

Guidance for Completing the State Prototype IFSP/IEP

Page 1 Cover Page

- Individualized Family Service Plan – IFSP
 Individualized Educational Plan - IEP

Because this document may be used both as an IFSP and an IEP, the service coordinator needs to check the box that indicates the purpose of the document. If the child is eligible for both *Early On*[®] and special education, this document would receive a check in both boxes since it is both an IFSP and an IEP. Explain to the parent(s) how this document is going to be used.

Child's Legal Name: _____ (1) _____	Date of Birth: ____ (2) _____
Address of Child: _____ (3) _____	City: ____ (4) _____ Zip: ____ (5) _____

(1) Child's legal name as it appears on the birth certificate. If the child is known by a nickname, put it in parentheses after the legal name.

(2) Child's date of birth.

(3) The address where the child lives. Include mailing address if different from street address.

(4) Name the city or town where the child lives.

(5) Enter the five digit zip code.

<input type="checkbox"/> Male <input type="checkbox"/> Female (6)	City of Birth: _____ (7) _____	Birth Order: ____ (8) _____
Child's ID#: _____ (9) _____		

(6) Gender of the child. (check one)

(7) The city or place of birth as it appears on the child's birth certificate. When the city of birth cannot be verified, then the county or township of birth is used.

(8) This indicates that the child is part of a multiple birth.

- 1 = first in a multiple birth
- 2 = second in a multiple birth
- 3 = third in a multiple birth
- Etc.

(9) Once entered in MICIS as a referral, a MICIS ID # is generated. It is referred to as the Unique Identification (UIC) Code.

Ethnic Heritage:	<input type="checkbox"/> Hispanic or Latino (10)	<input type="checkbox"/> White including Middle Eastern (13)
	<input type="checkbox"/> American Indian or Alaska Native (11)	<input type="checkbox"/> Asian American (14)
	<input type="checkbox"/> Black or African American (12)	<input type="checkbox"/> Native Hawaiian or other Pacific Islander (15)

The US Department of Education, Office of Special Education Programs requires data to be reported using six ethnic categories.

(10) **Hispanic or Latino:** An indication that the individual traces his or her origin or descent to Mexico, Puerto Rico, Cuba, Central and South America, and other Spanish cultures, regardless of race.

(11) **American Indian or Alaska Native:** A child having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.

(12) **Black or African American:** A child having origins in any of the black racial groups of Africa.

(13) **White including Middle Eastern:** A child having origins in any of the original peoples of Europe, the Middle East, or North Africa.

(14) **Asian American:** A child having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Sub-continent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

(15) **Native Hawaiian or other Pacific Islander:** A child having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Resident ISD/RESA/RESA: (16)	Resident Local District: (17)
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(16) The Intermediate School District/Regional Educational Service Agency or Regional Education Service District in which the child resides.

(17) The local school district in which the child resides.

Parent/Guardian Name (18)	Relationship to Child (19)	Native Language Interpreter Needed? (20)	Phone Day/Other/E-mail (21)
Address if different from child: (22)			

(18) First and last name of the child's parent(s) or legal guardian(s). Additional family members may be listed.

(19) State the relationship of the person to the child. These may include:

- A – Father, Natural or Adopted
- B – Father, Step
- C – Father, Foster
- D – Mother, Natural or Adopted
- E – Mother, Step
- F – Mother, Foster
- G – Spouse
- H – Brother
- I – Sister
- J – Grandparent
- K – Court Appointee (Guardian)
- O – Other Relative
- P – Parents
- S – Step parents
- T – Surrogate Parent
- U – Unknown

Local service areas may include siblings, but that is not entered into MICIS.

(20) This is the primary language used by the parent/guardian, i.e., the home language. Indicate whether an interpreter is needed or if sign language is required.

(21) Give the phone numbers of the parent/guardian including those applicable: day phone, evening phone, cell phone, e-mail address if applicable. Indicate by an asterisk "*" the primary number to be used.

(22) Give the address of the parent(s) if different from the child.

Status: <input type="checkbox"/> <i>Early On</i> Referral (23) <input type="checkbox"/> <i>Early On</i> Transfer (24) <input type="checkbox"/> Special Ed Referral (25) <input type="checkbox"/> Special Ed Transfer (26)	
(check all that apply)	
Date of Referral: _____ (27) _____	Date of Transfer: _____ (29) _____
Referral Source: _____ (28) _____	Transferred in from: _____ (30) _____

Please check all boxes that apply.

(23) A new referral to *Early On* or a previous referral that did not result in *Early On* eligibility.

(24) An eligible *Early On* child with an active IFSP transferred from another service area within the state of Michigan.

(25) A referral for a special education evaluation and determination of eligibility.

(26) There is a current active IFSP/IEP for the child created in another service area or state.

(27) The date the referral was received in the local Part C (responsible for eligibility determination) agency. The child is being referred for evaluation, assessment and determination of eligibility for services under Part C of IDEA. This is the date that is used in MICIS for beginning date in district.

