

Service Coordination

Introduction and Intent

From the time of referral, families are the lead decision makers in developing plans and determining which supports and services are appropriate for their children. Service Coordinators work in partnership with families to guide them through the Individualized Family Service Plan (IFSP) process and to ensure their plan is implemented. Service Coordinators assist and support families in their journey through *Early On*. It is their responsibility to work with families so they move from one point in the process to another in a timely manner and fully inform them of all their options and rights along the way.

Service coordination, as defined by Part C of the Individuals with Disabilities Education Act (IDEA) is an active, ongoing process. It consists of activities carried out by a Service Coordinator to assist and ensure a child and the child's family receive the rights, procedural safeguards, and services that are authorized to be provided under Part C. Each child eligible under Part C and the child's family must be provided with a Service Coordinator. To be effective, the Service Coordinator needs to work in collaboration with the family and the other early intervention service providers.

Service coordination is a multi-faceted task. It can range from a relatively simple function to one which is extremely complicated and time-consuming. For *Early On* to meet the needs of families successfully, Service Coordinators must assist in linking families with service providers from various disciplines, public agencies, and community support systems. Service coordination helps families to understand and navigate the complex system of early intervention services and supports.

As the cornerstone of early intervention supports and services, Service Coordinators are the single point of contact to assist families in navigating services through *Early On*. Service Coordinators must adhere to Part C of IDEA and should align their practices with the Division for Early Childhood ([DEC](https://d4ab05f7-6074-4ec9-998a-232c5d918236.filesusr.com/ugd/95f212_12c3bc4467b5415aa2e76e9fded1ab30.pdf)) [Recommended Practices](https://d4ab05f7-6074-4ec9-998a-232c5d918236.filesusr.com/ugd/95f212_12c3bc4467b5415aa2e76e9fded1ab30.pdf) (https://d4ab05f7-6074-4ec9-998a-232c5d918236.filesusr.com/ugd/95f212_12c3bc4467b5415aa2e76e9fded1ab30.pdf) (DEC RPs), and the [Agreed Upon Mission and 7 Key Principle for Providing Early Intervention Services in the Natural Environment](https://ectacenter.org/~pdfs/topics/families/Principles_LooksLike_DoesntLookLike_3_11_08.pdf) (https://ectacenter.org/~pdfs/topics/families/Principles_LooksLike_DoesntLookLike_3_11_08.pdf).

To assist personnel in understanding the fundamentals of service coordination, this section will describe the Service Coordinator's role in the IFSP process, models of

service coordination, and the knowledge and skills necessary to be successful in the role, as follows:

- [The Service Coordinator's Role in the IFSP Process](#)
 - [Identification and Referral](#)
 - [Intake and Family Assessment; after parents decides they want to move forward with the Early On process](#)
 - [Child Evaluation and Functional Routines Based Assessment](#)
 - [IFSP Development](#)
 - [Service Delivery](#)
 - [Transition](#)
- [Models of Service Coordination](#)
 - [Initial or intake Service Coordinator](#)
 - [Dedicated Service Coordinator](#)
- [Early Interventionist and Service Coordinator \(typically named blended model\)](#)
- [Elements of Success](#)
- [Essential Characteristics of a Service Coordinator](#)
- [Part C IDEA 2004 Infants and Toddlers with Disabilities Statute](#)
- [Part C Federal Regulations for IDEA 2004](#)
- [Early On Michigan Part C of Individuals with Disabilities Education Act \(IDEA\) State Plan](#)
- [Related Forms and Documents](#)
- [Other Resources](#)

The Service Coordinator's Role in the IFSP Process

Below are the main responsibilities and activities of a Service Coordinator through each step from referral through transition. IDEA requires a Service Coordinator as the single point of contact. This includes conducting referrals. Locally, your title may be something different, such as intake specialist or administrative assistant, but you are truly doing the work of an interim Service Coordinator

Identification and Referral

- Acknowledge receipt of referral to the primary referral source (more information about referrals can be found in the [Referral](#) section of the Individualized Family Service Plan (IFSP) Process chapter of this manual). Notify the family in writing, of the referral, including initial notice of procedural safeguards and confidentiality protections.
- Gather family's concerns and general information about the child, following procedures dictated by the local process.

- Provide general information about the local *Early On* program, as well as the purpose of *Early On* and information about child and family outcomes.
- Determine the family's interest in accessing program services and scheduling the initial visit.

