Module 6

Content of the IFSP

Produced by:
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Available online at: http://www.parentcenterhub.org/repository/partc-module6/

Background and Discussion

This module is part of a training curriculum on the Part C regulations of the Individuals with Disabilities Education Act, as amended in 2004. The curriculum provides a detailed discussion of the Part C regulations as published in the *Federal Register* on September 28, 2011.[1]

The curriculum is entitled *Building the Legacy for Our Youngest Children with Disabilities.* This module is entitled *Content of the IFSP* and is the 6th module in the curriculum.

Please be aware that the information in this module is _not_ a substitute for the requirements reflected in the IDEA statute and Part C regulations.

Early Intervention and IDEA

Thanks to a powerful and important federal law called the Individuals with Disabilities Education Act, or IDEA, 336,895 eligible infants and toddlers birth through age 2 received early intervention services in 2011 under Part C of IDEA.[2]

Early intervention services are concerned with all the basic and brand-new developmental skills that babies typically develop during the first three years of life, such as:

- physical (reaching, rolling, crawling, and walking);

- cognitive (thinking, learning, solving problems);

- communication (talking, listening, understanding);

- social/emotional (playing, feeling secure and happy); or

- adaptive behavior (eating, dressing).[3]

Early intervention services are designed to meet the needs of eligible infants and toddlers who have a **developmental delay** or **disability.** Services may also address the needs and priorities of each child's family, to help family members understand the special needs of the child and how to enhance his or her development.[4]

What's an IFSP? The Big Picture

Every infant and toddler who receives early intervention services under Part C must have an IFSP, which stands for "Individualized Family Service Plan." The IFSP is a written document that includes, among other things, (a) specific information about the child and family (e.g., the child's current developmental status); and (b) a description of the early intervention services to be provided to the child and his or her family.

The IFSP is developed by a team of people that includes the child's parents and professionals involved in the early intervention system. The team bases the IFSP on information gathered during evaluation and assessment of the child and family in which the child was found eligible for Part C services. The IFSP includes the content that is outlined in §303.344 of IDEA, which is the focus of this training module.

The IFSP is both a *process* and a *document*. It's intended to help families and professionals come together to discuss, plan, and address the developmental needs of a young child from birth to age three with special needs.

Trainer's Note

Throughout this training module, all references in the discussion section for a slide are provided at the *end* of that slide's discussion.

This Module in the Part C Training Curriculum

The training curriculum on Part C of IDEA is organized into separate themes, which multiple training modules under most themes. The themes are:

Theme A | Welcome to IDEA

Theme B | Public Awareness Program and the Child Find System

Theme C | Evaluating Infants and Toddlers for Disabilities (Post-Referral Activities)

Theme D | Individualized Family Service Plan (IFSP)

Theme E | Transition from Part C to Part B of IDEA

Theme F | Procedural Safeguards

Theme G | Use of Funds

This module on the contents of the IFSP falls within the umbrella topic of **Theme D, The Individualized Family Service Plan**. There are three modules under Theme D, as follows:

- *Module 5: Procedures for the Development, Review and Evaluation of the IFSP*
  Describes the procedures set forth in the Part C regulations regarding how the IFSP is developed, reviewed, and evaluated, including who is required to participate in developing a child's IFSP.

- *Module 6: Content of the IFSP* (*this* module)
  Focuses on provisions for what type of information an IFSP must contain.

- *Module 7: Meetings of the IFSP Team*
  Describes what is required with respect to meetings of the IFSP Team.

For Whom Is This Module Designed?

This module is primarily intended for trainers to use with audiences who are newcomers to the law, the early intervention process, and especially requirements associated with the IFSP. This includes:

- parents and family members of an infant or toddler who has, or is suspected to have, a developmental delay or a disability;

- early childhood candidates who are learning about Part C early intervention programs for our youngest children with disabilities and the central role that the IFSP plays in providing services to children and families based upon their developmental and functional needs;

- stakeholders in the early childhood community, including Head Start and Early Head Start personnel, preschool professionals, and early childhood educators;

- new staff, advocates, policy makers, administrators, and early childhood specialists who will be working with either the Part C system or with infants and toddlers who have disabilities and their families, but who have limited knowledge of what the law requires in terms of developing, reviewing, and evaluating children's IFSPs; and

- staff of Parent Training and Information (PTI) centers and of Community Parent Resource Centers (CPRCs), as well as other organizations serving families of children who have disabilities.

All of these files can be downloaded free of charge from the website of the Center for Parent Information and Resources (CPIR), at: http://www.parentcenterhub.org/repository/partc-module6/

- **Slideshow.** We are pleased to provide a four-color slideshow (produced in PowerPoint®) around which trainers can frame their presentations and training on the IFSP.

  Important note: You do NOT need the PowerPoint® software to use the slide show. It's set to display, regardless, because the PowerPoint Viewer® is included. (You may be asked to agree to Viewer's licensing terms when you first open the slideshow.) The presentation is also saved as a "show"—which means it will launch when you open it.

- **Trainer's Guide Discussion.** The trainer's guide describes how the slides operate and explains the content of each slide, including relevant requirements of the statute passed by Congress in December 2004 and the final regulations for Part C published in September 2011. The trainer's guide is available in PDF and Word® formats.

- **Speaker Notes.** Provided as a Word file, the Speaker Notes show thumbnail pictures of all slides in the presentation, with lines next to each

for you to annotate your presentation, if you wish. You can also share the Speaker Notes with participants.

- **Handouts for Participants.** There are two hand-outs suggested for this module. They are:

  — Handout 8 | Content of the IFSP (verbatim Part C regulations)

  — Handout 11 | Model IFSP Form (developed by the U.S. Department of Education)

- **Activity Sheet** *9 (optional).* This activity sheet is provided as a closing activity to the training session and reviews the contents of the IFSP.

PDF or Word format?

For trainers, we recommend using the PDF version of trainer's guide, because it's easier on the eyes. For participants in training sessions, we recommend the PDF version of the handout, because it, too, is easier on the eyes.

Word files are provided for accessibility purposes and to make it easy to copy and paste content into other software.

References & Footnotes

[1] U.S. Department of Education. (2011, September 28). Early intervention program for infants and toddlers with disabilities: Rules and regulations. *Federal Register, 76*(188), 60140-60309. Washington, DC: Office of Special Education and Rehabilitative Services, Department of Education. Online at: http://www.gpo.gov/fdsys/pkg/FR-2011-09-28/pdf/2011-22783.pdf

[2] Technical Assistance Coordination Center. (2012). *Historical state-level IDEA data files: Part C child count 2011.* Retrieved November 11, 2013, from: http://uploads.tadnet.org/centers/97/assets/2414/download

[3] Center for Parent Information and Resources. (2014, March). *Overview of early intervention.* Washington, DC: NICHCY. Online at: http://www.parentcenterhub.org/repository/ei-overview/

[4] §303.13(b)(3) of the Part C regulations.

Looking for IDEA 2004?

Visit the Center for Parent Information and Resources' website, where you can download copies of:

- IDEA's statute (the law passed by Congress in 2004)

- Part C regulations (published by the U.S. Department of Education on September 28, 2011)

- Part B regulations (published by the U.S. Department of Education on August 14, 2006)

Find all at: http://www.parentcenterhub.org/repository/idea-copies/

Finding Specific Sections of the Regulations: 34 CFR

As you read the explanations about the Part C regulations, you will find references to specific sections, such as §303.21. (The symbol § means "Section.") These references can be used to locate the precise sections in the Part C regulations that address the issue being discussed. In most instances, we've also provided the verbatim text of the Part C regulations so that you don't have to go looking for them.

The Part C regulations are codified in Title 34 of the *Code of Federal Regulations*. This is more commonly referred to as 34 CFR or 34 C.F.R. It's not unusual to see references to specific sections of IDEA's regulations include this—such as 34 CFR §303.21, which is where you'd find Part C's definition of "infant or toddler with a disability." We have omitted the 34 CFR in this training curriculum for ease of reading.

Citing the Regulations in This Training Curriculum

You'll be seeing a lot of citations in this module—and all the other modules, too!—that look like this: 76 Fed. Reg. at 60250

This means that whatever is being quoted may be found in the *Federal Register* published on September 28, 2011—Volume 76, Number 188, to be precise. The number at the end of the citation (in our example, 60250) refers to the page number on which the quotation appears in that volume. Where can you find Volume 76 of the *Federal Register*? At this address:

http://www.gpo.gov/fdsys/pkg/FR-2011-09-28/pdf/2011-22783.pdf

Content of the **IFSP**

How to Operate the Slide:

Slide loads fully. No clicks are necessary except to advance to the next slide.

Cʟɪᴄᴋ to advance to next slide.

Use this slide to introduce your audience to what this training will be about: The type of information that IDEA requires be included in the IFSP of every infant or toddler with a disability receiving early intervention services under Part C of the law and its implementing regulations.

How Much Does Your Audience Already Know about the IFSP?

This module is the second module in a three-module series on the Individualized Family Service Plan. It's important for the audience to recognize that, while the module stands alone, it presents only part of the information that's important to know about the IFSP, including how it's developed, by *whom* it's developed, and how it's regularly reviewed and, if necessary, revised.

Have participants received training under Module 5 on IFSP procedures? If yes, that's terrific and will provide them with a solid foundation for the information presented in the current module. If, however, they haven't gone through that training and are

newcomers to early intervention, then you will probably need to fill in gaps about the IFSP as you go along. To help, we've included two slides in the beginning that you can use to quickly summarize:

- the two general purposes of the IFSP; and

- who is involved in developing a child's IFSP.

Both of these slides come from Module 5. There may be other points in this training session where you'll need to relate information that was provided in Module 5; we'll try to point these out in this trainer's guide.

Now, let's get started!

In this module you'll learn:

- Why the IFSP is so important in early intervention

- The 8 types of information included in the IFSP

- What IDEA's Part C regulations say about content of the IFSP, *verbatim*

Slide loads completely. No clicks are necessary except to advance to the next slide.

CLICK to advance to next slide.

Slide 2 is an advance organizer for the audience, to alert them to the areas covered in this training module and, hopefully, what they'll learn.

Suggestions for Quick Opening Activities

Any of the following suggestions would take about 1-2 minutes. You can expand each to 5 minutes by having participants then call out what their "partners" told them and jotting these down on a flipchart.

Suggestion 1 | Ask participants to introduce themselves to the person seated next to (or behind) them and exchange two pieces of information: (a) one thing they already know about the topic (the IFSP), and (b) one thing they hope to learn about the topic.

Suggestion 2 | Ask participants to stand up and politely bow to two or three people nearby, asking them why they are here today, taking this training on the IFSP, and what they hope to take away from it.

Suggestion 3 | Ask participants to shake hands with one neighbor and tell that person how this topic relates to their personal or professional life.

The IFSP has two general purposes:

- to set **reasonable developmental goals** for the infant or toddler with a disability; and

Slide opens with this view.

The IFSP has two general purposes:

- to set **reasonable developmental goals** for the infant or toddler with a disability

- to **state the services** the early intervention program will coordinate & provide for the child (and his or her family)

Click 1:

The picture lifts away, revealing the text beneath.

What better place to begin exploring the IFSP than with its purposes? This slide comes from Module 5 and is repeated in this module so you can introduce the IFSP in its most basic terms.

As the slide indicates, the IFSP has two purposes:

- to **set reasonable developmental goals** for the infant or toddler with a disability; and

- to *state the services* the early intervention program will coordinate & provide for the child (and his or her family)

These are GENERAL purposes, of course, not defined per se in law but useful as a quick way to "grasp" what the IFSP is all about. This basic understanding provides a framework from which to build deeper knowledge, adding the many details there are to know about IFSPs—especially what information IDEA requires IFSPs to contain.

Who Develops the IFSP?