NOTE: MICIS asks for the first date the district was aware of the child or the date the child transferred from another service area. This date is the same as the date of referral or transfer. See #27 and #29. In *Early On* this date begins the 45 calendar day timeline for evaluation completion and the initial IFSP meeting.

(28) The source of the referral; i.e., person or agency

(29) The date the child transferred to the new service area or ISD and became known to *Early On* and/or special education.

(30) Identifies the service area, ISD, or state from which the child transferred. For special education, services must begin within 30 school days of the date of transfer. For *Early On* services must begin ASAP.

Eligibility	<input type="checkbox"/> <i>Early On</i> (31)	<input type="checkbox"/> Special Education (32)	<input type="checkbox"/> Both (33)	<input type="checkbox"/> Not Eligible (34)
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The results from the evaluation of the child:

(31) Child is eligible for *Early On*.

(32) Child is eligible for special education.

(33) Any child eligible for special education is automatically eligible for *Early On*.

(34) Child not eligible for either *Early On* or special education.

Full detail of eligibility is found on page 4.

Service Coordinator: _____ (35) _____	Phone: _____ (36) _____
Agency: _____ (37) _____	Address: _____ (38) _____

(35) Name of the service coordinator.

(36) Phone number of the service coordinator.

(37) Agency of the service coordinator.

(38) Address of the agency/location of the service coordinator.

Dates important to follow:

Referral Date: ____ (39) ____ Initial IFSP Meeting Date: ____ (40) ____ Completed IFSP Date: ____ (41) ____

(39) Date the Part C agency (responsible for eligibility) received the referral (Same as #27).

(40) Date of the Initial IFSP/IEP Meeting. Frequently this date is the same as (41). All four eligibility pieces must be completed within the 45-day timeline, prior to the initial IFSP/IEP meeting.

(41) Date on which the IFSP/IEP was signed by the parents/guardian. Parent signature indicates they agree to the content of the plan, which includes identified services. The completed IFSP/IEP should be signed within 60 days of the referral being received.

Other possible agencies or programs involved with child and/or family

WIC MIHP IMH Early Head Start Great Parents Great Start Medicaid CSHCS

Please check all that apply.

Office use only

Justification for not completing the Initial IFSP Meeting within 45 days from the date of referral:

Child unavailable (42) External reports not received (43) Family Issue (44) Natural Disaster (45)

Personnel unavailable (46) Other (47)

Explain justification checked: (48)

The term “office use only” indicates that this is information that staff must complete for compliance if timelines aren’t met.

For circumstances when an Initial IFSP meeting is not held within the 45-day timeline, a reason for not meeting the timeline is required. While these are MICIS data fields – not all are acceptable justifications for not meeting the timeline. If the 45-day timeline will not be met, a box should be checked and the justification should be discussed with the family prior to obtaining a signature on page 7 of the IFSP/IEP.

(42) Child is not available, i.e., child is ill, in the hospital, with other parent, etc.

(43) External reports not received, i.e., health status information.

(44) Family issues, i.e., family moved, parent ill, parent in prison, parent unable to locate, parent wants to wait, etc.

(45) Natural Disaster.

(46) Personnel unavailable.

(47) Other – explain other justification.

(48) Give a more detailed explanation for the justification checked, i.e., if “ child unavailable” is checked, then explain that the child was in the hospital.

34 CFR 303.342(a) For a child who has been evaluated for the first time and determined to be eligible, a meeting must be conducted within the 45-day time period in 303.321(e).

Page 2
Family Strengths, Needs and Priorities

Child's Legal Name: _____ (49) _____ Person Interviewed: _____ (50) _____ Date of Interview: _____ (51) _____

Note: Parents must consent to provide information for purposes of a family interview on their Consent to Evaluate form.

(49) Give the child's legal name. The child's legal name must be put on each page in case the pages become separated.

(50) The name of the person interviewed; i.e., mother, father, grandparent, etc.

(51) Give the date of the interview.

What is your child's typical day like? Who is he/she usually with? What does he/she play with? (52)
On most days, what part of the day is the most enjoyable? The most difficult? Why? (53)
What people, supports or resources are helpful or would be helpful to your family? What resources do you currently have? (54)
What are some activities you enjoy doing with your child and family? What activities are very stressful? (55)
What concerns do you have with your child? (56)

(52) These are probing questions to help guide the discussion that captures the requirement of identifying a family's strengths, concerns and priorities, and their daily routines and activities. This is part of a routines-based interview (RBI). It helps to identify what happens in the daily life of this family. It can aid in determining who spends time with the child and the types of things the child can do/enjoys doing.

(53) This continues the interview process. It helps the family identify what's going well for them, and what is most difficult.

(54) This question helps identify the family's resources as well as other resources that help them, including people that act as resources/supports for them.

(55) This continues the interview. It identifies the things the family enjoys doing together and the activities that might be stressful. It helps identify what makes them stressful.

(56) The parent is able to indicate the concerns they might have for his/her child. This may come up anytime in the interview. The questions do not have to be asked in the sequence that is given here, but each question may provide information that can be used in future outcomes, strategies and supports.