Intake and Family Assessment

- Schedule the initial visit with family and confirm the visit in writing.
- Determine the need to conduct a screening (if applicable for your service area). More information about screening can be found in the [Screening](#) section of the Individualized Family Service Plan (IFSP) Process chapter of this manual.
- Determine need for interpreter and if a surrogate parent may need to be appointed or assigned. Explain the program in detail, communicating the purpose of *Early On* as well as child and family outcomes to be measured.
- Provide and explain rights using [Early On Procedural Safeguards Protecting Families' Rights](#) document, ensuring families understand their rights.
- Obtain written parent consent for evaluation/assessment of child.
- Request release of information. There are three forms; *Early On* [Request for Protected Information \(health\)](#), [Early On Request for Information \(non-health\)](#) and [Authorization to Release Early On Record](#).
- Provide Prior Written Notice for evaluation. Additional information can be found in the [Prior Written Notice](#) section of the Procedural Safeguards chapter of this manual.
- Gather information about the child and family, discussing everyday routines and activities of the child and family.
- Use this information to help determine the evaluation team.
- Explain the family-directed assessment and its voluntary nature.
- For families who elect to participate in a family-directed assessment, administer an interview and assessment tool to gather information about family

concerns, priorities and resources to assist in addressing the identified priorities and concerns.

Child Evaluation and Functional Routines-Based Assessment

- With parental consent, request existing medical and developmental information from medical personnel.
- Determine if the child is eligible based upon an [Established Condition](#).
- Schedule evaluation and assessment with the team and family at a place and time convenient for the family.
- Provide Prior Written Notice of the intent to evaluate. Additional information can be found in the [Prior Written Notice](#) section of the Procedural Safeguards chapter of this manual.
- Prepare the family and explain what will happen during the evaluation and assessment. Coordinate the evaluation team preparation.
- With the IFSP team and family, conduct the evaluation and the child and family assessments.
- Gather and document information about the child's functioning through naturalistic observations or through the use of a routines-based assessment of family's daily routines.
- Facilitate and document observation of parent and child. This observational assessment provides a method of identification of: the child's developmental capabilities and levels of functioning in all areas under optimal conditions (in home and with caregivers); the child's style of interaction with parents, while at play, and the unique capacities that the parents/caregivers demonstrate in taking care of the child.
- Document the results of the eligibility determination via Prior Written Notice.

IFSP Development

For eligible children, the next step is to complete the IFSP. These are the steps involved in this process:

- Provide the family with written meeting notice, Prior Written Notice and procedural safeguards for initial IFSP meeting and prepare the family for the meeting.
- Monitor timelines and schedule meetings to ensure that the IFSP is signed within 45 calendar days from referral to signed IFSP.
- Meet with the IFSP team, including the family, and other providers to develop the IFSP based on parents' concerns and priorities.
- Establish functional and measurable individual child and family outcomes.
- Provide Prior Written Notice for IFSP services; obtain parental consent for IFSP services via signature on IFSP.
- Complete the Child Outcomes Summary rating (COS) based on the child's functional skills.

Service Delivery

- After completing the IFSP and getting the parent's signature, the next step is implementation of the services on the IFSP.
- Monitor child and family progress based on IFSP outcomes.
- Coordinate ongoing service provision and ensure timely IFSP reviews/annual IFSP meetings to modify the IFSP, providing Prior Written Notice and ensuring that parents understand their procedural safeguards.
- To the extent appropriate, the Service Coordinator must identify medical and "other" services that the child or family needs or is receiving through other sources, but that are neither required nor funded under Part C.

If "other" services are needed and not currently being provided, include a description of the steps the Service Coordinator or family may take to assist the child and family in securing those other services. Many children require assistance from multiple public and private agencies and organizations.

Transition

Preparing for transition out of *Early On* begins at least 90 days and not more than 9 months prior to the child turning 3 years of age. The following tasks are the responsibility of the Service Coordinator. More information about transition can be found in the [Transition](#) section of the Individualized Family Service Plan (IFSP) Process chapter of this manual.

