

Activity Sheet 7

A Quick Look at the Content of an IFSP

Instructions: Every infant or toddler receiving early intervention services under Part C of IDEA must have an individualized family service plan (IFSP). What type of information does the IFSP include? This activity will give you a quick look at the main sections of the IFSP.

Work with a partner. In the left column below, you'll see a list of the main sections of the IFSP. (Refer to **Handout 8** for Part C's verbatim regulations.) In the right column, find example statements from various children's IFSPs. Which examples probably go in which IFSP sections? Match them up!

Main Sections of the IFSP	Examples of IFSP Statements
___ 1. Information about the child's status	A. Marina will walk and her parents will not have to carry her when they go to church, shopping, and to visit friends.
___ 2. Family information	B. Physical therapy, special instruction, speech pathology
___ 3. Measurable results or outcomes	C. Freddie's parents are concerned that he is going to get "kicked out" of his child care center, if they don't get help. His behaviors at home and child care are the priority concern. His mother would like suggestions on how to handle his behaviors.
___ 4. Early intervention services to be provided	D. <i>Communication:</i> Kim's <u>challenges</u> include her inability to babble and make consonant and other sounds as a result of her NG tube. These challenges impact her ability to communicate her wants, thoughts, and needs with her parents, sister, grandparents, and playgroup teacher.
___ 5. Length, duration, frequency, intensity, and method of delivering the early intervention services	E. Cardiology service for child Dr. I.M. Heart Private insurance
___ 6. Natural environments justification	F. As Jack gets closer to participating in school-based services, team will discuss the frequency of participation in his playgroup and whether he shows difficulty separating from his service providers in order to facilitate that transition.
___ 7. Other services (non-Part C)	G. The home environment is considered to be Maria's natural environment at this time.
___ 8. Dates and duration of services	H. Begin date: 1/6/2014 End date: 5/31/2014
___ 9. Name of family's service coordinator	I. Physical therapy, twice weekly, 30 minutes, individual
___ 10. Transition from Part C	J. Barbara Belt—Phone, email, address given below.