Do you have concerns about your child's ability to: (check all that apply; then number your top priorities) (57)	
<input type="checkbox"/> Get around (crawl, walk, run)	<input type="checkbox"/> Talk and listen
<input type="checkbox"/> Think, learn, play with toys	<input type="checkbox"/> Feed, eat
<input type="checkbox"/> Have fun with other children	<input type="checkbox"/> Relate in a meaningful way with other family members
<input type="checkbox"/> Bathe, undress, dress, go to bed	<input type="checkbox"/> Look at you
<input type="checkbox"/> Calm down, quiet down	<input type="checkbox"/> Sleep
<input type="checkbox"/> See or hear	<input type="checkbox"/> Other

(57) This checklist gives the family the opportunity to identify what they are most concerned about. Many times parents are concerned, but they are not sure how to express it. This gives them the words. The parent is to check those areas in which they have concerns. These concerns should be considered during the evaluation and in the development of the child and family outcomes.

<p>I want to know more about: (check all that apply) (58)</p> <p><input type="checkbox"/> Meeting with other families to share information, or to learn about a child like mine.</p> <p><input type="checkbox"/> Finding or working with doctors or other specialists.</p> <p><input type="checkbox"/> Planning for the future; what to expect.</p> <p><input type="checkbox"/> People who can help me at home or care for my child so I/we can have a break.</p> <p><input type="checkbox"/> Information on my child's condition, what it means.</p> <p><input type="checkbox"/> Resources to help cover the costs of my child's special needs (e.g. equipment, supplies...).</p> <p><input type="checkbox"/> Housing, clothing, jobs, education, food, telephone.</p> <p><input type="checkbox"/> Other:</p>

(58) This is a checklist that parents can use to indicate other things they want to know more about. This becomes part of the task of the service coordinator, helping families identify resources that can help them. This checklist does not require the school system or other agency to provide additional services. It does give guidance to the service coordinator to identify additional resources in other agencies or programs that may help the family.

Page 3
Child's Current Developmental Status

Child's Current Developmental Status		Date: ____ (59) ____
Child's Legal Name: (60)	Age: (61)	Corrected Age (for premature infants) (62)

(59) Date: Put the date on which this page was completed.

(60) Child's name.

(61) Child's chronological age.

(62) Child's corrected age. Service areas can adjust for prematurity up to two years, depending on their service area's policy.

<p>Eligibility must be based on the integration of all four of the following sources of information. (Check all that have been used):</p> <p><input type="checkbox"/> (63) Developmental History <input type="checkbox"/> (64) Health Status <input type="checkbox"/> (65) Observation of Child and Parent Interaction</p> <p><input type="checkbox"/> (66) Developmental Evaluation</p> <p><input type="checkbox"/> (67) See the Integrative Report incorporating the above four sources. <input type="checkbox"/> (68) Date of Multidisciplinary Evaluation: ____</p>
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Early On presently requires four pieces of information to be used in the determination of eligibility and may also be useful for the development of meaningful outcomes or goals with appropriate strategies. There must be an indication that all four sources of information were used.

(63) This box is checked if there is written documentation in the Integrative Report, MET Report or other parent documentation of the developmental history of the child up to this point in time.

(64) This box is checked if there is written documentation of the health status of the child including current health status, immunizations, injuries or hospitalizations that may impact the current development of the child.

(65) This box is checked if there is documentation in the Integrative Report, the MET Report or other documentation of an observation of the interaction of the child and parent. This observation may be done during the time of the multidisciplinary evaluation of the child.

(66) This box is checked if there has been a multidisciplinary evaluation of the child in all developmental domains, including hearing and vision screenings. For special education this may also include additional evaluations required for a particular disability. For a child with an established condition, there must be some assessment that gives the child’s current level of development in all domains, including hearing and vision screenings.

(67) The box is checked if there is an Integrative or MET Report which includes the above four required areas.

(68) Date of the multidisciplinary evaluation.

Area (69)	Present Level of Development Parent Input (70)	Result of Dev. Evaluation (71)	Method/Tool/Date Person Completing the Eval. Name/Title (72)	Family Priority (73)
Health (74) <input type="checkbox"/> See Report		<input type="checkbox"/> How affects participation in Early Intervention activities		
Hearing (75) <input type="checkbox"/> See Report		<input type="checkbox"/> Language needs considered		
Vision (76) <input type="checkbox"/> See Report		<input type="checkbox"/> Braille needs considered		
Fine Motor (77) <input type="checkbox"/> See Report				
Gross Motor (78) <input type="checkbox"/> See Report				
Cogn/Thinking (79) <input type="checkbox"/> See Report				
Communication (80) <input type="checkbox"/> See Report		<input type="checkbox"/> English proficiency considered; Sign language		
Social/Emot (81) <input type="checkbox"/> See Report		<input type="checkbox"/> Positive Behavioral Supports Considered		
Adaptive (82) <input type="checkbox"/> See Report		<input type="checkbox"/> Assistive Technology Considered		

(69) This column indicates the areas or domains that must have an evaluation.

(70) This column indicates the place where the parent provides information about what their child is able to do and whether it is of concern to them.