- Facilitate the development of a timely transition plan to preschool or, if appropriate, to other services.
- Coordinate translation or interpreter services for the meeting, as needed,
- Send and maintain meeting notice to invited participants,
- Assure the transmission of information about the child to the LEA, to ensure continuity of services, including evaluation and assessment information and copies of IFSP's that have been developed and implemented. Ensure Local Education Agency (LEA) notification, if applicable.
- Obtain consent (if needed) for release of information.
- Complete the exit Child Outcomes Summary (COS) rating.

Models of Service Coordination

There are three different models of Service Coordination: initial or intake Service Coordination, dedicated Service Coordination and Early Interventionist and Service Coordinator blended model. In Michigan, local service areas decide which model to implement.

Initial or intake Service Coordinator

In this model, the Service Coordinator is the single point of entry into the early intervention system. This initial Service Coordinator, sometimes referred to as the intake Service Coordinator, provides intake services and facilitates all activities during the first 45 calendar days or until the initial IFSP meeting. The initial Service Coordinator is usually dedicated to providing service coordination only and is not a service provider. At the IFSP meeting, the initial Service Coordinator may be appointed as the ongoing Service Coordinator and

continue in this capacity with the family or a new Service Coordinator may be assigned.

Dedicated Service Coordinator

A dedicated Service Coordinator's focus is on all duties associated with service coordination. In the dedicated Service Coordinator model the Service Coordinator does not provide early intervention services.

Early Interventionist and Service Coordinator blended model

In the blended model, the main service provider delivers both early intervention services and service coordination to a given caseload of families. All members of the multidisciplinary team have direct intervention responsibilities and a selected caseload of families for whom they provide service coordination. Elements of Success

Service Coordinators have an important role in *Early On*. They need to be highly trained due to the complexity of their role.

In 2002, *Early On* Training and Technical Assistance (EOT&TA) collaborated with Valerie Brown, Consultant with Triad Performance Technologies, Inc., to develop role impact maps and assessments that help explain the purpose and outcomes for each role as well as the knowledge and skills necessary to work in a variety of roles in *Early On*. These [Early On role assessments](#) have been updated and are accessible on the [CCRESA Office of Innovative Projects | CCRESA Office of Innovative Projects: Home](#) website in the Resources section. The role impact maps explain the knowledge and skills necessary for the position. The assessment provides opportunities for discovery and growth.

The Service Coordinator helps families actively participate in the *Early On* process and meet the child and family's needs by individualizing the implementation of each of the activities detailed in this chapter. These activities often look different due to multiple factors, such as who provides service coordination and the model of service

coordination. Despite differences across service areas, all Service Coordinators must implement these activities using fundamental capacity-building practices that support families in meeting their needs (Dunst, Bruder, & Espe-Sherwindt, 2014).

Additional resources that may be helpful are the online training [The Many Facets of Service Coordination](#), which is an online video module that can be viewed in individual chapters or as a complete training and [Service Coordination in Early Intervention Joint Position Statement by DEC and the IDEA Infant Toddler Coordinators Association](#) (<https://www.decdocs.org/service-coordination>).

Part C IDEA 2004 Infants and Toddlers with Disabilities Federal Statute

[Part C of the IDEA](#) authorizes a grant program to aid each state in implementing a system of early intervention services for infants and toddlers with disabilities and their families. Below are sections of the federal statute that are related to service coordination within Part C.

From [Subchapter III. INFANTS AND TODDLERS WITH DISABILITIES](#):

§1432. Definitions

4) Early intervention services

The term "early intervention services" means developmental services that—

- (a) are provided under public supervision;
- (b) are provided at no cost except where Federal or State law provides for a system of payments by families, including a schedule of sliding fees;
- (c) are designed to meet the developmental needs of an infant or toddler with a disability, as identified by the individualized family service plan team, in any 1 or more of the following areas:
 - (i) physical development;
 - (ii) cognitive development;
 - (iii) communication development;
 - (iv) social or emotional development; or
 - (v) adaptive development;
- (d) meet the standards of the State in which the services are provided, including the requirements of this subchapter;
- (e) include—
 - (i) family training, counseling, and home visits;
 - (ii) special instruction;
 - (iii) speech-language pathology and audiology services, and sign language and cued language services;
 - (iv) occupational therapy;
 - (v) physical therapy;
 - (vi) psychological services;
 - (vii) service coordination services;
 - (viii) medical services only for diagnostic or evaluation purposes;
 - (ix) early identification, screening, and assessment services;
 - (x) health services necessary to enable the infant or toddler to benefit from the other early intervention services;
 - (xi) social work services;
 - (xii) vision services;

- (xiii) assistive technology devices and assistive technology services; and
- (xiv) transportation and related costs that are necessary to enable an infant or toddler and the infant's or toddler's family to receive another service described in this paragraph.

