

Section I: Our Child and Family Information

Child's Name:		Nickname:	
Date of Birth:	Child lives with: Relationship:		
Child's Address/home contact:			
School District of Residence:			
Language(s) spoken with child:			
Parent's Name:		Parent's Name:	
Address:		Address:	
Best Phone:		Best Phone:	
Email:		Email:	
Best Contact Time:		Best Contact Time:	
Method Preferred:		Method Preferred:	
Phone <input type="checkbox"/> Email <input type="checkbox"/> Text <input type="checkbox"/>		Phone <input type="checkbox"/> Email <input type="checkbox"/> Text <input type="checkbox"/>	

Section II: Our Service Coordinator Information

If you have questions about this IFSP or any of the individuals working with your child and family, contact your Service Coordinator.

Name:		Agency:	
Email:			
Best Phone:		Address:	

Section III: Our Concerns About Development

Parent concerns about their child's development:	
Referral source and initial referral concerns about development, if different from above:	

Child's name:

ET#:

Section IV: Our Child's Early Intervention Eligibility Determination

Initial Eligibility Determination Date: _____

Redetermination of Eligibility Date: _____

_____ has been determined to be eligible based on (check one):

Developmental delay in the following domain(s): _____
(see Attachment A)

Diagnosed condition with a high probability of delay (specify diagnosis): _____

Check one:

Eligible List of Conditions

HEA 8024

_____ has been determined not to be eligible. Date: _____

S/He is demonstrating skills and behaviors similar to children of the same age and is not eligible for Early Intervention. Please see attached Prior Written Notice form (HEA 8022). If you have any concerns about your child's development before age three, contact Help Me Grow at:

Suggestions for addressing family concerns include:

Child's name:

ET#:

Spending time with family, friends, and other children	<input type="checkbox"/> Easy <input type="checkbox"/> Some Concerns <input type="checkbox"/> Difficult	What's working well: What's not working well:
Play	<input type="checkbox"/> Easy <input type="checkbox"/> Some Concerns <input type="checkbox"/> Difficult	What's working well: What's not working well:
Bath time, Tooth brushing, Cleaning up	<input type="checkbox"/> Easy <input type="checkbox"/> Some Concerns <input type="checkbox"/> Difficult	What's working well: What's not working well:
Getting around the home and community, Getting ready to go	<input type="checkbox"/> Easy <input type="checkbox"/> Some Concerns <input type="checkbox"/> Difficult	What's working well: What's not working well:

Child's name:

ET#:

B. Acquiring and Using Knowledge and Skills (thinking, remembering, reasoning, problem solving; understanding symbols, including those in print; understanding the physical and social worlds):

C. Taking Appropriate Action to Meet Needs (getting from place to place, taking care of basic needs, showing hunger, following safety rules, avoiding inedible objects after 24 months; using tools, utensils, strings attached to toys):

Our family has the following priorities and has identified these routines as the focus of intervention:

Complete only when the family has not identified priorities in the above section

Team (parent and professional) has determined that _____ and his/her family do not have a need for Early Intervention services at this time. *Provide family with Prior Written Notice form (HEA 8022).*

Parent(s) has declined further participation in HMG Early Intervention at this time.

If you have any concerns about your child's development before age three, contact Help Me Grow at:

Child's name:

ET#:

Section VI: Our Child and Family Outcomes

Date:

Outcome #

What we would like to see happen within our family routines:

Steps or activities that will be taken to accomplish this outcome (include criteria & timeline):

Early Intervention Service(s) Necessary to Meet this Outcome

EI Service Type	Method	Location/ Setting	How Often	Session Length	Provider Agency	Funding Source	Projected Start Date	Duration of Service

Method – Direct (D); Joint (J) // In-person (P); Technology (T)

Location/Setting – Home (H); Community (C); Other (O)

For each EI service that will not be provided in our child's natural environment, provide an explanation of why this outcome cannot be achieved in a natural environment and the steps the Service Coordinator and family will take, including projected date, for moving the service into a natural environment:

List any Early Intervention services which are needed, but not yet coordinated and the steps the Service Coordinator will take to coordinate the needed service(s):

List any services which are being received through other sources, but are not required, nor funded, under Early Intervention:

Outcome Progress Review

<input type="checkbox"/> We met it!	Code	Comments	Date
<input type="checkbox"/> We're making progress			
<input type="checkbox"/> Let's make adjustments			
<input type="checkbox"/> Let's focus elsewhere			