(71) This column indicates the results of the evaluation. This may include the age range, the percentage of delay or the indication of no concern. The details of the evaluation should be stated in the Integrative or MET Report. If such a report is not used, age ranges should be included in this section. For special education purposes, please indicate that the grayed boxes have been considered.

(72) In this column, include the method or tool used in the evaluation as well as the date completed; and the name and title of the evaluator.

(73) This column is for the parent(s) to indicate their priority for intervention related to their child’s development or area of concern.

(74) A health status must be included along with the name of the physician or person completing the health status. If there is a more detailed report, the See Report should be checked.

(75) The results of the hearing screen or report are recorded here along with the name of the person who completed it. If there is a more detailed report, the See Report should be checked.

(76) The results of a vision screen or report are recorded here along with the name/title of the person who completed it. If there is a more detailed report, the See Report should be checked.

(77) The results of the fine motor evaluation or assessment are recorded here along with the name/title of the person who completed it. If there is a more detailed report, the See Report should be checked.

(78) The results of the gross motor evaluation or assessment are recorded here along with the name/title of the person who completed it. If there is a more detailed report, the See Report should be checked.

(79) The results of the cognitive/thinking evaluation or assessment are recorded here along with the name/title of the person who completed it. If there is a more detailed report, the See Report should be checked.

(80) The results of the communication evaluation or assessment are recorded here along with the name/title of the person who completed it. If there is a more detailed report, the See Report should be checked.

(81) The results of the social/emotional evaluation or assessment are recorded here along with the name/title of the person who completed it. If there is a more detailed report, the See Report should be checked.

(82) The results of the adaptive/self-help evaluation or assessment are recorded here along with the name/title of the person who completed it. If there is a more detailed report, the See Report should be checked.

34CFR 303.321 – The evaluation of each child must be completed within the 45-day time period. See also 303.321(e).

Page 4 Eligibility Determination

Child's Legal Name: (83)	Birth Date: (84)
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(83) Child's legal name.

(84) Child's date of birth.

<input type="checkbox"/> A. This child meets the eligibility for early intervention services (Check all that apply)
(85) <input type="checkbox"/> 1. A Developmental Delay in at least one of the following area(s): (Check all that apply)
<input type="checkbox"/> Gross Motor <input type="checkbox"/> Fine Motor <input type="checkbox"/> Communication <input type="checkbox"/> Cognitive
<input type="checkbox"/> Social/Emotional <input type="checkbox"/> Self-Help <input type="checkbox"/> Physical development including hearing & vision

(85) If the child is eligible for early intervention services under developmental delay. Check the area(s) in which the delay is found.

(86) <input type="checkbox"/> 2. An Established Condition which has a high probability of resulting in a developmental delay. (Check all that apply)
<input type="checkbox"/> Chromosomal/Genetic
<input type="checkbox"/> Neurological Disorder
<input type="checkbox"/> Congenital Malformation
<input type="checkbox"/> Inborn Error of Metabolism
<input type="checkbox"/> Sensory Disorder including Hearing and/or Vision Deficiencies
<input type="checkbox"/> Atypical Development Disorder
<input type="checkbox"/> Severe Toxic Exposure
<input type="checkbox"/> Chronic Illness
<input type="checkbox"/> Severe Infectious Disease

(86) If the child is eligible for early intervention services due to a condition that has a high probability of resulting in a developmental delay, check the category of established condition of the child. Please note that the above list is not exhaustive and that other established conditions may be considered for eligibility. There may also be a check in the area(s) of developmental delay if the child is also showing a delay in development. See number (85).

Additional explanation for the above conditions are included here:

Chromosomal/Genetic: chromosomal or genetic abnormalities such as Trisomy 21 (Down Syndrome), Trisomy 18, and Fragile X Syndrome.

Neurological Disorder: disorders reflecting disturbance of the development of the nervous system, including neuromuscular disorders, cerebrovascular diseases, degenerative diseases, malignancies, head and spinal cord trauma, and seizure disorders

Congenital Malformation: malformations which are cardiovascular, orofacial, or genitourinary in nature, musculoskeletal or pulmonary/respiratory malformations, or malformations of the central nervous system.

Inborn Error of Metabolism: abnormalities of amino acid, carbohydrate, lipid, and purine/pyridimine metabolisms; abnormalities of the pituitary, the parathyroid, and of adreno-cortical function, and mucopolysaccharidoses.

Sensory Disorder: severe sensory impairments, including hearing and vision.

Atypical Development Disorder: severe attachment disorders such as autism spectrum disorders, reactive attachment disorder (e.g., non-organic failure to thrive, child abuse/neglect, etc.)

Severe Toxic Exposure: disorders secondary to exposure to toxic substances, either pre or post natal, including fetal alcohol syndrome, cocaine and other drugs, and exposure to lead or mercury.

Chronic Illness: a chronic medical illness including those children who are determined to be medically fragile (children with complex health care needs, children who are technology-dependent, children with central hypoventilation or renal insufficiency), or children with medical illnesses such as bronchopulmonary dysplasia, cancer, chronic hepatitis, cystic fibrosis, diabetes, heart problems, or renal failure.