§1435. Requirements for statewide system

a) In general

- (4) For each infant or toddler with a disability in the State, an individualized family service plan in accordance with section 1436 of this title, including service coordination services in accordance with such service plan.

§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 subchapter) 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.

Part C Federal Regulations for IDEA 2004

The final [Part C Federal Regulations](#) for IDEA 2004 were published in the Federal Register in September 2011 and reflect changes made to the IDEA of 2004. Below are sections of the federal regulations that are related to service coordination within Part C.

§ 303.13 Early intervention services.

(a) Types of early intervention services. Subject to paragraph (d) of this section, early intervention services include the following services defined in this paragraph:

- (11) Service coordination services has the meaning given the term in § 303.34.

§ 303.24 Multidisciplinary.

Multidisciplinary means the involvement of two or more separate disciplines or professions and with respect to—

- (a) Evaluation of the child in §§ 303.113 and 303.321(a)(1)(i) and assessments of the child and family in § 303.321(a)(1)(ii), may include one individual who is qualified in more than one discipline or profession; and
- (b) The IFSP Team in § 303.340 must include the involvement of the parent and two or more individuals from separate disciplines or professions and one of these individuals must be the service coordinator (consistent with § 303.343(a)(1)(iv)).

§303.34 Service coordination services (case management).

(a) *General*

(1) As used in this part, *service coordination services* mean services provided by a service coordinator to assist and enable an infant or toddler with a disability and the child's family to receive the services and rights, including procedural safeguards, required under this part.

(2) Each infant or toddler with a disability and the child's family must be provided with one service coordinator who is responsible for—

(i) Coordinating all services required under this part across agency lines;
and

(ii) Serving as the single point of contact for carrying out the activities described in paragraphs (a)(3) and (b) of this section.

(3) Service coordination is an active, ongoing process that involves—

- (i) Assisting parents of infants and toddlers with disabilities in gaining access to, and coordinating the provision of, the early intervention services required under this part; and
- (ii) Coordinating the other services identified in the IFSP under §303.344(e) that are needed by, or are being provided to, the infant or toddler with a disability and that child's family.

(a) *Specific service coordination services.* Service coordination services include—

- (1) Assisting parents of infants and toddlers with disabilities in obtaining access to needed early intervention services and other services identified in the IFSP, including making referrals to providers for needed services and scheduling appointments for infants and toddlers with disabilities and their families;
- (2) Coordinating the provision of early intervention services and other services (such as educational, social, and medical services that are not provided for diagnostic or evaluative purposes) that the child needs or is being provided;
- (3) Coordinating evaluations and assessments;
- (4) Facilitating and participating in the development, review, and evaluation of IFSPs;
- (5) Conducting referral and other activities to assist families in identifying available EIS providers;
- (6) Coordinating, facilitating, and monitoring the delivery of services required under this part to ensure that the services are provided in a timely manner;
- (7) Conducting follow-up activities to determine that appropriate part C services are being provided;
- (8) Informing families of their rights and procedural safeguards, as set forth in subpart E of this part and related resources;
- (9) Coordinating the funding sources for services required under this part; and Facilitating the development of a transition plan to preschool, school, or, if appropriate, to other services.

(b) *Use of the term service coordination or service coordination services.* The lead agency's or an EIS provider's use of the term *service coordination* or *service coordination services* does not preclude characterization of the services as case management or any other service that is covered by another payor of last resort (including Title XIX of the Social Security Act—Medicaid), for purposes of claims in compliance with the requirements of §§303.501 through 303.521 (Payor of last resort provisions).

§ 303.114 Individualized family service plan (IFSP).

Each system must ensure, for each infant or toddler with a disability and his or her family in the State, that an IFSP, as defined in § 303.20, is developed and

implemented that meets the requirements of §§ 303.340 through 303.345, and that includes service coordination services, as defined in § 303.34.

§ 303.343 IFSP Team meeting and periodic review.

a) Initial and annual IFSP Team meeting.