The IFSP Team!
The team that develops the initial & annual IFSP includes…

* If requested by the parent

- the parent(s) of the child
- other family members * (if feasible)
- an advocate or person outside the family *
- the service coordinator
- person(s) directly involved in conducting the evaluations & assessments
- those who will be providing EI services to the child or family (as appropriate)

Slide loads completely. No clicks are necessary except to advance to the next slide.

CLICK to advance to next slide.

Pertinent Handout:
- Handout 8 | The IFSP (optional)

This slide is also from Module 5, repeated here so you can provide the audience with another "basic" of the IFSP—the membership of the team that develops this very important document. Because the slide merely lists the team membership, you can either present the IFSP Team in brief and move on, or go into a bit of detail (provided below), as fits your training schedule and future training plans with this audience.

Quick-Start Activity

To frame the content you're about to present and connect participants with whatever prior experience they have with IFSP Teams, ask participants a series of questions that they can answer either by raising their hand to indicate "yes" or by calling out their answers. Questions might include:

- Have you ever served on an IFSP Team? As a parent? As a professional?

- Those of you who haven't served on an IFSP Team, imagine yourself as one of the members listed on the slide. Which one would you be (or want to be)? Why?

- Give one reason you need to know who's on the IFSP Team.

- Those of you who HAVE served on the IFSP Team: What one word would you use to describe the experience?

Keep this back-and-forth short, no more than 1-2 minutes. The quick pace of the exchange energizes attention, even as it moves participants into the "personal" zone where they can connect more readily with the information below, if you choose to present the IFSP Team in more detail.

Where in the Regulations?

The membership of the IFSP Team is listed in the Part C regulations at §303.343, on **Handout 8**, and in the box on the right.

A Quick Look at the Team

There are several points you can make in brief about the membership of the IFSP Team, as required by the Part C regulations.

Parents are critical members of the IFSP Team | Of course they are. Parents are pivotal team members, in fact, because the IFSP is being written for and about their infant or toddler. Parents have invaluable perspectives to offer on their child's growth and development, areas of strength and need, and overall medical and personal history. They can also contribute substantively to IFSP development by sharing with the other team members the priorities, resources, and concerns of the family unit.

Family members can be invited to participate on the Team | The regulations clearly recognize the deep involvement and commitment that a child's family members can bring to supporting his or her well-being. Family members can and often do play a variety of roles in enhancing a child's development. That is why, when requested by the parent of the child and when feasible, family members may be included on the IFSP Team.

Other participants, at the request of the parent | Parents of the child may also request that an advocate or another person from outside the family unit be included on the IFSP Team. An advocate typically helps the parent to articulate his or her perspectives and concerns, while a person from outside the family might contribute professional or personal knowledge about the child's needs and strengths or the family's needs regarding supporting the child's development.

The service coordinator designated for the family | The early intervention provider or lead agency designates a service coordinator to help the parents and family members understand and navigate the early intervention process. This is obviously a key role; not surprisingly, the service coordinator has many specific duties and responsibilities, including coordinating all services across agency lines and serving as the single point of

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§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.

(2) If a person listed in paragraph (a)(1)(v) of this section is unable to attend a meeting, arrangements must be made for the person's involvement through other means, including one of the following:

(i) Participating in a telephone conference call.

(ii) Having a knowledgeable authorized representative attend the meeting.

(iii) Making pertinent records available at the meeting.

(b) *Periodic review.* Each periodic review under §303.342(b) must provide for the participation of persons in paragraphs (a)(1)(i) through (a)(1)(iv) of this section. If conditions warrant, provisions must be made for the participation of other representatives identified in paragraph (a) of this section.

contact for carrying out the early intervention services and activities identified in the child's IFSP.

Those involved in evaluation and assessments | Those who have been directly involved in carrying out the evaluation and assessments of the child and family are also on the IFSP Team. This may be one individual or several, with key contributions being to explain the results of the evaluation and assessment process and to help the other Team members identify the early intervention services appropriate to addressing the child's developmental needs.

If the person filling this role cannot attend the IFSP meeting, the regulations state that arrange-ments can be made for the person's involvement through other means, including one of the following: participating in a telephone conference call; having a knowledgeable authorized representative attend the meeting; or making pertinent records available at the meeting.[5]

Provider(s) of early intervention services | If appropriate, the Team may also include one or more providers of early intervention services. Again, this may be one or more individuals who can speak directly to the question of which early intervention services are needed and what measurable goals or outcomes are appropriate for the child.

Space for Notes

Reference

[5] §303.343(a)(2)—IFSP Team meeting and periodic review: Initial and annual IFSP Team meeting.

> ## What's in an IFSP?
>
>
>
> **In a nutshell**
>
> **an IFSP includes**
>
> **8 types of info**

Slide loads completely. No clicks are necessary except to advance to the next slide.

CLICK to advance to next slide.

This is a quick slide, meant to give participants a quick scaffolding on which to "hang" the upcoming content. You don't need to say very much—the slide gives the big picture succinctly.

Still, take a moment to ask the audience, based on what they know about the general purposes of the IFSP, to suggest at least two types of information they'd expect to be included in an IFSP. Certainly, "developmental goals for the child" would be one. And so would a listing of the early intervention services to be provided to the child and family.

Those 8 types of info are...

Opening View

Slide loads with this view.

Those 8 types of info are...

CLICKS 1 and 2

1 Service coordinator

2 Info about the child's status

3 Family info

4 Results or outcomes expected

5 Early intervention services to be provided

6 Other services needed

7 Payment arrangements

8 Transition from Part C services

Click 1:
The picture on the left lifts away and lists 4 types of info to be included in an IFSP.

Click 2:
The picture on the right lifts away, and 4 other types of info in an IFSP are listed.

CLICK AGAIN to advance to next slide.

See discussion on next page ▶

2 Clicks

This slide provides more detailed scaffolding for participants to use in internalizing and remembering the information about the content of an IFSP. At a glance and all in one place, they can see the eight types of information that you're going to be talking about as you move through this training.

The eight correspond almost exactly to how the Part C regulations at §303.344 (Content of the IFSP) are organized, which is in the following subparagraphs:

(a) Information about the child's status

(b) Family information

(c) Results or outcomes

(d) Early intervention services

(e) Other services

(f) Dates and duration of services

(g) Service coordinator

(h) Transition from Part C services

Note to Trainers!

What's Different in How We've Organized These Slides

Compare the list from the regulations [(a) through (h)] to what appears on the slide (#1-#8). As you can see, we've moved "service coordinator" to #1, as a way of indicating that families are to be guided and supported through the IFSP process and while the child is receiving early intervention services. Understandably, the early intervention system begins as a mystery to them, and the service coordinator has an essential role to play in breaking down that mystery and smoothing the family's path in Part C.

We've also folded "(f) Dates and duration of services" under #5 (Early intervention services to be provided) to streamline this training, and we've added #7 (Payment arrangements), in keeping with how OSEP has organized the Model IFSP Form (**Handout 11**). "Payment arrangements" are not a distinct subsection of §303.344, but they clearly are important and, as the Model IFSP Form shows, need to be explicitly documented in the IFSP.

1—Service Coordinator

Opening View

The IFSP must include —

**The name of
the service
coordinator**   ▶   Responsible
for   ▶

- implementing the EI
  services identified in a
  child's IFSP (including
  transition services), &

- coordination with
  other agencies and
  persons

Slide loads
with this view.

1—Service Coordinator

CLICK **1**

The IFSP must include —

**The name of
the service
coordinator**   ▶   Responsible
for   ▶

- implementing the EI
  services identified in a
  child's IFSP (including
  transition services), &

- coordination with
  other agencies and
  persons

Click 1:
The 3 items at the
bottom appear one
by one.

Must be from the profession most relevant to the needs of the child or family	"Profession" can include "service coordination"	Or otherwise qualified to carry out all duties of service coordinator

CLICK **AGAIN** to advance to next slide.

See discussion on next page ▶

1 Click

- Handout 8 | The IFSP (verbatim regulations)
- Handout 11 | The Model IFSP Form

Time to get down to business. No more advance organizers for the upcoming content, no more general or "review" information for IFSP information covered in Module 5. Here comes the first piece of info that must be included in a child's IFSP!

The Model IFSP Form

Have participants refer to **Handout 11**, the Model IFSP Form developed by OSEP for State lead agencies and EI providers to use in designing their own IFSP forms. The model form is "legally sufficient" in terms of what the Part C regulations require, and makes it very easy for users to see what type of information needs to be included in an IFSP.

The first item on the Model IFSP Form is "service coordinator," just as it is the first item on the slide. The model form includes a brief description, which is drawn almost verbatim from the Part C regulations. Compare the two:

Summary Points

Point out to participants that, under the Part C regulations:

- Each infant or toddler with a disability and their family must be provided with one service coordinator whose general mission is "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 Part C of IDEA.[6]

- The service coordinator must be from the profession that is most immediately relevant to the needs of the child or family, or otherwise qualified to carry out the duties of a service coordinator under Part C. The latter may include individuals who have as their profession "service coordination."

- The service coordinator is responsible for **coordinating all services** the family receives under Part C of IDEA **across agency lines**.

From the Model IFSP Form

Service coordinator: The name of the service coordinator from the profession most immediately relevant to the child's or family's needs (or who is otherwise qualified to carry out all applicable responsibilities under Part C). The service coordinator is responsible for the implementation of the early intervention services identified in the IFSP, including transition services and coordination with other agencies and persons. The service coordinator serves as the single point of contact for carrying out the activities described in 34 CFR §303.34. [34 CFR §§303.34 and 303.344(g)]

From the Part C regulations at §303.344(g)

(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."

- The service coordinator serves as the **single point of contact** for the family in carrying out specific activities.

- Only one person may serve as the service coordinator or case manager for a particular family *at a given time*. This is meant to ensure that "parents and EIS providers for a particular child have a single point of contact."[7]

- The name of the service coordinator "assigned" to the family must be included in the IFSP.

- Service coordination may be referred to as "case management."

Additional Information about Service Coordination

The Part C regulations include a definition of *service coordination services* at §303.34. It's a rather lengthy definition but an illuminating one, because it shows the wide range of activities and duties that service coordination involves. In addition to what's already been mentioned, such activities include:

- the coordination of early intervention services and other services that the child needs or is being provided;

- conducting referral and other activities to assist families in identifying available EIS providers;

- ensuring the timely provision of services; and

- conducting follow-up activities to determine that appropriate Part C services are being provided.[8]

For your convenience, we've provided the full definition at §303.34 in the box on the next page. Pull from it to give participants a quick overview of how extensive service coordination can really be.

No wonder OSEP chose to lead off the Model IFSP Form with filling in the service coordinator's name!

References

[6] §303.34(a)—Service coordination services (case management): General.

[7] 76 Fed. Reg. at 60161-2.

[8] 76 Fed. Reg. at 60161.

§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.

(b) *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

(10) Facilitating the development of a transition plan to preschool, school, or, if appropriate, to other services.

(c) *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).

2—Info about the Child's Status

The IFSP must include a statement of the child's…

Present
levels
of…

- physical development (including vision, hearing, and health status)
- cognitive development
- communication development
- social or emotional development
- adaptive development

Where does this info come from?
It's based on information from the child's evaluation and assessments

Slide loads completely. No clicks are necessary except to advance to the next slide.

CLICK to advance to next slide.

Pertinent Handouts:
- Handout 8 | The IFSP (verbatim regulations)
- Handout 11 | The Model IFSP Form

It makes perfect sense that the IFSP would require a description of the child's present level of development, otherwise referred to as the "child's status." What, *specifically*, is the child's disability or delay that makes him or her eligible for early intervention services? What are his or her developmental needs? It would surely be impossible to develop an appropriate IFSP for the infant or toddler without being able to answer such questions.

The Model Form and the Regulations

Have participants look at the second item on the Model IFSP Form (**Handout 11**)—labeled "Present levels of development." On the slide, this item is described as "Info about the Child's Status," which is how the regulations themselves lead in to this required IFSP item. As soon as you see the type of information either is referring to (see the box on the next page), it's clear that we're talking about the same thing.