Severe Infectious disease: an infectious disease which is congenital infections such as cytomegalovirus, herpes, HIV, rubella, syphilis, toxoplasmosis, and acquired infections such as bacterial meningitis, encephalitis, poliomyelitis, and viral meningitis.

<input type="checkbox"/> 3. Special Education (Specify Rule Number) (87) <ul style="list-style-type: none"> <input type="checkbox"/> Physical Impairment Rule # 340.1709 <input type="checkbox"/> Other Health Impairment Rule # 340.1709a <input type="checkbox"/> Speech and Language Impairment Rule # 340.1710 <input type="checkbox"/> Hearing Impairment Rule # 340.1707 <input type="checkbox"/> Vision Impairment Rule # 340.1708 <input type="checkbox"/> Early Childhood Developmental Delay Rule # 340.1711 <input type="checkbox"/> Severe Multiple Impairment Rule # 340.1714 <input type="checkbox"/> Autism Rule # 340.1715 <input type="checkbox"/> Cognitive Impairment Rule # 340.1705 <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____

(87) If the child is also eligible for special education services, check the special education eligibility with the Rule #. If the child is eligible for special education with an eligibility not listed, write it in “ Other” and include the Rule #.

<input type="checkbox"/> B. This child does not meet the eligibility criteria for <i>Early On</i> . (88) <input type="checkbox"/> Offer to re-screen child within six months. (89) <input type="checkbox"/> Offer community resources that might benefit the family: _____ (90) <input type="checkbox"/> This information was given to the family on _____.
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(91) Participants in <i>Early On</i> who found the child ineligible:	
	Title
	Evaluator
	Evaluator
	Service Coordinator

If the child is not eligible for early intervention services under developmental delay or established conditions, section B must be completed. This documentation must indicate who determined the child ineligible and what information was given to the parent(s) and when it was given. It should also include all consents and authorizations that were completed and documentation that all four pieces of eligibility were reviewed and considered. Parent signature should be obtained indicating this has been reviewed with them.

(88) If the child was found ineligible, was there an agreement to re-screen the child in six months? This is not required, but if promised to the parents, it must be documented and there must be some documentation that the re-screening was carried out.

(89) Were community resources offered to the parents? If so, check this box. This is not required, but if provided, please document.

(90) Check and indicate the date the information of ineligibility was reported to the parent(s). Documentation must be maintained for seven years showing all of the items addressed in section B (85-88). Anything collected in the process of determining the child ineligible for *Early On* needs to be maintained, including health and developmental history collected, consent to evaluate forms, authorization to share forms, etc. Service areas may develop their own procedures as to where this data is maintained.

(91) Persons involved in determining the child ineligible for *Early On* services must be listed. These need not be signatures.

Page 5

Early On IFSP Outcome and/or Special Education IEP Goal

<input type="checkbox"/> (92) <i>Early On</i> IFSP Outcome and/or	<input type="checkbox"/> (93) Special Education IEP Goal
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(92) Check if this page is being used as an outcome page for an IFSP.

(93) Check if this page is also being used as a goal page for an IEP.

Child's Legal Name: (94)	Current Date: (95)
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(94) Give the child's legal name.

(95) Give the date the outcome/goal was developed.

Concern of the Parent: (96)

(96) State the major concern(s) the parent(s) has/have with regards to his/her child.

Present Status: (97)

(97) What is the child able to do right now with regards to the outcome/goal that is being developed? What is his/her present level of skill or educational achievement?

Goal/Outcome Statement: (98) Priority (99) Goal # (100)

(98) The goal or outcome to be achieved is written here and must address the behavior, criteria and date by which the outcome/goal will be achieved.

(99) Circle the priority number that the parent has identified on previous pages.

(100) Indicate the number of the goal or outcome for the child/family. There will be a separate page for each goal or outcome.

Steps or short term objectives: (101)	Evaluation (102)	Criterion (103)	Timeframe (104)
1.			
2.			
3.			
4.			

(101) Each child outcome or goal must have at least two steps or objectives indicating the steps to achieve the outcome or goal. Steps/objectives may be developmental in nature or may indicate different locations in which the outcome/goal will be achieved or some other increment of achievement.

(102) Indicate how you will know that you have achieved this particular step or objective. Identify the procedures used to determine the degree of progress made towards the outcome. Examples of evaluation measures may include but are not limited to documented observation, parent report, use of a rating scale or an assessment tool.

(103) Criterion indicates the level of achievement that is satisfactory. This may include, but is not limited to a % of accuracy, parent satisfaction, a particular achievement level, etc.

(104) Timeframe means the amount of time that is projected to meet this step or objective. It may be one month, two months, three months, six months, nine months, etc.

Strategies/Methods: (105)

(105) Indicate the strategies or methods to be used by various persons including family members to meet the steps or objectives. Indicate how this will be integrated into the child’s daily routines and the places where he/she spends his/her day.