(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 implementing the IFSP.
- (v) A person or persons directly involved in conducting the evaluations and assessments in § 303.321.
- (vi) As appropriate, persons who will be providing early intervention services under this part to the child or family.

§ 303.344 Content of an IFSP.

(e) *Other services.* To the extent appropriate, the IFSP also must—

- (1) Identify medical and other services that the child or family needs or is receiving through other sources, but that are neither required nor funded under this part; and
- (2) If those services are not currently being provided, include a description of the steps the service coordinator or family may take to assist the child and family in securing those other services.

(g) *Service coordinator.*

- (1) The IFSP must include the name of the service coordinator from the profession most 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 implementing the early intervention services identified in a child's IFSP, including transition services, and coordination with other agencies and persons.
- (2) In meeting the requirements in paragraph (g)(1) of this section, the term "profession" includes "service coordination."

§ 303.345 Interim IFSPs—provision of services before evaluations and assessments are completed.

Early intervention services for an eligible child and the child’s family may commence before the completion of the evaluation and assessments in § 303.321, 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 § 303.344(g), for implementing the interim IFSP and coordinating 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) Evaluations and assessments are completed within the 45-day timeline in § 303.310.

§ 303.403 Definitions.

The following definitions apply to §§ 303.402 through 303.417 in addition to the definition of personally identifiable information in § 303.29 and disclosure in 34 CFR 99.3:

- (a) Participating agency means any individual, agency, entity, or institution that collects, maintains, or uses personally identifiable information to implement the requirements in part C of the Act and the regulations in this part with respect to a particular child. A participating agency includes the lead agency and EIS providers and any individual or entity that provides any part C services (including service coordination, evaluations and assessments, and other part C services), but does not include primary referral sources, or public agencies (such as the State Medicaid or CHIP program) or private entities (such as private insurance companies) that act solely as funding sources for part C services.

§ 303.414 Consent prior to disclosure or use.

- (b) A lead agency or other participating agency may not disclose personally identifiable information, as defined in § 303.29, to any party except participating agencies (including the lead agency and EIS providers) that are part of the State’s part C system without parental consent unless authorized to do so under—
 - (2) One of the exceptions enumerated in 34 CFR 99.31 (where applicable to part C), which are expressly adopted to apply to part C through this reference. In applying the exceptions in 34 CFR 99.31 to this part, participating agencies must also comply with the pertinent conditions in 34 CFR 99.32, 99.33, 99.34, 99.35, 99.36, 99.38, and 99.39; in applying these provisions in 34 CFR part 99 to part C, the reference to—

(v) "School officials and officials of another school or school system" means qualified personnel or service coordinators under this part

§ 303.416 Destruction of information.

(a) The participating agency must inform parents when personally identifiable information collected, maintained, or used under this part is no longer needed to provide services to the child under part C of the Act, the GEPA provisions in 20 U.S.C. 1232f, and EDGAR, 34 CFR parts 76 and 80.

(b) Subject to paragraph (a) of this section, the information must be destroyed at the request of the parents. However, a permanent record of a child's name, date of birth, parent contact information (including address and phone number), names of service coordinator(s) and EIS provider(s), and exit data (including year and age upon exit, and any programs entered into upon exiting) may be maintained without time limitation.

Early On Michigan Part C of the Individuals with Disabilities Education Act (IDEA) State Plan

The [Early On Michigan Part C of IDEA State Plan](#) provides details on the implementation of the Office of Special Education Programs (OSEP), Rules and Regulations 34 CFR Part 303 in Michigan. Below are sections from the State Plan that are related to child and family assessment within *Early On*.

Section A: Items Aligned with Subpart A of Federal Regulations 34 CFR 303.1 through 303.37 – General (pg. 2)

Definitions (pg. 6)

Service Coordination - means the activities carried out by qualified personnel to:

- A. Assist and enable an eligible child and the child's family to receive Early On and other services identified in the IFSP.
- B. Facilitate compliance with the family's rights and procedural safeguards.
- C. Facilitate the timely delivery of services.
- D. Continuously seek the appropriate services and situations necessary to benefit the development of each child being served for the duration of the child's eligibility.