Summary Points

Here are salient points about this required IFSP item that you will want to share with the audience, especially if participants are newcomers to early intervention.

The five areas of development | Early intervention programs are intended to address delays and disabilities that infants and toddlers can have in one or more key areas of development. The Model IFSP Form and the Part C regulations make clear that there are five developmental areas of concern:

• physical development

• cognitive development

• communication development

• social or emotional development

• adaptive development

These are the developmental areas on which evaluation and assessments of the child were focused, and the results of the evaluation process were used to determine the child's eligibility for early intervention. If the IFSP Team has gathered and is writing an IFSP for the child and family, then, clearly, the child has been found eligible. Which means that he or she has a developmental delay or disability in at least one of these five developmental areas.

Documenting the child's status in the IFSP | So—what *are* the child's developmental delays or disabilities? These must be described as concretely and thoroughly as possible in the IFSP. The IFSP Team typically relies on the results of the evaluation and assessment of the child, which indicate which area(s) of development are delayed or adversely affected and to what degree.

Remember that the Part C regulations require that the IFSP Team include one or more members who were involved with the child's evaluation and assessment. So there will be someone present who can explain the results and help the team describe the child's status of development accurately.

The child's "present levels of development" drives decision making | As the audience already knows, the IFSP must also include measurable results or outcomes for the child, as well as what early intervention services will be provided. What's not so obvious yet is that, for each and every child

Trainer Note

What skills and learning are associated with each developmental area? More information is given on the next page, to use at your discretion to bring the developmental areas to life for the audience.

From the Model IFSP Form

Present levels of development: A statement of the child's present levels of physical development (including vision, hearing, and health status), cognitive development, communication development, social or emotional development, and adaptive development based on the information from the child's evaluation and assessments conducted under §303.321. [34 CFR §303.344(a)]

From the Part C regulations at §303.344(a)

(a) *Information about the child's status.* The IFSP must include a statement of the infant or toddler with a disability's present levels of physical development (including vision, hearing, and health status), cognitive development, communication development, social or emotional development, and adaptive development based on the information from that child's evaluation and assessments conducted under §303.321.

receiving early intervention under Part C, the measurable results or outcomes that are set and the services that will be coordinated and provided are based on the needs and developmental status of the individual child.

The IFSP Team writing the child's IFSP (including the parents) must look at the child's needs closely in order to set measurable results or outcomes for the child's learning and development and determine what early intervention services will be provided to help the child reach those goals.

Needs-Goals-Services are, thus, logically interconnected. But it's "needs first!"

More Information about the Five Developmental Areas

Cognitive Development

Cognitive development refers to children's ability to learn and solve problems, which typically grows dramatically between birth and three years old as children begin to make sense of the world around them. Developmental milestones of cognitive development include:

- paying attention to faces and recognizing familiar people (2 months);

- showing curiosity and trying to get to objects that are out of reach (6 months);

- knowing what ordinary things are for (e.g., spoon, toothbrush, comb) and being able to follow one-step commands (such as "sit down") (18 months).[9]

Physical Development

Physical development includes a child's gross motor skills, fine motor skills, and sensory and perceptual abilities.

- *Fine motor skills* include the child's ability to use small muscles, specifically in the hands and fingers, to pick up small objects, hold a spoon, turn pages in a book, or use a crayon to draw.

- *Gross motor skills* refer to the child's ability to use large muscles. Large muscle development will help a baby learn to sit up without support, crawl or roll from one place to another, and pull up to a stand by holding onto furniture.

- Sensory and perceptual abilities include vision and hearing, as mentioned on the slide.

Interestingly, motor skills development in children generally progresses from head to toe, with babies usually gaining control of their body parts in the following order:

- head and neck at about 2 months of age;

- arms and hands, with grasping at about 3 months;

- trunk, with sitting well by about 8 months;

- legs and feet, with most children walking by 14 or 15 months.[10]

Communication Development

At issue in this developmental area is the child's ability to both understand and use language to communicate with people and express his or her own emotions. Typical milestone behaviors at different ages include:

- babbling (4 months);

- responding to sounds by making sounds and responding to own name (6 months);

- copying actions that others make, such as shaking the head to indicate "no" or waving "bye-bye" (9 months), and

- using a few simple words (18 months).[11]

By age 3, a child may know as many as 900 words.[12]

_____

Social or Emotional Development

Zero to Three gives an excellent summary of the social-emotional domain, as follows:

> Making friends. Showing anger in a healthy way. Figuring out conflicts peacefully. Taking care of someone who has been hurt. Waiting patiently. Following rules. Enjoying the company of others. All of these qualities, and more, describe the arc of healthy social-emotional development. Like any skill, young children develop these abilities in small steps over time.[13]

Examples of typical milestones of social-emotional development include:

- smiling spontaneously, especially at people (4 months);

- clinging to familiar adults and perhaps being afraid of strangers (9 months);

- having temper tantrums (18 months); and

- playing mainly beside other children, but beginning to include other children, such as in chase games (2 years).[14]

_____

Adaptive Development

The ability to adapt to changing circumstances and take care of oneself is a vital skill in life, to be sure. For babies and toddlers, adaptive development includes learning the self-help skills involved in daily living—to eat independently (with fingers at first, then with a spoon), to get dressed, use the toilet, and see to basic hygiene and grooming.[15]

Not surprisingly, as children acquire more adaptive skills, they become more independent.

References

9   See the Centers for Disease Control and Prevention (CDC) website pages called *Developmental Milestones,* which begin at: http://www.cdc.gov/ncbddd/actearly/milestones/index.html

10   Encyclopedia of Children's Health. (n.d.). *Development tests.* Available online at: http://www.healthofchildren.com/D/Development-Tests.html

11   See reference 9, above.

12   Parlakian, R., & Lerner, C. (2008). *Your child's development: 30 to 36 months.* Washington, DC: Zero to Three. Online at: http://main.zerotothree.org/site/DocServer/30-36Handout.pdf?docID=6085

13   Zero to Three. (2010). *Development of social-emotional skills*. Online at: http://www.zerotothree.org/child-development/social-emotional-development/social-emotional-development.html

14   See reference 9, above.

15   Para-eLink. (n.d.). Development of adaptive behavior. Available online at the Para-eLink website: http://paraelink.org/eck1/eck1_6.html

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3—Family Information

The IFSP must include a statement of the family's…

- resources
- priorities
- concerns

related to
enhancing the
development of
the child

Where does this info come from?
It's identified through the assessment of the family

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next slide.

CLICK to advance to next slide.

Pertinent Handouts:
- Handout 8 | The IFSP (verbatim regulations)
- Handout 11 | The Model IFSP Form

The Model Form and the Regulations

Have participants look at the third item on the Model IFSP Form (**Handout 11**)—labeled "Family's resources, priorities, and concerns." On the slide, this item is described as "Family information," which is how the regulations themselves lead in to this required IFSP item. You can compare the two sets of language by looking in the box.

From the Model IFSP Form

<u>Family's resources, priorities, and concerns</u>: With the concurrence of the family, a statement of the family's resources, priorities, and concerns related to enhancing the development of the child as identified through the assessment of the family under 34 CFR §303.321(c)(2). [34 CFR §303.344(b)]

From the Part C regulations at §303.344(b)

(b) *Family information.* With the concurrence of the family, the IFSP must include a statement of the family's resources, priorities, and concerns related to enhancing the development of the child as identified through the assessment of the family under §303.321(c)(2).

Summary Points

Let's start with the basics about including "family information" in the IFSP.

Participation is voluntary | During the evaluation and assessment phase, the family is typically asked to discuss their resources, priorities, and concerns for their child as those relate to enhancing their child's development. Family participation in this assessment is completely voluntary. They have the right to share as much or as little about their resources, priorities, and concerns as they like.

Where does this information come from? | As the slide indicates, "family information" comes from the assessments conducted with the child's parents and perhaps other family members. The information typically emerges during interviews and informal contacts the family has with the service coordinator and other early intervention personnel. If they are willing, families respond to such questions as:

● If you were to focus your attention on one thing for your family or child right now, what would it be?[16]

And, as the ECTA Center describes:

> Because children learn best in the context of everyday activities, families are asked to describe their daily routines and activities, in terms of what interests and engages their child, what's going well and what challenges they face. Sharing this information helps to identify difficulties that providers may problem-solve with families.[17]

Families decide, not practitioners | When it comes to determining a family's concerns, resources, and priorities, and listing this information in the IFSP, the family needs to be the decision maker, not the professionals on the IFSP Team. Further, when documenting the family's concerns, resources, and priorities in the IFSP, "Using vocabulary the family has used in generating the concerns makes it possible for everyone to view this list as the family's list of concerns/needs."[18]

The information can be updated as concerns and priorities change | Finally, it's useful to note that the family information included in the IFSP may change over time, especially as the baby or toddler and the family benefit from the early intervention program. The family information in the IFSP would need to be updated to reflect the family's current concerns, priorities, and resources.

References

[16] Babies Can't Wait. (n.d.). *IFSPweb: Reviewing family concerns and desired priorities*. Retrieved April 3, 2014 from: http://ifspweb.org/concerns.html

[17] Early Childhood Technical Assistance Center. (2013). *Family assessment: Gathering information from families*. Retrieved April 3, 2014 from: http://ectacenter.org/topics/families/famassess.asp

[18] Babies Can't Wait. (n.d.). *IFSPweb: Reviewing family concerns and desired priorities*. Retrieved April 3, 2014 from: http://ifspweb.org/concerns.html

4—Results or Outcomes

The IFSP must include a statement of the...

Measurable **results** or measurable **outcomes** ▶ expected to be achieved ▶ for the <u>child</u> and family

↓

including pre-literacy and language skills*

―――――――――

* as developmentally appropriate for the child

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Pertinent Handouts:
- Handout 8 | The IFSP (verbatim regulations)
- Handout 11 | The Model IFSP Form

The Model Form and the Regulations

Have participants look at the opening words of the fourth item (page 2) of the Model IFSP Form (**Handout 11**)—labeled "Measurable results or measurable outcomes." On the slide, this item is described as "Results or Outcomes," which is how the regulations themselves lead in to this required IFSP item. You can compare the two sets of language by looking in the box.

From the Model IFSP Form

<u>Measurable results or measurable outcomes</u>: A statement of the measurable results or measurable outcomes expected to be achieved for the child (including pre-literacy and language skills, as developmentally appropriate for the child) and family… *[the text continues but will be covered on the next slide]*

From the Part C regulations at §303.344(b)

(c) *Results or outcomes.* The IFSP must include a statement of the measurable results or measurable outcomes expected to be achieved for the child (including pre-literacy and language skills, as developmentally appropriate for the child) and family… *[the text continues but will be covered on the next slide]*

Two slides are dedicated to this item in the IFSP. The current slide looks only at the lead-in of what is stated in the Part C regulations as "measurable results or measurable outcomes." The lead-in establishes the focus of this item.

Measurable Results or Measurable Outcomes

Not surprisingly, the IFSP must include a statement about what outcomes or results are expected to be achieved by the child and family. These outcomes or results must be *measurable*, too. As you'll see in the next slide, the IFSP Team indicates *how* the expected results or outcomes will be measured.

Summary Points

Indicate to the audience that this item in the IFSP will take two slides to cover. This slide identifies that the item relates to establishing and documenting the outcomes or results that are expected to be achieved for the child and family in the coming months.

Is there any difference between "outcomes" and "results"? | No. As the Department notes, "there is little material difference, for IFSP content purposes, between the meaning of the terms "results" and "outcomes" and we use these terms in

the regulation because they are both referenced in the section 636 of the Act."[19]

Who decides what outcomes or results are important? | Members of the IFSP Team, which includes the parents, work together to determine what outcomes or results are most important to the family. Parents discuss their child's needs extensively and identify the functional things they most want their child to be able to learn or do. What's working, what's challenging in everyday routines and activities? What are the family's priorities for the child? For themselves? These, then, become the outcomes or results sought by and for the child and family.