Progress Toward Outcome					
Progress made: (106)					
Date	Obj. 1	Obj. 2	Obj. 3	Obj. 4	Comments/Status of Progress ****
(107)	(108)				(109)

(106) Evaluation of progress toward the outcome is to be done at least every six months but may be more frequently. This evaluation is completed on the same page as the outcome. This form gives space for four different evaluations of progress towards the outcome.

(107) The date that the particular step or objective is evaluated.

(108) Each objective or step is to be evaluated. There must be a review within six months or more frequently if conditions warrant, or if the family requests such a review.

(109) The type of evaluation, the criterion to be used and the timeframe in which it is to be accomplished were stated above. See (102), (103), and (104). Indicate the status of the progress made thus far. Has progress been achieved or maintained; is progress being made at a rate sufficient to meet the goal within the timeframe; is progress not being made and the objectives or steps need to be revised; does the progress indicate partial accomplishment; or indicate some other evaluation of progress.

34CFR 303.342(b) 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. The review may be carried out by a meeting or by another means that is acceptable to the parents and other participants.

Page 6
Early Intervention Services

Child's Legal Name: (110)	Date: (111)
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(110) Child's legal name.

(111) Date on which services were determined.

Service/Provider (112)	Supports Outcome(s) # (113)	How Long/How Often? (114) Method- Indiv/Group (115)	Location (116)	Projected Start Date/ End Date(117)	Parent's Initials (118)	Payor (119)
#1 (120)						
#2 etc.						

This page indicates the early intervention services the child will be receiving.

(112) Select the service(s), program(s) designed to meet the unique needs of the child and the child's family according to the IFSP/IEP. Identify the provider responsible for providing each service. Each service will go on a separate line. The primary service should be marked with an asterisk (*). Please include the service code as well as the name of the service. The early intervention services include:

- 1) Assistive technology – services that assist the child to use an assistive technology device;
- 2) Audiology – provision of auditory training, aural rehabilitation, speech reading, listening device, orientation and training for prevention of hearing loss;
- 3) Family training, counseling and home visiting services includes services provided by social workers, psychologists or other qualified personnel to assist parents in understanding the special needs of their child and enhancing his/her development;
- 4) Health services – services necessary to enable a child to benefit from other early intervention services;
- 5) Medical services – for diagnostic or evaluation purposes to determine a child's developmental status and need for early intervention services;
- 6) Nursing services – assessment of health status for providing nursing care;
- 7) Nutrition services – developing and monitoring plans to address the nutritional needs of a child;
- 8) Occupational therapy – services to address the functional needs of a child related to adaptive development, behavior, play and sensory, motor and postural development;

- 9) Physical therapy – services to address the promotion of sensorimotor function, enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development;
- 10) Psychological services – psychological counseling for parents, family counseling, consultation on child development;
- 11) Service coordination;
- 12) Social work services – providing individual and family counseling, working with problems in a child’s and family’s living situation;
- 13) Special instruction – design of activities that promote the child’s acquisition of skills, providing families with skills and support related to enhancing the skill development of the child, assisting families in meeting the outcomes in the child’s IFSP/IEP;
- 14) Speech-language pathology – development of communication skills, appraisal of delays in communication skills;
- 15) Transportation – includes cost of travel, mileage, taxi, common carrier, etc. that are necessary to enable a child to receive early intervention services;
- 16) Vision services – communication skills training, orientation and mobility training for all environments.

(113) Identify the outcome(s)/goal(s) that each service supports. One service may support more than one outcome/goal.

(114) Indicate how long each contact will be for each service and how often the contact will be made. For MICIS purposes, each contact must be broken down into minutes per week, even if seen for one hour once a month. (e.g.

- The child receives a service 1 hour, 2x a month.

The IFSP will reflect 1 hour, 2x a month, while data entry staff would enter .5 hrs/wk. into MICIS).

(115) Indicate whether the child is receiving the service individually or is a member of a group that is receiving the service.

(116) Indicate the location of the service. There are three possible locations:

1. Home: Early intervention services are provided primarily in the residence of the child’s family and caregivers.
2. Community-based Setting: Early intervention services are provided primarily in a setting where children without disabilities typically are found. These settings include, but are not limited to, child care centers (including family day care, preschools, regular nursery schools, early childhood centers, libraries, grocery stores, parks, restaurants and community centers).
3. Other setting: Early intervention services are provided primarily in a setting that is not home or community-based. These settings include, but are not limited to, services provided in a hospital, residential facility, clinic, special education center or classes for children with disabilities.

If a child receives a service in both a home or a community-based setting **and also** in “other setting” identify both locations and indicate the amount of time spent in each setting.

If any service is provided in “other setting,” there must be a justification as to why the intervention could not be achieved satisfactorily in the child’s home or community-based setting. The “ Yes, justification needed” box, found in the “location” column, must be checked and the justification documented in (120).

