <input type="checkbox"/> Social-Emotional • Relationships <input type="checkbox"/> Health <input type="checkbox"/> Engagement <input type="checkbox"/> Independence
<b>Routine Rating:</b>		
1 – Terrible 2 3 4 5 – Fantastic		



Child's Name:		Date of Birth:	
<b>Section 8: Modification</b>			
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:	
Parent/Caregiver			
Service Coordinator			
Early Interventionist			
Early Interventionist			
<b>IFSP Modification Date:</b>			
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:	
Parent/Caregiver			
Service Coordinator			
Early Interventionist			
Early Interventionist			
<b>IFSP Modification Date:</b>			
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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.			
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