Example outcome: Leroy will play together with his brother and express himself without hitting.[20]

Pre-literacy and language skills | The audience might wonder why pre-literacy and language skills would be included in an IFSP for an infant or toddler in Part C. The Department clarifies why this was added to the regulations:

- The language was included in the statute passed by Congress; and

- Pre-literacy and language skills "emerge during infancy and, therefore, should be a measurable

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How to Write High-Quality Functional IFSP Outcomes

There are numerous resources available to guide families or staff through the writing of functional IFSP outcomes. We've listed three below that you might consult if you wanted to involve your participants in hands-on training and goal-writing practice.

- **Enhancing Recognition of High-Quality, Functional IFSP Outcomes and IEP Goals: A Training Activity**
  http://www.nectac.org/~pdfs/pubs/rating-ifsp-iep-training.pdf

- **Tips and Techniques for Developing Participation-Based IFSP Outcome Statements**
  http://www.fipp.org/Collateral/briefcase/briefcase_vol2_no1.pdf

- **Steps to Build a Functional Outcome**
  http://tinyurl.com/o4zyru2

result or measurable outcome that is developmentally appropriate for a child served under the Part C program."[21]

What's developmentally appropriate practice for building pre-literacy and language skills? | It's interesting to read the literature about how to build pre-literacy and language skills of infants and toddlers, especially those with disabilities and developmental delays. While pre-literacy may not seem like a skill that infants and toddlers would need to be working on, in fact, children start learning language as infants. They're working on pre-literacy and language skills every day. They're learning words, they are touching bunny rabbits and petting dogs, they are tasting sour or sweet things, all of which help them build their understanding of the world, their vocabularies, and their sense of self.

CELL, the Center for Early Literacy Learning, is an excellent place to find out how to enrich children's environments and activities so that they support early language learning. CELL offers free parent guides as well as practitioner guides, and a range of tools that we all can use in helping infants and toddlers acquire language skills. Many guides are available in Spanish as well. For instance:

References

[19] 76 Fed. Reg. at 60203.

[20] Lucas, A., Gillaspy, K., Peters, M.L., & Hurth, J. (2013, October). *Enhancing recognition of high-quality, functional IFSP outcomes and IEP goals: A training activity for infant and toddler service providers and ECSE teachers.* Chapel Hill, NC: The ECTA Center. Online at: http://www.nectac.org/~pdfs/pubs/rating-ifsp-iep-training.pdf

[21]   76 Fed. Reg. at 60203.

- *Infant Practice Guides for Parents* show families how to use everyday home and community activities to encourage infants to listen, talk, and learn the building blocks for early literacy.

  English: http://www.earlyliteracylearning.org/parentpg_inf.php
  Spanish: http://www.earlyliteracylearning.org/pgs_span_infant.php

- *Toddler Practice Guides for Parents* focus on books and crayons, symbols and letters, storytelling and listening, scribbling and drawing, rhymes and sound awareness, and more.

  English: http://www.earlyliteracylearning.org/parentpg_todd.php
  Spanish: http://www.earlyliteracylearning.org/pgs_span_todd.php

4—Results or Outcomes (cont.)

The IFSP must also include a statement of the...

- Criteria ▶ used to ▶ The degree to which progress
- Procedures &   determine   toward achieving those
- Timelines   outcomes is being made

Whether **revisions** or modifications need to be made to:

- the expected outcomes, or

- the early intervention services listed in the IFSP
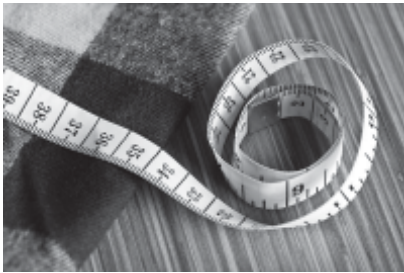
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Pertinent Handouts:
- Handout 8 | The IFSP (verbatim regulations)
- Handout 11 | The Model IFSP Form

Now for the *continuation* of the Part C regulations with respect to including "measurable results or measurable outcomes" in the IFSP. We stopped partway in, and now we'll look at the rest of the regulation.

The Model Form and the Regulations

Have participants look at the full text of the fourth item (page 2) of the Model IFSP Form (**Handout 11**)—labeled "Measurable results or measurable outcomes." The comparison of model form text to the text of the regulations is given in the box on the next page. You'll notice we've bolded the text that will be the focus of this slide.

The Slide's Point: Spelling Out How Progress Will Be Monitored

The slide recapitulates the key points of how the regulation finishes with respect to "measurable results or measurable outcomes." What the slide adds to the ongoing discussion is that, for each result or outcome listed in the IFSP, the IFSP Team must also identify the "criteria, procedures, and timelines" they'll use to determine:

- how much progress is being made toward achieving the expected results or outcomes; and

- whether modifications need to be made in the IFSP—expressly in the results that are being expected or the early intervention services that are being provided.

From the Model IFSP Form

<u>Measurable results or measurable outcomes</u>: A statement of the measurable results or measurable outcomes expected to be achieved for the child (including pre-literacy and language skills, as developmentally appropriate for the child) and family, **and the criteria, procedures, and timelines used to determine:**

- **The degree to which progress toward achieving the results or outcomes identified in the IFSP is being made; and**

- **Whether modifications or revisions of the expected results or outcomes, or early intervention services identified in the ISFP, are necessary.** [34 CFR §303.344(c)] *(emphasis added)*

From the Part C regulations at §303.344(c)

(c) *Results or outcomes.* The IFSP must include a statement of the measurable results or measurable outcomes expected to be achieved for the child (including pre-literacy and language skills, as developmentally appropriate for the child) and family, **and the criteria, procedures, and timelines used to determine—**

(1) The degree to which progress toward achieving the results or outcomes identified in the IFSP is being made; and

(2) Whether modifications or revisions of the expected results or outcomes, or early intervention services identified in the IFSP are necessary. *(emphasis added)*

Summary Points

Children grow and change quickly | Keeping track of the child's progress toward expected results is a critical element in the overall success of early intervention services for the child and family. If progress isn't being made as expected, then the IFSP Team will need to revisit and possibly revise its plan. For example, are the right services being provided, in sufficient amounts? Children grow and change so quickly, there's no time to waste on something that isn't working as anticipated.

Building progress monitoring into the IFSP | To make sure that the IFSP Team will be able to "tell" when and if the child has achieved an

expected result, the team has to agree on what will be measured, how it will be measured, when and where it will be measured, and what constitutes success.

The chart included in the Model IFSP Form (**Handout 11**) provides IFSP Teams with an organized way of discussing this information and documenting it in the IFSP. That chart is shown below, with the gray spaces being where the team would fill in the particulars of their monitoring plan. The team would fill out this chart during the IFSP meeting.

	For Determining Progress Toward Achieving Measurable Results and Measurable Outcomes, and Whether Modifications or Revisions are Necessary		
Measurable Result or Measurable Outcome (including, as appropriate, pre-literacy and language skills)	Criteria	Procedures	Timelines

Now, consider a second chart (shown below), which could be used to document monitoring of the child's progress, record the extent of progress, and indicate (in the far right column) any modifications or revisions that were made to the expected results or to the EI services the child receives, based on the child's progress (or lack thereof) toward a given result.

IFSP Team Meeting Date	Measurable Result or Measurable Outcome	Progress	Modifications or Revisions

5—Early Intervention Services

The IFSP must also include a statement of the...

Specific early intervention services *   ▶   necessary to meet the unique needs of the child and family   ▶   to achieve the expected results or outcomes

▶ *(continued)*

* Based on peer-reviewed research (to the extent practicable)

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There are five slides in a row on "early intervention services." If taken in one bite, this chunk of the IFSP would be a real doozy, so we've broken it apart to look at its pieces in a more manageable way. The current slide is a quick one. Use it to set the focus to this component of the IFSP (summary points are given on the next page). Then take more time with the subsequent slides to explore the type of information that's required under "early intervention services.

Summary Points

- Indicate that, as a group, you're moving onto the next component of the IFSP—early intervention services—and that there will be five slides in total on the subject.

- This slide states the IFSP requirement in brief, but it's a good summary as well. What early intervention services will be provided to the child and family to meet their unique needs and help them achieve the outcomes or results that have been established? This is information that's required in the IFSP.

- There should be an unmistakeable connection in the IFSP between the child's developmental levels, skills, and functioning and the outcomes that have been identified as priorities. Now, given those expected outcomes, what types of services would be appropriate for the child or family? There should also be an unmistakeable connection between the outcomes expected and the services to be provided.

- Can participants name a few early intervention services? What types of services are we talking about?

- What does "peer-reviewed research" mean? What about the phrase "to the extent practicable"?

Discussion of Early Intervention Services

Newcomers to early intervention may not be familiar with the types of services that can be and are provided under the Part C program. Depending on your audience, you may want to take a moment and have participants brainstorm a list of the types of services they already know about or might suppose would be helpful to infants and toddlers with developmental delays.

The Part C regulations include a definition of "early intervention services," which we won't quote here in its entirety (it's a *very* long list that includes definitions of *each* of the services). For summation purposes, let us boil the regulations down to just the names of the services mentioned. These are shown in the box at the right.

Excerpted from
§303.13 Early intervention services.

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

(1) Assistive technology device and service

(2) Audiology services

(3) Family training, counseling, and home visits

(4) Health services

(5) Medical services

(6) Nursing services

(7) Nutrition services

(8) Occupational therapy

(9) Physical therapy

(10) Psychological services

(11) Service coordination services

(12) Sign language and cued language services

(13) Social work services

(14) Special instruction

(15) Speech-language pathology services

(16) Transportation and related costs

(17) Vision services

(c) ..

(d) *Other services.* The services and personnel identified and defined in paragraphs (b) and (c) of this section do not comprise exhaustive lists of the types of services that may constitute early intervention services or the types of qualified personnel that may provide early intervention services....

An amazing list, isn't it? And when you read the actual definitions of each of these services, it's very clear that early intervention services are intended to:

- address the wide spectrum of children's developmental needs, and

- provide supports and resources to bolster the powerful role of families in children's lives.

Discussion of Peer-Reviewed Research

You don't have to be a newcomer to Part C to wonder what this term ("peer-reviewed research") means or what its role in early intervention is. The term isn't defined in the regulations, although the Department comments as follows:

> Peer-reviewed research generally refers to research that is reviewed by qualified and independent reviewers to ensure that the quality of the information meets the standards of the field before the research is published. However, there is no single definition of "peer-reviewed research" because the review process varies depending on the type of information being reviewed…[22]

> In the context of these regulations, the term "to the extent practicable" has its plain meaning (i.e., feasible or possible)… [T]he phrase generally means that specific early intervention services should be based on peer-reviewed research to the extent that it is feasible or possible, given the availability of peer-reviewed research on the early intervention services determined to be most appropriate to respond to the child's needs and strengths identified pursuant to information from the child's evaluations and assessments under §303.321.[23]

The point to be made here is that, to the extent that's practical, early intervention services need to be based on research that's been reviewed by the researchers' peers and, thus, presumably has some credible evidence of effectiveness.

As part of its general supervision and monitoring duties, the lead agency for early intervention in the State would be largely responsible for ensuring (to the extent possible) that the early intervention services provided to children are based on peer-reviewed research.

References

[22] 76 Fed. Reg. at 60163.

[23] 76 Fed. Reg. at 60203.

5—Early Intervention Services

The IFSP must also include...

A   **A statement of the:**   ▶ • Length ▶ of delivering
• Duration   the early
• Frequency   intervention
• Intensity   services
&
• Method

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▶

(continued)

CLICK to advance to next slide.

Pertinent Handouts:
• Handout 8 | The IFSP (verbatim regulations)
• Handout 11 | The Model IFSP Form

Time to dig into the specifics that must be included in the IFSP about the early intervention services to be provided to the child or family.

The Model Form and the Regulations

Have participants look at the fifth item (top of page 3) of the Model IFSP Form (**Handout 11**)—labeled "Early intervention services." Again, for your convenience, we offer a comparison between the language on the model form and the verbatim language of the Part C regulations (see the box on the next page).