Section B: Items Aligned with Subpart B of Federal Regulations 34 CFR 303.100 through 303.126 - Foundations of a Statewide System (pg. 8)

Components of a Statewide System (pg. 10)

IFSP (§ 303.114)

IFSP (§ 303.114) Michigan has a prototype format for an IFSP that meets the requirements of what must be documented, as well as processes and procedures for development and implementing the IFSP (including service coordination services). Michigan assures that each infant or toddler with a disability and his or her family in the state is provided the support required in the law. Further discussion regarding the IFSP form and process is provided in Section D of this plan.

Section D: Items Aligned with Subpart D of Federal Regulations 34 CFR 303.300 through 303.346 – Child Find, Evaluations and Assessments, and Individualized Family Service Plans (pg. 24)

III. Post-Referral Procedures

Once a referral is received by a local lead agency, a service coordinator is assigned as soon as possible and the family is provided with information about *Early On*. The following actions will occur:

- A. Acknowledge receipt of the referral to primary referral sources (as defined in IDEA). This will ensure referral sources that their referral has been received and assist in developing a collaborative relationship between *Early On* and its collaborative partners.
- B. Notify the family in writing of the referral, including initial notice of procedural safeguards and confidentiality protections, per § 303.404, within ten calendar days of the receipt of the referral by *Early On*. Parents will also receive information about *Early On*.
- C. Provide parents with prior written notice of the recommendation for an evaluation.
- D. Request and obtain the parent's informed consent to begin the eligibility determination process.
- E. Schedule an appointment with the family to begin the eligibility determination process. Parents may sign an Authorization to Share Confidential Information form, indicating which information, if any, can be shared, by whom, and with whom (per procedural safeguards).
- F. If authorization has been given, *Early On* will request existing medical records and other existing information that will assist in eligibility determination so that

evaluations and assessments already completed (that meet *Early On's* standards) will not be duplicated.

G. *Early On* will assure the family that *Early On* services are provided at no cost to the family.

Post-referral timeline (45 days) (§ 303.310)

Within 45 calendar days after the receipt of the referral, screening (if applicable), assessment and evaluation activities are completed. If the child is eligible, an IFSP meeting is also held within the 45-day timeline.

IFSP team meeting and periodic review (§ 303.343) (pg. 34)

Procedures are in place to ensure that initial and annual IFSP meetings must include the following participants: parent or parents of the child; other family members, as requested by the parent, if feasible to do so; an advocate or person outside of the family, at the parent's request; 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 local lead agency to be responsible for implementation of the IFSP; a person or persons directly involved in conducting the evaluations and assessments; and, as appropriate, persons who will be providing services to the child or family.

Arrangements are made for persons involved in the evaluation and assessment, who are not in attendance, to contribute information through any of the following means: telephone conference calls, representation by an authorized individual, or through making pertinent records available at the meeting.

Periodic reviews must provide for the participation of the parent or parents of the child; other family members, if feasible to do so; an advocate or person outside of the family, as requested by the parent; 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 local lead agency to be responsible for implementation of the IFSP. If conditions warrant, provisions must be made for participation of persons directly involved in conducting evaluations and assessments, and persons who will be providing early intervention services.

Throughout the IFSP process parents are regarded and supported as equal participants. The service coordinator works closely with parents to ensure that the needed participants attend. The service coordinator also assists the family in understanding the early intervention system, and facilitates communication among all IFSP team members throughout the delivery of services.

Content of an IFSP (§ 303.344) (pg. 35)

- A. As appropriate, other services which the child is currently receiving, or may need, but which are not required under Part C of IDEA are included. These may include the identification of informal supports which are recognized as an integral part of the Part C process, as well as medical and other services (e.g., immunizations and “well-baby” care) that are necessary but not required. The use of informal supports and community-based resources for early intervention services for children and families is encouraged and supported. If those services are currently not being provided, the IFSP includes a description of the steps the service coordinator or family may take to assist the child and family in securing those services.
- B. The projected date for initiation of each service (as soon as possible after the IFSP meeting in which the parent consents to the service) and the anticipated duration of each service are included.
- C. The identification of the service coordinator is included on the form. The service coordinator is usually selected from the profession most immediately relevant to the family's or child's needs, and may come from a variety of sources, including individuals with appropriate training or parents of children with previous involvement in early intervention, as long as the individual is qualified to carry out all applicable responsibilities under Part C. The term “profession” in this section includes “service coordination.” If an interim service coordinator is assigned, that individual remains in place until the date of the initial IFSP meeting. The service coordinator is responsible for coordinating and facilitating the implementation of the services identified in the child’s IFSP, including transition services, as well as coordinating with other agencies and persons.