As a result of the outcome progress review, the Team (parent and professional) wants to (select one and place into code box above: 1- Develop new outcome; 2-Revise outcome; 3- Modify strategies/activities or Early Intervention service; or 4- Other:

Child's name:

ET#:

Section VII: Meeting Dates

Initial IFSP Completion Date:

Due By:

Completed On:

Six Month IFSP Review (may occur more often if needed)

Re: determination of Eligibility, if applicable

Re: determination of EI service need

Annual IFSP Date

Transition Planning Conference

Exit Date

Section VIII: Team Members Supporting Our Family

In addition to you and your Service Coordinator, your team includes:

Name/Role

Best Contact

Child's name:

ET#:

Section IX: Our Child's Transition Planning

Transition Notification: For children in Help Me Grow Early Intervention, notification that includes the child's name, address, birth date, his/her parent name(s), and telephone number, will be sent to the school district/Local Education Agency (LEA) of parent residence informing the district that a child may be eligible for IDEA Part B services at 3 years old. This notification is a requirement of Part C of the Individuals with Disabilities Education Act (IDEA) and is beneficial in preparing the school district for your child's possible eligibility for special education preschool services. This notification will automatically happen by your local HMG program unless you sign below opting out of the notification. Opting out of this notification must be obtained at the IFSP meeting closest to your child becoming 18 months old or immediately upon entry into HMG if your child enters after 18 months of age. Opting out of this notification must be recorded below with check box and parent signature.

I have been informed of the notification requirement and choose NOT to have the above identified information sent to the LEA.

Parent Signature

Date

Parent Signature

Date

Consent to invite local education agency to transition planning conference:

For children who may be eligible for Part B pre-school services and supports, attendance by a representative from the school district at the Transition Planning Conference is essential to the transition process and preparation for the exit from Help Me Grow Early Intervention.

I give my permission to invite the local education agency representative to my child's Transition Planning Conference in order to help plan for my child's transition from Help Me Grow Early Intervention.

Parent Signature

Date

Parent Signature

Date

Transition Planning Conference (TPC) date:

Transition Outcome (parent or child directed goal that supports a smooth transition):

Specific steps or activities that will be taken to accomplish this outcome (include criteria & timeline):

Early Intervention Service(s) Necessary to Meet this Outcome:

EI Service Type	Method	Location/ Setting	How Often	Session Length	Provider Agency	Funding Source	Projected Start Date	Duration of Service

Method - Direct (D); Joint (J) // In-person (P); Technology (T)

Location/Setting - Home (H); Community (C); Other (O)

CHILD'S NAME:

ET#:

ATTACHMENT A
INFORMATION USED TO DETERMINE ELIGIBILITY AND THE NEED FOR EARLY INTERVENTION SERVICES

Record Review (Background, health, medical information)		Child Observations	
Source(s):	Date(s):	Location(s):	Date(s):
Comments:		Comments:	
Eligibility Tool: <input type="checkbox"/> Bayley <input type="checkbox"/> Battelle <input type="checkbox"/> N/A		Family-Directed Assessment	
Date(s):		Tool:	Date:
Adaptive <input type="checkbox"/> Delay <input type="checkbox"/> No Delay	Other Source(s) of Family Input:		
Cognitive <input type="checkbox"/> Delay <input type="checkbox"/> No Delay	Comments:		
Communication <input type="checkbox"/> Delay <input type="checkbox"/> No Delay	Receptive:	Expressive:	Vision Screen
Physical <input type="checkbox"/> Delay <input type="checkbox"/> No Delay	Gross:	Fine:	Source(s):
Social/Emotional <input type="checkbox"/> Delay <input type="checkbox"/> No Delay	Result: <input type="checkbox"/> No Concerns <input type="checkbox"/> Refer for Evaluation		Date(s):
Comments:		Comments:	
Child Assessment		Hearing Screen	
Tool(s):	Date(s):	Source(s):	Date(s):
Tool(s):	Date(s):	Result: <input type="checkbox"/> No Concerns <input type="checkbox"/> Refer for Evaluation	
Comments:		Comments:	
		Nutrition Screen	
		Source(s):	
		Result: <input type="checkbox"/> No Concerns <input type="checkbox"/> Refer for Evaluation	
Comments:		Comments:	
Summary:			
Summary of how eligibility based on a delay was determined utilizing all the information collected and reviewed and the use of informed clinical opinion (including when scores on administered tool do not reflect a delay):			
Evaluation Team			
Name		Name	
Discipline		Discipline	