Handy Chart

The chart included in the Model IFSP Form (depicted on the next page and appearing on **Handout 11**) provides IFSP Teams with an organized way of discussing this information and

documenting it in the IFSP. The gray spaces shown on the chart indicate that this is where the IFSP Team would fill in the particulars of the early intervention services to be provided: beginning date, length, duration, frequency, intensity, method of delivery, and location.

What These Terms Mean

The Part C regulations provide definitions for the terms beginning date, length, duration, frequency, intensity, method of delivering, and location. These appear on **Handout 8** (the verbatim regulations describing the content of the IFSP) and in the box on the next page where those regulations are cited.

From the Model IFSP Form

Early intervention services: A statement of the specific early intervention services (EIS), based on peer-reviewed research (to the extent practicable), that are necessary to meet the unique needs of the child and the family to achieve the results or outcomes identified above, including:

- The beginning date, length, duration, frequency, intensity, method of delivering, and location of the early intervention services. [34 CFR §§303.344(d)(1)(i), 303.344(d)(1)(iii), and 303.344(f)];

Early Intervention Service	Beginning Date	Length	Duration	Frequency	Intensity	Method of Delivery	Location

From the Part C regulations at §303.344(d)

(d) *Early intervention services.* (1) The IFSP must include a statement of the specific early intervention services, based on peer-reviewed research (to the extent practicable), that are necessary to meet the unique needs of the child and the family to achieve the results or outcomes identified in paragraph (c) of this section, including—

(i) The length, duration, frequency, intensity, and method of delivering the early intervention services…

(2) As used in paragraph (d)(1)(i) of this section—

(i) *Frequency and intensity* mean the number of days or sessions that a service will be provided, and whether the service is provided on an individual or group basis;

(ii) *Method* means how a service is provided;

(iii) *Length* means the length of time the service is provided during each session of that service (such as an hour or other specified time period); and

(iv) *Duration* means projecting when a given service will no longer be provided (such as when the child is expected to achieve the results or outcomes in his or her IFSP).

(3) As used in paragraph (d)(1)(iii) of this section, *location* means the actual place or places where a service will be provided.

As needed, go over the definitions of the terms, so that participants will appreciate how precisely the IFSP must capture and document the EI services to be provided to a child or family.

With respect to the term "duration," you may wish to add these remarks from the Department:

> We appreciate that the IFSP Team will not always know how long a particular service will be needed to achieve the measurable outcomes or results in the child's IFSP. What is critical is that the IFSP Team evaluates and re-evaluates whether the expected outcomes are being achieved at the appropriate pace. If the IFSP Team miscalculates how long a particular service will be provided, it can amend the IFSP during a periodic review. Due to the rapidly changing needs of infants and toddlers and the need for accountability in making sure the appropriate services are provided, it is important for families to participate in periodic and annual reviews in order to help make decisions about modifications to the IFSP based on the child's present level of development.[24]

Your State's IFSP Form

If you've shared your State's IFSP Form with the audience, compare this part of the IFSP to the Model Form (**Handout 11**) and the verbatim part C regulations (**Handout 8**). Are they the same? Anything different? Are any examples given?

References

[24] 76 Fed. Reg. at 60205.

5—Early Intervention Services (cont.)

Also in the IFSP:

B | **A statement that:** ▶ each early intervention service is provided in the **natural environment** for that child or service ▶ to the maximum extent appropriate

OR—

A justification as to why an early intervention service will not be provided in the natural environment ▶ *(continued)*

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Pertinent Handouts:
- Handout 8 | The IFSP (verbatim regulations)
- Handout 11 | The Model IFSP Form

This slide, third in the series on "early intervention services," brings up the important topic of "natural environment." The next slide will conclude that discussion.

The Model Form and the Regulations

Have participants look at the second bulleted item on page 3 of the Model IFSP Form (**Handout 11**)—labeled "Natural environment." In the comparison between the model form and the verbatim regulations (shown on the next page), we've bolded the text that will be the focus of this slide.

Summary Points

- The Part C regulations clearly state that early intervention services are to be provided in the natural environment for the given child to the maximum extent appropriate.

- If services are not going to be provided in a natural environment for the child, the IFSP must include a justification as to why not.

- What's a natural environment? The Part C regulations define this term, as discussed in a moment.

- As the chart on the next page (with the Model IFSP Form) indicates, the IFSP Team has to include this information in the IFSP for <u>each</u> EI service to be provided—either the assurance that the service will be provided in the natural environment or a justification as to why not.

From the Model IFSP Form

<u>Early intervention services</u>: A statement of the specific early intervention services (EIS), based on peer-reviewed research (to the extent practicable), that are necessary to meet the unique needs of the child and the family to achieve the results or outcomes identified above, including:

- The beginning date, length, duration, frequency, intensity, method of delivering, and location of the early intervention services. [34 CFR §§303.344(d)(1)(i), 303.344(d)(1)(iii), and 303.344(f)];

- **Natural environment: A statement that each EIS is provided in the natural environment for that child or service to the maximum extent appropriate, or a justification as to why an early intervention service will not be provided in the natural environment, consistent with 34 CFR §§303.13(a)(8), 303.26, and 303.126.** [34 CFR §§303.344(d)(1)(ii)(A) and (B)]

Early Intervention Service	Is the EIS provided in the natural environment for that child or service to the maximum extent appropriate?	If an EIS is not provided in the natural environment, the justification for that determination, made by the IFSP team, based on the child's outcomes

From the Part C regulations at §303.344(d)

(d) *Early intervention services.* (1) The IFSP must include a statement of the specific early intervention services, based on peer-reviewed research (to the extent practicable), that are necessary to meet the unique needs of the child and the family to achieve the results or outcomes identified in paragraph (c) of this section, including—

(i) The length, duration, frequency, intensity, and method of delivering the early intervention services;

(ii)(A) A statement that each early intervention service is provided in the natural environment for that child or service to the maximum extent appropriate, consistent with §§303.13(a)(8), 303.26 and 303.126, or, subject to paragraph (d)(1)(ii)(B) of this section, a justification as to why an early intervention service will not be provided in the natural environment.

Definition of Natural Environment

According to §303.26, *natural environments* means settings that "are natural or typical for a same-aged infant or toddler without a disability" and may include home or community settings.

The definition is quite broad—necessarily so, to allow flexibility in how the term is implemented in a specific area and to avoid limiting the types of service settings that the IFSP Team may consider appropriate.[25]

So—What is (and is not) a Natural Environment?

Can participants generate other examples of natural settings in the community that are more precise than home or community settings? While what's a natural setting for an infant or toddler may vary from community to community, some examples might include playgrounds, libraries, parks, swimming pools, grocery stores, child care centers, or a daycare provider's location.

May clinics, hospitals, or a service provider's office be considered the "natural environment" in cases when specialized instrumentation or equipment that cannot be transported to the home is needed?

According to the Department, typically, no.[26] A clinic, hospital, or service provider's office would not be a natural environment for an infant or toddler without a disability; therefore, these would not be natural environments for an infant or toddler with a disability. However, in very limited instances for a particular service, such as an audiology evaluation, the evaluator's office might be the natural environment.

Who Decides, and How?

Who decides if an environment is natural for a given infant or toddler in Part C? And how do they decide?

Time to segue to the next slide, where these questions will be answered!

References

[25] 76 Fed. Reg. at 60158.

[26] See the Department's discussion at 76 Fed. Reg. at 60158.

5—Early Intervention Services (cont.)

How is the "appropriate setting" for a child's EI services determined? *

Slide loads with the question, the picture, and the asterisked text at the bottom.

* Including any justification for *not* providing a child's EI service in the natural environment

5—Early Intervention Services (cont.)

How is the "appropriate setting" for a child's EI services determined? *

The determination must be—

- Made by the IFSP team

- Consistent with IDEA's natural environment provisions

- Based on child's expected outcomes

Click 1:
The answer loads in the open space, including the three bullet.

* Including any justification for *not* providing a child's EI service in the natural environment

(continued)

<div style="text-align:right">1 Click</div>

Pertinent Handout:
- Handout 8 | The IFSP (verbatim regulations)

This slide, fourth in the series on "early intervention services," concludes the discussion of natural environments. The audience has already looked at the Model IFSP Form for this component of the IFSP, but there are several pertinent regulations worth checking out on **Handout 8**.

The focal point of the slide is on how decisions are made about what constitutes an "appropriate setting" for providing EI services to a given baby or toddler with a disability in Part C. The basis of the discussion comes from §303.344(d)(1)(ii)(B), which appears in the box below with the relevant regulations bolded.

Summary Points

- The slide addresses how decisions are made about appropriate settings for providing EI services to an infant or toddler with a disability.

- The text on the slide comes nearly verbatim from the Part C regulations (see the box).

- The regulations indicate that the determination of setting is made by the IFSP Team. Members base their decision on the expected outcomes or results the Team has identified for the child as part of writing the IFSP.

- Determining the appropriate setting must be consistent with three specific sets of provisions in the Part C regulations, which are summed up

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Determining the Appropriate Setting for Providing EI Services

(d) *Early intervention services.* (1) The IFSP must include a statement of the specific early intervention services, based on peer-reviewed research (to the extent practicable), that are necessary to meet the unique needs of the child and the family to achieve the results or outcomes identified in paragraph (c) of this section, including—

(i) The length, duration, frequency, intensity, and method of delivering the early intervention services;

(ii)(A) A statement that each early intervention service is provided in the natural environment for that child or service to the maximum extent appropriate, consistent with §§303.13(a)(8), 303.26 and 303.126, or, subject to paragraph (d)(1)(ii)(B) of this

section, a justification as to why an early intervention service will not be provided in the natural environment.

(B) The determination of the appropriate setting for providing early intervention services to an infant or toddler with a disability, including any justification for not providing a particular early intervention service in the natural environment for that infant or toddler with a disability and service, must be—

(1) Made by the IFSP Team (which includes the parent and other team members);

(2) Consistent with the provisions in §§303.13(a)(8), 303.26, and 303.126; and

(3) Based on the child's outcomes that are identified by the IFSP Team in paragraph (c) of this section...

---

on the slide as "consistent with IDEA's natural environment provisions."

- It's possible that the IFSP Team may determine that "the child cannot satisfactorily achieve the identified early intervention outcomes in natural environments." If so, "then services could be provided in another environment (e.g., clinic, hospital, service provider's office). In such cases, however, a justification must be included in the IFSP."[27]

Basis of Determination

On what basis does the IFSP Team (which includes the parent) determine the appropriate setting for providing EI services to an infant or toddler with a disability—including when a particular service won't be provided in a natural environment?

Answer: The determination is based on the child outcomes specified in the IFSP. As stated at §303.344(d)(1)(ii)(B) and recapitulated on the slide:

(B) The determination of the appropriate setting for providing early intervention services to an infant or toddler with a disability, including any justification for not providing a particular early intervention service in the natural environment for that infant or toddler with a disability and service, must be—

(1) Made by the IFSP Team (which includes the parent and other team members);

(2) Consistent with the provisions in §§303.13(a)(8), 303.26, and 303.126; and

(3) Based on the child's outcomes that are identified by the IFSP Team in paragraph (c) of this section…

Consistency with IDEA's Natural Environment Provisions

As the slide indicates, determining the appropriate setting for EI services must be consistent with IDEA's natural environment provisions. As you can see in the regulations given in the box, the provisions specifically mentioned are: §§303.13(a)(8), 303.26, and 303.126. While it's not necessary to delve in deep with the audience, here's a brief synopsis of those provisions, in case anyone asks.

§303.13(a)(8) | The definition of "early intervention services" appears here. The provision at (a)(8) simply states that, to the maximum extent appropriate, EI services are to be provided in natural environments.

§303.26 | This refers to the definition of "natural environment" as set forth in Part C regulations.

§303.126 | This regulation requires that each State early intervention system must include policies and procedures to ensure that EI services are provided in natural environments to the maximum extent appropriate. We've put that regulation in the box below.