Type of IFSP or IEP	
<input type="checkbox"/> Interim IFSP/Date: ____ (125) _____	<input type="checkbox"/> Annual IFSP and/or IEP/Date: ____ (129) _____
<input type="checkbox"/> Initial IFSP Meeting Date: ____ (126) _____	<input type="checkbox"/> Other Review/Date: ____ (130) _____
<input type="checkbox"/> Completed IFSP Date: ____ (127) _____	<input type="checkbox"/> Transition Conference/Date: ____ (131) _____
<input type="checkbox"/> 6 Month Review/Date: ____ (128) _____	<input type="checkbox"/> Transition/Date: ____ (132) _____

(125) An Interim IFSP is used only when a child needs an immediate provision of service before the evaluation is completed. An interim IFSP does not extend the 45 days. The Initial IFSP Meeting date must still be 45 calendar days from the date of referral.

(126) This meeting is to develop an initial IFSP/IEP. For a child who has been evaluated for the first time and determined to be eligible, a meeting to develop the initial IFSP/IEP must be conducted within the 45-day timeline. Persons required to be in this meeting include:

CFR 34 303.343

(1) *Each initial meeting and each annual 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 who has been working with the family since the initial referral of the child for evaluation, or who has been 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.*
- (vi) *As appropriate, persons who will be providing services to the child or family.*

(2) *If a person listed in paragraph (1)(v) is unable to attend a meeting, arrangements must be made for the person's involvement through other means, including –*

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

Frequently the date for the initial IFSP meeting and the completed plan date are the same.

A reason for not meeting the 45 day timeline is required when the date is after the due date. See the Justification on the bottom of page 1.

(127) Beyond the 45-day timeline for the initial IFSP meeting, there are 15 days provided, if needed, to refine the outcomes and services and obtain necessary signatures. This page can be used to document both the initial meeting date along with the completed IFSP/IEP date. This completed IFSP date may be no longer than 60 days after the referral date.

(128) This review should occur not later than six months after the completed IFSP/IEP date. Personnel and parents review outcomes and steps/objectives on this date. This review takes place using the “Progress Towards Outcomes” section on page 5 of the IFSP/IEP. A new page 7 will be used with every IFSP/IEP review.

(129) There must be an annual IFSP/IEP meeting to update the plan and revise its provisions (Sec. 303.342(1)). All pages must be reviewed and updated with a new annual plan. This page is required with appropriate signatures.

(130) Other Review. Other reviews are used when two review dates are needed between the initial IFSP and the annual or between two annual plans. See (125) for guidance on completing this review.

(131) Date of the Transition Conference. For a child who will be eligible for preschool services under Part B, a planning conference must occur up to nine months or at least 90 days before the child's third birthday. For a child not eligible for preschool services under Part B, reasonable efforts are made to convene a transition conference.

(132) Transition Date is the date that the child actually transitioned from early intervention services.

(141) Give phone and/or e-mail when appropriate.

Parent Consent (Please check all that apply)	
<input type="checkbox"/>	I/We, as parent(s)/guardian(s), have had <i>Early On</i> and/or Special Education explained to me/us including my/our rights and the possibility of participation in an evaluation survey. (142)
<input type="checkbox"/>	I/We have helped to develop this plan. <input type="checkbox"/> I/We understand and agree with its content. <input type="checkbox"/> I/We agree to each of the services I/we have initialed. (143)
<input type="checkbox"/>	I/We have received a copy of the <input type="checkbox"/> <i>Welcome to Early On® Guidebook</i> <input type="checkbox"/> <i>Family Rights Guidebook</i> <input type="checkbox"/> <i>The Individualized Family Service Plan Guidebook</i> <input type="checkbox"/> <i>Transition Guidebook</i> <input type="checkbox"/> <i>Procedural Safeguards for Special Education</i> (144)
OR	
<input type="checkbox"/>	I/We do not agree with this IFSP or IEP. (145)
<input type="checkbox"/>	I/We decline <i>Early On</i> services. (146)

(142) This is a procedural safeguard to assure the parent understands what is happening. There has been adequate explanation of the action. Check in agreement.

(143) This procedural safeguard ensures that the parent has helped develop the plan, understands it and agrees with the services they have initialed on page 6. Be sure that the parent needs to all three boxes to acknowledge they are giving informed consent.

(144) Every time there is an action in which the parent needs to understand and sign there is a guidebook or brochure that needs to accompany the action. The parent needs to the box indicating the materials they received.

(145) If the parent does not agree with the IFSP/IEP, they need to the given box. If they do agree, they should not check the box.

(146) If the parent declines all *Early On* services, they need to check the box and sign the signature portion at the bottom of the page to confirm their decline of services.

Parent(s) Signature: (147)	Date: (148)
Service Coordinator Signature: (149)	Date: (150)

(147) Parent(s) must sign as either accepting the IFSP/IEP or declining the IFSP/IEP and its services.

(148) Parent(s) date(s) the day that he/she gave his/her signature(s).

(149) Service Coordinator must sign the IFSP/IEP.

(150) Service Coordinator must date his/her signature.