The IFSP must include the steps and services to be taken to support the smooth transition from *Early On* for all toddlers with disabilities transitioning to preschool, other programs, and/or services. Requirements of the written transition plan and information regarding transition followed in Michigan are found in Section C, Part III of this document.

Interim IFSP - Provision of services before evaluation and assessment are completed (§ 303.345)

Early On services for an eligible child and the child’s family may commence prior to the completion of the formal evaluation and assessment if parental consent is given in accordance with the procedural safeguards for *Early On*. In such instances, an interim IFSP is developed that includes the name of the service coordinator who assumes responsibility for the implementation of the interim IFSP and for coordination with other agencies and persons as needed. The interim IFSP also includes a description of services that are immediately needed by the child and the

child's family, and addresses their most pressing concerns and priorities. Evaluation (if needed), child assessment, and family assessment are then completed, and an initial IFSP meeting is completed within the required 45-day time period.

Section E: Items Aligned with Subpart E of Federal Regulations 34 CFR 303.400 through 303.449 – Procedural Safeguards (pg. 38)

Consent prior to disclosure or use (§ 303.414) (pg. 44)

Due to the nature of the FERPA regulations primarily being focused on schools and students, Part C regulations provide the following information which, through substitutions, allows for greater understanding of the applicability of FERPA to infants and toddlers with disabilities.

- 34 CFR 99.30 means § 303.414(a);
- "Education records" means early intervention records under § 303.403(b);
- "Educational" means early intervention under Part C of IDEA;
- "Educational agency or institution" means the participating agency under § 303.404(c);
- "School officials and officials of another school or school system" means qualified personnel or Service Coordinators under Part C of IDEA;
- "State and local educational authorities" means the lead agency under § 303.22; and
- "Student" means child under Part C of IDEA.

Destruction of Information (§ 303.416) (pg. 46)

The local lead agency shall inform parents when personally identifiable information collected, maintained, or used under this part is no longer needed to provide *Early On* services to the child and/or family, or related Federal provisions in GEPA, 20 U.S.C. 1232(f) and EDGAR, 34 CFR 76 and 80. The information must be destroyed at the request of the parents. However, these elements listed in 34 CFR 303.416 may be maintained without time limitation: child's name, date of birth, parent contact information (including address and phone number), names of service coordinator(s) and early intervention services provider(s), and exit data (including year and age upon exit, and any programs entered into upon exiting).

Related Resources

*Adapted from: Brown, Valerie (2002). *Early On Tools for Professional Development: Service Coordinator Role Assessment* [Measurement Instrument]. DeWitt, MI: Clinton County RESA Office of Innovative Projects.

[Agreed Upon Mission and Key Principles for Providing Early Intervention Services in Natural Environments.](#) Retrieved from

(https://ectacenter.org/~pdfs/topics/families/Finalmissionandprinciples3_11_08.pdf).

[DEC Position Statements Service Coordination in Early Intervention](#) Retrieved from (<https://www.decdocs.org/service-coordination>).

[DEC Recommended Practices](#) Retrieved from (https://d4ab05f7-6074-4ec9-998a-232c5d918236.filesusr.com/ugd/95f212_12c3bc4467b5415aa2e76e9fded1ab30.pdf)

Dunst, Bruder, & Espe-Sherwindt, 2014. [Family Capacity-Building in Early Childhood Intervention: Do Context and Setting Matter?](#) Retrieved from: (<https://files.eric.ed.gov/fulltext/EJ1032240.pdf>).

National Service Coordination Training Workgroup on Recommended Knowledge and Skills for Service Coordinators (RKSSC), National Service Coordination Leadership Institute Group. (2020). [Knowledge and Skills for Service Coordination](#). Retrieved from (<https://tinyurl.com/KSSC-8-12-20Final>).

[Service Coordination Practice Guide: Fetal Alcohol Spectrum Disorder](#). Retrieved from (https://www.michigan.gov/documents/mdch/2011_Early_On_Service_Coordination_Practice_Guide_for_Children_Age_0-3_years_467336_7.pdf).

Forms

[Authorization to Release Early On Record.](#)

[Early On Request for Protected Information \(health\), Early On Request for Information \(non-health\)](#)

[Early On Prior Written Notice Birth to 3 yrs](#)