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§303.126 Early intervention services in natural environments.

Each system must include policies and procedures to ensure, consistent with §§303.13(a)(8) (early intervention services), 303.26 (natural environments), and 303.344(d)(1)(ii) (content of an IFSP), that early intervention services for infants and toddlers with disabilities are provided—

(a) To the maximum extent appropriate, in natural environments;

(b) In settings other than the natural environment that are most appropriate, as determined by the parent and the IFSP Team, only when early intervention services cannot be achieved satisfactorily in a natural environment.

Trainer's Guide: Module 6 | Content of the IFSP

The provisions at §303.126 indicate that early intervention services: (1) are to be provided to infants and toddlers with disabilities in natural environments, to the maximum extent appropriate; (2) *may* be provided in settings *other than* the natural environment only when EI services cannot be achieved satisfactorily in a natural environment. In this latter case:

- the environment must be the most appropriate for the child and for the service being provided; and

- the IFSP Team (which includes the parent) determine what that setting will be.

As mentioned on the slide, a justification must be included in the IFSP as to why an EI service is being provided in a setting other than a natural environment.[28]

References

[27] 76 Fed. Reg. at 60158.

[28] §303.344(d)(1)(ii)(A)—Content of an IFSP: Early intervention services.

Space for Notes

5—Early Intervention Services (cont.)

For children who are at least three years of age

Slide loads withthe photo and the lead-in phrase "For children who are at least three years of age."

5—Early Intervention Services (cont.)

For children who are at least three years of age

The IFSP must also include an educational component that:

- promotes school readiness, and

- incorporates pre-literacy, language, and numeracy skills

Click 1:
The answer loads in the open space, including the three bullet.

See discussion on next page ▶

Slide 16: Background and Discussion

Pertinent Handouts:
- Handout 8 | The IFSP (verbatim regulations)
- Handout 11 | The Model IFSP Form

L ast slide in the series on "early intervention services." It pertains only to the IFSPs of children who are at least three years old.

Which begs a specific question, doesn't it, because typically children's eligibility for early intervention services under Part C ends upon their third birthday. Which children is the slide referring to, then?

Trainer Note!

If your State does *not* offer the extended Part C option, you may not have to present much information about this possible component of the IFSP.

If, however, your State does allow children to continue in Part C beyond their third birthdays, then you can draw from the information provided in this slide's discussion.

Clearing up the Mystery: The Extended Part C Option

The slide is designed to load only the intro phrase, "For children who are at least three years of age." You'll have to CLICK to lift away the picture of the little girl working with stacking rings. This gives you the control and the opportunity to clarify, as necessary, why and how a child who is at least three years old is still receiving early intervention services.

The answer is: the Extended Part C option.[29]

With the reauthorization of IDEA in 2004, States were given the *option* to extend Part C services beyond children's third birthday. Not all States offer this option. However, if a toddler lives in a State that *does* offer the Part C extension option, then the toddler could remain in Part C past age three provided that the child is eligible for services under Section 619 of the IDEA —and, depending on the State's policies regarding this option, through to the age of entering kindergarten.

In keeping with this change in the law, the Part C regulations now reflect the possibility that, in some States, a child may be older than three and still be eligible to receive early intervention services. In such cases, that child's IFSP must include the information that's depicted on the slide—namely, an **educational component** that:

- promotes school readiness; and

- incorporates pre-literacy, language, and numeracy skills.

The Model Form and the Regulations

Participants will find this reference to the "educational component" at the bottom of page 3 of the Model IFSP Form (**Handout 11**). The verbatim regulations appear on **Handout 8**. Both are cited in the box on the next page.

Summary Points

- If your State has adopted the extended Part C option, which allows children to continue receiving early intervention services beyond their third birthday, then you'll want to discuss this slide more thoroughly.

- In States that have adopted the extended Part C option, the IFSPs of children older than three who continue to receive early intervention services must include an educational component as described on the slide, in the regulations, and on the Model IFSP Form.

- School readiness has become a regular part of early learning discussions and policy-setting. We want our children to start school "ready to learn," and have learned a tremendous amount about the importance of children's early learning opportunities and experiences.

- School readiness is much more than just the *child's* readiness to learn. As the American Academy of Pediatrics states, "School readiness includes the readiness of the individual child, the school's readiness for children, and the ability of the family and community to support optimal early child development."[30]

- Pre-literacy and language development skills were discussed under Slide 10, which focused on developing measurable results or outcomes for infants and toddlers in Part C. You may wish to refer back to that discussion for more information or remind participants that this subject has come up already.

- At its most basic, *numeracy* is the ability to understand and work with numbers.[31] Little children work on their numeracy skills without even knowing it—playing with shape sorters, counting the steps as they go up or down, comparing the sizes of objects around them (bigger? smaller?). For children over three in early intervention, numeracy needs to be included as a component of the IFSP. Working on numeracy skills becomes more purposeful but, hopefully, no less natural or fun.[32]

From the Model IFSP Form

- **Early intervention services:** A statement of the specific early intervention services (EIS)…

Natural environment: A statement that each EIS is provided in the natural environment…

Educational component: For children who are at least three years of age, a statement of the educational component that promotes school readiness and incorporates pre-literacy, language, and numeracy skills. [34 CFR §303.344(d)(4)]

From the Part C regulations at §303.344(d)(4)

(d) *Early intervention services.* (1) The IFSP must include a statement of the specific early intervention services…

(4) For children who are at least three years of age, the IFSP must include an educational component that promotes school readiness and incorporates pre-literacy, language, and numeracy skills.

References

[29] §303.211—State option to make services under this part available to children ages three and older.

[30] High, P.C., & the Committee on Early Childhood, Adoption, and Dependent Care and Council on School Health. (2008, April). School readiness. *Pediatrics, 121*(4), e1008 -e1015.

[31] Oxford Dictionaries. (2014). *Numeracy*. Online at: http://www.oxforddictionaries.com/us/definition/american_english/numeracy

[32] Zero to Three. (n.d.). *Developing early math skills*. Retrieved April 16, 2014 from: http://www.zerotothree.org/child-development/early-development/supporting-early-math-skills.html

For More Information on School Readiness

School Readiness.
The American Academy of Pediatrics, 2008
doi: 10.1542/peds.2008-0079
http://pediatrics.aappublications.org/content/121/4/e1008.long

Where We Stand on School Readiness.
The National Association for the Education of Young Children, 2009
https://www.naeyc.org/files/naeyc/file/positions/Readiness.pdf

School Readiness.
The Early Childhood Technical Assistance Center, 2013
http://ectacenter.org/topics/readiness/Readiness.asp

For More Information on Language and Early Literacy

Early Literacy (provides multiple links to great resources).
The Early Childhood Technical Assistance Center, 2013.
http://ectacenter.org/topics/literacy/literacy.asp

For More Information on Developing Numeracy Skills

Baby & Toddler Math Milestones.
PBS Parents.
http://www.pbs.org/parents/education/math/milestones/baby-toddler/

Understanding Numbers and Counting Skills in Preschoolers.
Get Ready to Read! National Center for Learning Disabilities.
http://tinyurl.com/l7nq96e

Supporting Early Math Learning for Infants and Toddlers.
Head Start and Early Head Start.
http://tinyurl.com/kgpawob

6—Other Services

To the extent appropriate, the IFSP must also...

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

(continued)

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CLICK to advance to next slide.

Pertinent Handouts:
- Handout 8 | The IFSP (verbatim regulations)
- Handout 11 | The Model IFSP Form

We're done with "early intervention services" and move on now to the next component of the IFSP—"other services."

There are 2 slides focused on this component. The current slide addresses the basic requirements:

- as set forth in the Part C regulations at §303.344(e);

- as captured at the top of page 4 the Model IFSP Form (**Handout 11**); and

- as depicted in the side-by-side comparison in the box on the next page.

Summary Points

- Many services are covered under Part C, including all of the services addressed in the prior slide regarding §303.13.

- There are many other services that Part C programs are not required to provide or pay for but that are, nonetheless, helpful and important to the family. Examples include but aren't limited to services such as childcare, foster care, well-baby checks, immunizations, WIC nutrition program, and so on.

- This component of the IFSP is intended to identify those "other services" that families need, could benefit from, perhaps are currently receiving, but that Part C programs are not required to pay for or provide.

From the Model IFSP Form

Other services: **To the extent appropriate, with regard to medical and other services:**

- **Identification of those services that the child and family needs or is receiving through other sources, but that are neither required nor funded under Part C. [34 CFR §303.344(e)(1)]**

- If those services are not currently being provided, a description of the steps the service coordinator or family may take to assist the child and family in securing those other services. [34 CFR §303.344(e)(2)] *(to be covered in the next slide)*

From the Part C regulations at §303.344(e)

(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. *(to be covered in the next slide)*

- Listing of these non-required services in the IFSP does not mean these services must be provided. By listing them, the IFSP provides a comprehensive picture of the infant's or toddler's total service needs (not only Part C services but medical and health services as well), which can be helpful to both the infant's or toddler's family and the family service coordinator.

  As we'll see on the next slide, it is appropriate for the family service coordinator to assist the family in securing these non-required services.

- Many States have an IFSP form that provides a list of possible "other services" that families may need or already be receiving. IFSP Teams are guided to check off the services relevant to the given child and family.

6—Other Services (cont.)

If those services are not currently being provided…

…the IFSP must include: | **a description of the steps** the service coordinator or family may take to assist the child and family in securing those other services

Slide loads completely. No clicks are necessary except to advance to the next slide.

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Pertinent Handouts:
- Handout 8 | The IFSP (verbatim regulations)
- Handout 11 | The Model IFSP Form

Continuing with the IFSP component of "other services," this slide indicates what additional information needs to be included—namely, a description of the steps to be taken to help the child and family secure the "other services" they are not currently being provided.

Summary Points

- Now that the IFSP Team has identified "other services" that the family needs but is not currently being provided through sources other than Part C, the question becomes how to help the family secure those services.

- The IFSP Team must describe the steps that the service coordinator or family would take to do so.

- **Change!** | In past regulation, information also needed to be included in the IFSP as to the funding sources to be used in paying for those "other services." This has changed in the current Part C regulations. Now, IFSP Teams are not required to identify the funding sources for those services.

  See the Department's comments regarding this change on the next page.

- Note that the steps to be taken to secure these other services, as described in the IFSP, can fall to either the service coordinator or the family.

  For example, the service coordinator might assist the family in arranging for medical services or in preparing eligibility or insurance claims. Alternatively, the family may be given the contact information for a public program providing low-cost dental care, indepth medical care, or low-cost housing. The responsibility to follow through would belong to the family.

From the Model IFSP Form

<u>Other services</u>: To the extent appropriate, with regard to medical and other services:

- Identification of those services that the child and family needs or is receiving through other sources, but that are neither required nor funded under Part C. *(discussed on the previous slide)*

  [   ]

- **If those services are not currently being provided, a description of the steps the service coordinator or family may take to assist the child and family in securing those other services.** [34 CFR §303.344(e)(2)]

From the Part C regulations at §303.344(e)

(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 *(discussed on the previous slide)*; **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.

Department Comments on the Change in the Part C Regulations with Respect to Funding Sources of "Other Services"

- **Prior regulations** | The [prior] regulations in §303.344(e) require the IFSP to include, to the extent appropriate, those medical and other services that the child needs, but are not required by Part C of the Act, and the funding sources to be used in paying for those services or the steps that will be taken to secure those services through public or private sources.

- **Now** | Section 303.344(e) of the final regulations retains the requirement for the IFSP Team to identify in the IFSP, to the extent appropriate, medical and other services that the child or family needs or is receiving, but that are not required by Part C of the Act, and, if those services are not currently being provided, the steps that will be taken to assist the family in securing those services through public or private sources. However, the IFSP Teams are no longer required to identify funding sources for these services.