Page 8

Transition Plan

Transition planning is only required by law when children are exiting *Early On* because they are approaching three years of age. This page must be completed in those cases in its entirety. Portions of this page may be useful to data entry personnel and for data management purposes even when the child is exiting *Early On* for other reasons. The options for “reason for transition” align with those in MI-CIS. It continues to be best practice to complete other sections from this page for children exiting for other reasons. As an example, completing the “present level of development” may still be useful information for a family whose child is exiting due to ineligibility. It is also recognized that in instances where this page is not completed as a result of a child turning three that it may not be completed in the timeframe identified at the top of p.8 of the IFSP/IEP.

Child’s Legal Name: (151)	Child’s Current Age: (152)
The Transition Planning Conference must take place at least 90 days, but not prior to, nine months before the child’s third birthday.	
Transition Conference Date: _____(153)_____	Expected Transition Date: _____(154)_____
IEP Date (if appropriate) _____(155)_____	

(151) Child’s legal name.

(152) Child’s current age at the time of this Transition Plan.

(153) Date of the Transition Conference.

(154) The date when the transition of the child is expected to take place.

(155) The date of the IEP (if appropriate). It is expected that an IEP will be in place at the child’s third birthday.

Reason for Transition (156)
<input type="checkbox"/> Child reached 3 rd birthday
<input type="checkbox"/> Child no longer meets definition of eligibility for <i>Early On</i>
<input type="checkbox"/> Parent no longer wants services
<input type="checkbox"/> Family has moved
<input type="checkbox"/> Unable to contact family
<input type="checkbox"/> Other: _____

(156) Please check the box that explains the reason for the child’s exit. If other is checked, please explain.

Child’s Present Level of Development	
Transition Needs: (157) (check all that need to be addressed)	Updated Evaluations: (include results, instrument(s) used, date, and evaluator(s)) (158)
<input type="checkbox"/> Health	
<input type="checkbox"/> Vision/Hearing	
<input type="checkbox"/> Gross Motor	
<input type="checkbox"/> Fine Motor	
<input type="checkbox"/> Communication	
<input type="checkbox"/> Thinking Skills	
<input type="checkbox"/> Social/Emotional	
<input type="checkbox"/> Adaptive	

This section may not be used for every child.

(157) Identify the areas where a current level of development may be required for transition. If completed at the same time of annual IFSP/IEP, reference can be made to page 3 of the plan.

(158) If updated evaluations are completed, indicate instrument used, date and the evaluator(s).

Present Eligibility for Special Education: (check one) Eligible (159) Potentially Eligible (160) Not Eligible (161)

This is the statement of eligibility for special education.

(159) This box is checked if the child is eligible for special education and an IEP is in place by his/her third birthday.

(160) This box is checked if the child is potentially eligible; however an evaluation must still be completed to determine special education eligibility.

(161) This box is checked if the child is not eligible for special education and it is not expected that he/she will be in the near future.

Steps & Services to Support the Transition of the Child (162)	
<input type="checkbox"/>	Discussion with parents regarding future placements of their child.
<input type="checkbox"/>	Procedures to prepare the child for changes in service delivery, including steps to help the child adjust to a new setting.
<input type="checkbox"/>	Prepare a visit to a potential program.
<input type="checkbox"/>	Explore other community resources.
<input type="checkbox"/>	Other

(162) A transition plan must have steps and services identified. The top two sentences are required for each child transitioning out of early intervention services whether they are special education eligible or not. The rest may be needed and necessary or there may be other steps added.

Strategies that will be used to address the above steps (163)

(163) There must be strategies identified to address at least the above first two steps.

Services that will end at my <i>Early On</i> Transition date: (164)				
Service	How Long/How Often	Location	End Date	Parent Initial
Services that will continue beyond my <i>Early On</i> Transition date: (165)				
Service	How Long/How Often	Location	End Date	Parent Initial

(164) Identify the services that will continue until the transition date; include the name of the service; how long, (i.e., how many weeks or months); and how often it will be provided, (i.e., number of minutes per week); the location; the end date; and the parent initials indicating agreement with the continuing service(s).

(165) Identify which service(s) will continue past the child transition date including which services, how long, how often, location, expected end date and the parent initials indicating agreement. Future services might not be confirmed at this point to be documented.

Disposition of <i>Early On</i> Records	
The following ✓ indicates the disposition of the child's <i>Early On</i> Record:	
<input type="checkbox"/>	A copy will be forwarded to the receiving program/service provider. Name: _____ (166)
<input type="checkbox"/>	The record will be placed in your child's Special Education File, maintained at _____. (167)
<input type="checkbox"/>	The record will be maintained for a minimum of seven years as required by law. (168)

At the time of transition, parents need to know what will happen to their child's record. Please check the line that indicates the disposition of the record.

(166) A copy of the record will be forwarded to the receiving program or service provider. The name of the person or location should be indicated.

(167) The record will be placed in the child's special education file. Please indicate where it will be maintained.

(168) The *Early On* record will be maintained for a minimum of seven years as required by law. No record will have identifying information removed at any time.

Please use the signature page to document persons present during the Transition Conference and to document parental consent to the Transition Plan. (169)

(169) Use page 7 as the signature page for the Transition Plan. Complete as directed above.

Page 9
Special Educational Accommodations, Modifications and Considerations

This page is to be completed only when the IFSP/IEP is used as a special education document.