- **Why?** | Eliminating the requirement that IFSPs identify the funding sources for services not required by Part C of the Act will reduce the burden on service coordinators and will save IFSP Teams time during meetings and time preparing the IFSP. The requirement to identify funding for other services is overly burdensome, given that there may be many other services that infants and toddlers with disabilities and their families receive (e.g., foster care, services through individualized safe plans of care, and medical and other services), and IFSP Teams may have limited knowledge about funding for these services.

- **Estimated cost savings** | Based on these estimates, we estimate that savings from this change could be as much as $24.6 million.… Using the BLS [Bureau of Labor Statistics) estimate of fringe benefit costs for health care and social assistance personnel of $12.67 per hour, the lower-bound estimate of the savings from this change would be $19.2 million per year.[33]

Reference

[33] 76 Fed. Reg. at 60240-60241.

7—Payment Arrangements

Who will pay for each early intervention service provided to the child and family?

The IFSP must identify the **payment arrangements** (if any) for each EI service

Slide loads completely. No clicks are necessary except to advance to the next slide.

Cʟɪᴄᴋ to advance to next slide.

Pertinent Handouts:
- Handout 8 | The IFSP (verbatim regulations)
- Handout 11 | The Model IFSP Form

Next component of the IFSP—and what an important one it is. How will the early intervention services be paid for?

Placing this Component in Context

As the audience knows, the IFSP must identify each of the early intervention services that will be provided (with parental consent) to the child and family. It also identifies such details as the location where each service will be provided; how each will be provided (i.e., method); and the frequency, duration, intensity, and length of each. It's not surprising, then, that the IFSP would also need to include the *payment arrangements* (if any) for each of the early intervention services provided to the child and family.

What Kinds of Payment Arrangements Are There?

Many! Public insurance, private insurance, an existing federal or State funding source (such as Medicaid or the Early Periodic Screening, Diagnosis, and Treatment program), family fees… We'll cover several of the more common here, in brief.

Truth be told, the fiscal aspect of providing early intervention services to eligible babies and toddlers is complicated and far beyond the scope of this module to explain in any depth. We're pleased to say that an entire module has been devoted to the subject—Module 14, Use of Funds. You can draw from the details in that module if the audience would benefit from those details. We've also given summary points about fiscal matters below.

The Importance of Interagency Coordination and Agreement

Part C funds may be used *only* as the **payor of last resort** for early intervention services. Therefore, it's critical for the lead agency to work closely with all other public entities in the State that are involved with, and responsible for, providing services and supports to infants and toddlers (and their families). What agencies might be involved? While this varies from State to State, potential funding sources for Part C services and supports are listed in the box below.

How does a State determine who has financial responsibility for providing EI services? Primarily through interagency coordination, that's how. Interagency coordination enables the State to specify and put in writing the specifics of who will provide EI services and who will be financially responsible for their provision.[34]

Interested in seeing what States are doing with respect to interagency coordination? The Early Childhood Technical Assistance Center provides the field with a handy list of interagency coordination resources, at: http://ectacenter.org/topics/intercoord/intercoord.asp

Potential Funding Sources and Supports for Families Through Other Public Agencies and Programs in the State

Autism CARES Act (formerly Combating Autism Act Grant) | Autism and other developmental disabilities

CAPTA | Child Abuse Prevention & Treatment Act | Services for children exposed to domestic violence

Child Care and Development Block Grant | Child care subsidy

Champus/TRICARE | Health care for military families

Child Welfare Services Grant (Title IV-B) | Crisis intervention; screening and assessment

CHIP | Children's Health Insurance Program | Health insurance for low-income children

Community Health Centers (funded by HRSA to serve families with limited health care access | Screening and assessment; treatment of health; minority families; low-income families

Community Mental Health Services Block Grant | Mental health services

EPSDT | Early Periodic Screening & Treatment (a program of Medicaid) | Health, vision, and dental screening; immunizations

Head Start/Early Head Start (for economically disadvantaged families) | Services across range of children's developmental areas

Healthy Start | Low-income minority mothers and babies

Indian Health Services | Health care services

Maternal and Child Health Services Block Grant | Health assessment; treatment services; low-income families; special health care needs

Medicaid (for low-income families) | Health care; services for physical and mental conditions

TANF | Temporary Assistance for Needy Families (for low-income families) | Cash assistance; child care; education and job training; at-risk of neglect/abuse

Title XX Social Services Block Grant (of Social Security Act) | Social services

Vaccines for Children (program of the CDC) | Immunizations

WIC (program of the USDA, for low-income women & children) | Vouchers to buy food; nutritional risk screening

State System of Payments

If the State chooses to, it may establish a "system of payments" for funding Part C services. If so, the State must describe that system in writing, including:

- its policies for accessing public insurance or benefits of a family or child in Part C;

- its policies for accessing a family's private insurance; and

- its policies regarding family-cost participation (what fees the family will be required to pay for certain services in early intervention).

Many rules and restrictions apply to how and when parents may be asked to use their own insurance to pay for Part C services—too many, in fact, to summarize here. (See Module 14.) Apart from steering clear of that very particular subject, it's useful to know that many States, but not all, do include family-cost participation fees in their system of payments for Part C. If a State charges family fees, the fees must be based on the parent's ability to pay.

There are specific aspects of early intervention that parents may not be charged for—aspects that must be provided at public expense. These are:

- Conducting child find

- Evaluation and assessment of child and family

- Providing service coordination

- Activities related to development, review, and evaluation of IFSPs and interim IFSPs

- Implementation of the procedural safeguards

- All Part C services if a family is determined "unable to pay"[35]

In Summary

All this is to say, the IFSP must specify the funding source (or potential funding source) for each early intervention service to be provided to the child and family. State IFSP forms may have a blank space where the IFSP Team fills in the information, or there may be simple checkboxes for the team to indicate if the funding source is through a specific State agency (e.g., Medicaid), Part C, a family's public or private insurance, family cost participation, or other.

You'll note that the Model IFSP Form (**Handout 11**, middle of page 4) frames the question like this:

Payment Arrangements: **Payment Arranges, and identification of potential funding sources [34 CFR §§303.34(b)(9) and 303.344(d)(1)(iv)]**

Early Intervention Service	Payment Arrangements (Identify potential funding sources)

References

[34] §303.511— Methods to ensure the provision of, and financial responsibility for, Part C services.

[35] §303.521(b)—System of payments and fees: Functions not subject to fees. See also §303.521(a)(4)(i) and (ii).

8—Transition from Part C Services

At least 90 days before the child's 3rd birthday, the IFSP must include a transition plan identifying ——

The **steps** and **services** to be taken to support the smooth transition of the child to…

Slide loads with this view.

8—Transition from Part C Services

At least 90 days before the child's 3rd birthday, the IFSP must include a transition plan identifying ——

The **steps** and **services** to be taken to support the smooth transition of the child to…

- preschool services under Part B (if eligible)

- services under Part C (if the State offers the extended Part C option)

- other appropriate services

Click 1:
Picture lifts away, revealing the three bullets.

CLICK AGAIN to advance to next slide.

Slide 20: Background and Discussion

1 Click

Pertinent Handouts:
- Handout 8 | The IFSP (verbatim regulations)
- Handout 11 | The Model IFSP Form

Believe it or not, you've reached the final component of the IFSP—the transition plan for the child who is approaching his or her third birthday. Only one slide is devoted to this component of the IFSP, not because it's not important but, rather, because there are two full training modules available on the subject of transition planning. Those modules are:

- Module 8–The Transition Process and Lead Agency Notification

- Module 9–Development of the Transition Plan

One Slide = Flexibility for You

Here, in this module, we want you to have the flexibility as a trainer to adjust the level of detail you offer about transition planning for toddlers in Part C. This component won't be relevant for all audiences or participants. Neither would the amount of detail offered in Modules 8 and 9. Limiting the slideshow about the IFSP to one slide on transition allows you to tailor your training to the level of detail that your audience of the moment needs and the time you have allotted for the session.

We've provided a fair amount of detail in the discussion below, so you can expand as you feel appropriate or as questions arise. Yet more detail is always available in Modules 8 and 9. To anchor participants in a lengthier discussion, have them refer to pages 5-6 of **Handout 11**, the Model IFSP Form, where there are regulatory details aplenty!

Opening Points for a Limited Discussion

Age of child | Every IFSP written in Part C won't need a transition plan—only the IFSPs of children who are approaching their third birthday. That's the age at which eligibility for early intervention services typically ends. Most children then exit the Part C system and move on to other appropriate programs, environments, or services—including, for many, special education and related services made available under Part B of IDEA.

Purpose | The purpose of the transition plan is to ensure the child's (and family's) <u>smooth transition</u> from Part C services to his or her next program or setting.

How many children? | To put this IFSP component into a real-world perspective, 349,370 toddlers exited Part

C in 2011![36] That is a lot of toddlers, isn't it? Additional interesting stats on children exiting Part C are provided in the box.

Minimum timeframe for including a transition plan in the IFSP | *At least 90 days before* the child turns three years old, his or her IFSP must set out a transition plan. That plan must include specific content, as described further below and presented on **Handout 11**.

Maximum timeframe for including a transition plan in the IFSP | At the discretion of all parties (including the parents), the IFSP Team may establish the transition plan in the IFSP a*s early as 9 months before* the child's third birthday.

Family involvement | The family must be involved in developing the transition plan.

Data on Children Exiting Part C

Here are some interesting stats you can share with the audience regarding toddlers in transition from Part C in 2011. These are data from all States and outlying areas (American Samoa, Guam, the Northern Mariana Islands, and the U.S. Virgin Islands), as reported to the Office of Special Education Programs (OSEP).[37]

Total children exiting Part C in 2011: 349,370

Part B eligible, exiting Part C: 134,447

Part B eligible, continuing in Part C: 6,044 [38]

Not eligible for Part B, exit with referrals to other programs: 25,151

Not eligible for Part B, exit with no referrals: 13,575

Surprised by how many toddlers (more or less) exit Part C in a given year? That's also the approximate number of children for whom transition planning is a reality and must occur. It's required by law.

Summary Points about the Transition Process

Required content | The transition plan in a toddler's IFSP must include certain content—specifically, the "transition services" and "transition steps" that are necessary to ensure that the child and family make a smooth transition from Part C to the next setting or program. Both of these elements are mentioned on the slide. More will be said about these terms in a moment.

Where next? | Together the IFSP Team members (including the parents) review the program options available to the toddler once he or she exits from Part C services. These options may include:

- preschool services under Part B of the Act (if the toddler is eligible and such services are appropriate);

- elementary school or preschool services for children participating under a State's extended Part C option[39] to provide early intervention services to children ages three and older;

- early education, Head Start, and Early Head Start or child care programs; or

- other appropriate services.[40]

These program options are examples of the types of "next services" or "next settings" to which toddlers may exit from Part C. The actual options will vary from community to community and from State to State, because they depend on what is available nearby. Other options might include public charter schools, private schools, or programs or caregiving settings available in the community.

About "transition steps" | As participants can see on the Model IFSP Form, "transition steps" include three main things:

- Discussions with, and training of, parents (as appropriate) about future placements and other matters related to their child's transition;

- Procedures to prepare the child for changes in service delivery, including steps to help the child adjust to, and function in, a new setting; and
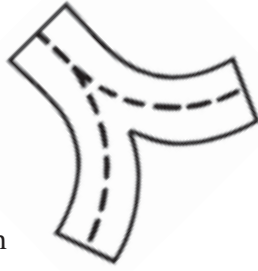
- Confirmation that child find information about the child has been transmitted to the LEA or other relevant agency (plus… more for some children).

Leaving aside the last of these for the moment (it's a bit complicated), here's more information about the first two "steps."

Discussions with parents. The EI staff will sit down with the child's parents and talk about what future placements are options for their child and will provide them with training as needed. In order to choose between the program options, and then prepare for the specific program option selected, parents may need information on such variables as each potential program's:

- eligibility criteria;

- service delivery models;

- location;

- provision of transportation; and/or

- staffing and program quality.[41]

Some children will turn three in the summer, before the school year for school-aged children begins anew. For others, there may be a gap of time between when they turn three (say, February) and when the current school year ends (May or June). Transition planning still needs to take place for these children, regardless, and so discussions with the parents would include reviewing what program options exist in this context. The Model IFSP Form (last item, page 6) captures this as follows:

> • **Program options:** Review of program options for the toddler with a disability for the period from the toddler's third birthday through the remainder of the school year. [34 CFR §303.209(d)(1)(i)]

>

Preparing the child. It also makes great good sense to plan ahead and prepare the child for the next setting or program. Transitions aren't easy for most children—just ask a two-year-old to stop playing with a favorite toy because it's time to go do something else! So, what types of procedures might

prepare a child for transition from Part C to another program or setting?

As suggested by the Family and Child Transitions into Least Restrictive Environments (FACTS/LRE) project, here are six strategies that parents, other family members, and service providers can use to help prepare the child for the change that's coming.

- Begin early

- Talk about the new setting in positive ways

- Encourage the child to ask questions and express fears

- Engage the child in concrete experiences

- Teach the child specific skills and routines that will be useful in the new program

- Communicate and share information between programs in advance[42]

These are generic suggestions. More detailed ones are provided in Module 9, as are links to the fascinating materials of the FACTS/LRE project.

Who decides the next program and what transition steps are needed? | The IFSP Team (which includes the parents) is responsible for selecting the appropriate program option to which the toddler will exit. The IFSP Team is also responsible for determining what transition steps will be taken to prepare both the child and the family for exiting Part C and moving on to the selected next program option. As the Department notes, "The transition steps appropriate for a toddler with a disability will differ depending upon which program…the IFSP Team selects."[43]

It is also the responsibility of the IFSP Team to determine what transition *services* are appropriate for each exiting toddler with a disability. Let's have a look at those.

About "transition services" | The Part C regulations do not define the term transition services. Why not? It's the Department's position that it is not appropriate to define the term. "Given

that transition services are based on the unique needs of the child and the family, States require flexibility to provide appropriate and individualized transition services for each child."[44]

It's a bit difficult to identify concrete examples from the field that are actually *called* "transition services." By and large, examples of transition plans available online identify *activities* to be accomplished during the transition planning process, such as:

- conducting needed evaluations of the child to determine eligibility for the new program (especially if the child is potentially transitioning to Part B services);

- developing the IEP for a child who will be transitioning to Part B services;

- arranging for the child and family to visit the new setting or program;

- completing various checklists and child profiles to share with the receiving staff;

- conducting observations in the new environment to identify what types of supports are available for the child, what skills might be important for the child to have in that environment, and the routines that drive the day there; and

- so on!

Many checklists and guidelines exist to help families and service providers systematically prepare for a child's transition to the new program or setting. Be sure to check what your State makes available. You can also find numerous links to such resources in Module 9.

About that complicated transition step we ignored | Earlier, we skipped over one of the transition steps listed in the Part C regulations as "Confirmation that child find information about the child has been transmitted to the LEA or other relevant agency…". You can see the complete statement on the Model IFSP Form (bottom of page 5). And it's quite a mouthful.

Nonetheless, it's time to talk about it, this "confirmation" step that must be included in the transition plan and, thus, the IFSP.

Confirmation Step

IDEA requires that, as certain toddlers in Part C approach their third birthday, the State's lead agency must notify the State Education Agency (the SEA) and the child's local educational agency (the LEA where the child resides) that the child will soon be reaching the age of eligibility for Part B services. The notification provides the LEA and SEA with basic "child find" information:

- the child's name,

- the child's date of birth, and

- the parent's contact information (including name, address and telephone number).[45]

According to the Part C regulations, this information "is needed to enable the lead agency, as well as LEAs and SEAs under Part B of the Act, to identify all children potentially eligible for services under §303.211 and Part B of the Act."[46]

By when must the notification take place? | The lead agency's notification to the LEA and the SEA must take place not fewer than 90 days before the toddler's third birthday.[47]

Notification for _every_ toddler in Part C? | Note that the Part C regulations do not require the lead agency to notify the SEA and LEA of _every_ toddler in Part C who is approaching the third birthday. The lead agency is required to provide notification to the LEA and SEA _only_ for those toddlers who may be eligible for preschool services under Part B. Notification is not required for those toddlers who are not potentially eligible for Part B. (The supporting regulations at §303.209(b)(1)(i) appear in the box.)

Change! | For those participants familiar with the transition planning process in Part C, you may wish to note that the Part C regulations, as released on September 28, 2011, _have added the SEA to the notification_ that the lead agency must provide when

---

(b) _Notification to the SEA and appropriate LEA._ (1) The State lead agency must ensure that—

(i) Subject to paragraph (b)(2) of this section, not fewer than 90 days before the third birthday of the toddler with a disability **if that toddler may be eligible for pre-school services under Part B of the Act**, the lead agency notifies the SEA and the LEA for the area in which the toddler resides that the toddler on his or her third birthday will reach the age of eligibility for services under Part B of the Act, as determined in accordance with State law… _[emphasis added]_

---

a toddler in early intervention who is potentially eligible for Part B is approaching his or her third birthday. Under previous regulations, the lead agency's notification was required to the LEA only. This change is intended to help lead agencies and SEAs coordinate to ensure smooth and effective early childhood transitions for toddlers with disabilities.

Opt-out policy? | States may adopt, if they wish, policies that permit parents to object to personally identifiable information being disclosed about their toddler.[48] Such a policy is being called an "**opt-out**" policy, because it gives parents the opportunity to "opt-out" of an otherwise required action—in this instance, that the lead agency is required to notify the SEA and LEA about their child's upcoming third birthday and potential eligibility for Part B services. Parents have a specified time period (set by the State) in which to object to the disclosure of this information about their child. If parents do object, the lead agency would essentially be blocked from providing the LEA and SEA with notification that this toddler will soon reach the age of eligibility for Part B services.

In States that have not adopted an opt-out policy, the lead agency's notification to the LEA and SEA is *required* when a toddler about to exit Part C is potentially eligible for services under Part B of IDEA.

Who determines if a toddler "may be eligible" for services under Part B? | A very good question, and well worth asking (and answering). According to the Department, it is the Part C lead agency that establishes the State's *policy* regarding which children may be eligible for preschool services under Part B of the Act. The *determination* of whether a particular Part C toddler with a disability is potentially eligible for Part B, however, is made by that toddler's IFSP team as part of the transition process.[49]

So… what "confirmation" goes in the IFSP? | As can be seen on **Handout 11** (bottom of page 5) and in the regulations themselves (provided in the box), if the toddler is potentially eligible for Part C services, the IFSP must include a confirmation that:

- the child find information about that child has been transmitted to the LEA or other relevant agency (with parental consent, if needed in the State); and

- additional information has been transmitted to the LEA, including a copy of the most recent evaluation and assessments of the child and the family and the child's most recent IFSP (with parental consent, if needed in the State).

This latter information helps the LEA to ensure the continuity of services as the child moves from Part C to Part B of IDEA.

Additional Information about Transition

In this module, we're focused on the IFSP and its contents. A lot more can be said about the transition planning process that is not included here, because it doesn't have to do directly with the IFSP. For example, we haven't talked about:

- the transition conference that's required for toddlers who may be potentially eligible for Part B;

- the responsibilities of the LEA of toddlers transitioning to Part B services (e.g., evaluation, eligibility determination, the writing of an individualized education program);

- the transition conference requirements for toddlers who are not potentially eligible for Part B;

- the Part C extension option that some States have adopted, which allows children to continue receiving early intervention services after their third birthday (with parental consent); or

- transition requirements for children who come to Part C as "late referrals," meaning they have less than 90 days to go before turning three.

All of these topics are discussed in Modules 8 and 9. We respectfully refer you to those modules for the complete "transition" story.

References

[36] Data Accountability Center. (2013, February). *Part C Exiting (2010-11): Table C3-1. Number of infants and toddlers ages birth through 2 served under IDEA, Part C, who exited Part C programs,by exit reason and state: 2010-11*. Retrieved January 21, 2014, from: http://uploads.tadnet.org/centers/97/assets/2404/download

[37] Data Accountability Center. (2013, February). *Part C Exiting (2010-11): Table C3-1. Number of infants and toddlers ages birth through 2 served under IDEA, Part C, who exited Part C programs,by exit reason and state: 2010-11*. Retrieved January 21, 2014, from: http://uploads.tadnet.org/centers/97/assets/2404/download

[38] Toddlers may continue in Part C in States that have adopted the Part C extension option.

[39] §303.211—State option to make services under this part available to children ages three and older.

[40] §303.344(h)— Content of an IFSP: Transition from Part C services.

[41] Dogaru, C., Rosenkoetter, S., & Rous, B. (2009). *A critical incident study of the transition experience for young children with disbilities: Recounts by parents and professionals* (Technical Report #6). Lexington: University of Kentucky, Human Development Institute, National Early Childhood Transition Center. Available online at: http://www.hdi.uky.edu/nectc/Libraries/ NECTC_Papers_and_Reports/Technical_Report_6.sflb.ashx

[42] Donegan, M., Fink, D.B., Fowler, S.A., & Wischnowski, M.W. (1994). *Entering a new preschool: How service providers and families can ease the transitions of children turning three who have special needs* (FACTS/LRE Information Services #2). Champaign, Illinois: Family and Child Transitions into Least Restrictive Environments, University of Illinois at Urbana-Champaign. Available online at: http://facts.crc.uiuc.edu/facts2/facts2.html

[43] 76 Fed. Reg. at 60176.

[44] 76 Fed. Reg. at 60177.

[45] §303.401(d)(1)—Confidentiality and opportunity to examine records: Disclosure of information.

[46] §303.401(d)(2)—Confidentiality and opportunity to examine records: Disclosure of information.

[47] §303.209(b)(1)(i)—Transition to preschool and other programs: Notification to the SEA and appropriate LEA.

[48] §303.401(e)—Confidentiality and opportunity to examine records: Option to inform a parent about intended disclosure.

[49] Office of Special Education Programs, U.S. Department of Education. (2009, December). *OSEP early childhood transition FAQs: SPP/APR indicators C-8 and B-12*. Washington, DC: Author. (See question #5, page 2.) Available online at: http://www.nectac.org/~pdfs/topics/transition/ECTransitionFAQs12_01_09.pdf

Round-up Time!

Slide loads completely. No clicks are necessary except to end the slideshow.

CLICK to END the slideshow.

Pertinent Handouts:
- Activity Sheet 9, IFSP Components in Review (optional)

Depending on how much time you have available at the end of your training session, you can use this slide:

- for a quick review and recap of your own devising;

- to open the floor up for a question and answer period;

- to have participants complete a closing activity of your choice and discuss in the large group afterwards; or

- to share **Activity Sheet 9** and have participants review the components of the IFSP.

Trainer Note

Activity Sheet 7 was an optional activity in Module 5, IFSP Procedures. It's very similar to **Activity Sheet 9** (suggested here). If you've trained this particular audience using Module 5, including Activity Sheet 7, you won't want to use Activity Sheet 9 here.

Suggested Answers

1. Info about the child's status | **D**—*Communication:* Kim's challenges 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.

2. Family info | **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.

3. Measurable results/ outcomes | **A**—Marina will walk and her parents will not have to carry her when they go to church, shopping, and to visit friends.

4. Early intervention services to be provided | **B**—Physical therapy, special instruction, speech pathology

5. Length, duration, frequency... of delivering the EI services | **G**—Physical therapy, twice weekly, 30 minutes, individual

6. Appropriate setting, and if needed natural environments justification | **F**—The services will be provided in the home environment, which is considered by the IFSP Team to be Maria's natural environment at this time.

7. Other services (non-Part C) | **E**—Cardiology service for child [Dr. I.M. Heart]

8. Name of family's service coordinator | **H**—Barbara Belt (phone, email, address given below)

Missing sections?

- Beginning and end dates

- Transition plan