



the team develop a plan to make it easier for the child to learn and

☐ Information about family's everyday activities and routines

to see in their routines and activities

☐ Includes what the child and family enjoy doing, challenges they

may have with specific routines, and what changes they would like

develop new skills.

INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP) CHECKLIST

Early intervention (EI) is a system of supports and services that helps infants and toddlers (birth to age 3) who have developmental delays and disabilities. EI services are dependent on the child's needs and are provided using an Individualized Family Service Plan (IFSP). Infant & Toddler Connection of Virginia (ITC) is the agency that provides EI services in Virginia. The IFSP is family-directed and family-centered. Family involvement is encouraged for the best outcomes for the child. This checklist is intended as a guide during IFSP development.

REQUIRED IFSP TEAM MEMBERS Parent(s)	FAMILY CONCERNS, PRIORITIES, AND RESOURCES				
□ Service Coordinator	Voluntary. If families choose not to provide this information, it will not affect the services provided through the IFSP.				
Other El Service Provider(s) *If other El service providers are unable to attend initial IFSP meeting in-person, they may participa through other ways, such as telephone consultation or providing written information.					
mices injornación	Describe what is important to the family				
OPTIONAL TEAM MEMBERS	Describe resources the family has for support, including people,				
☐ Family members or friends who family feels can help them magood decisions for their child	ake activities, and community programs				
☐ Specialists or other professionals	SUMMARY OF CHILD'S DEVELOPMENT				
☐ Translator/Interpreter, if needed	Summary includes each of the three required child outcomes: positive social relationships, acquiring and using knowledge and skills, and use of appropriate behaviors to meet child's needs.				
TEAM MEMBERS NOTIFIED AND MEETIN	Describe the child's present levels of functional development				
SCHEDULED	·				
☐ Within 45 calendar days of referral and if found eligible, family and team will work together to write an IFSP	Include information across all developmental areas, across all settings, and from all assessment sources				
☐ Written Parental Prior Notice and Confirmation of IFSP Meeting received at least five calendar days prior to meeting	 Document child's development in relation to other children the same chronological age 				
*Notice includes confirmation of meeting date/time and location to family and other participants.	OUTCOMES				
	Long term functional goals				
REFERRAL INFORMATION, MEDICAL HISTORY, HEALTH STATUS	State a developmental goal or outcome the family would like to see happen as a result of El				
☐ Document referral source, reason for referral, any medical diagnoses, and pertinent health and physical development	Must be measurable, functional, reflect family's priorities, and represent what the child is expected to do				
information	☐ Target date that goal/outcome is expected to be met (Typically same as the required review date)				
DAILY ACTIVITIES AND ROUTINES	☐ List overview of activities the child finds (or may find) enjoyable				
Often, the best places for learning are in familiar surroundings ar					
natural environments where other children of the same age are the community. Understanding the child's and family's routines he	☐ Measurable and functional sport-term goals to determine				

☐ Provide target dates for when each short-term goal could be

progress towards outcomes

☐ Recommended intervention supports and

services for achieving the outcomes

expected to be achieved



IFSP CHECKLIST

SERVICES

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- ☐ Include specifics —start/end date; agency providing service; number of visits per week/month; length of time service will be provided during each visit; how delivery provided (individual or group); method (coaching; consultation; provision of AT device; or assessment); location; payment source
- ☐ If service location is not in the child's natural environment, explanation must be made as to why the goal/outcome cannot be met in a natural environment

OTHER SERVICES

- ☐ List services needed but not entitled under Part C, Early Intervention (e.g. well baby checks, follow up with medical specialists, etc.)
- ☐ Include all medical and any other ongoing services a child and/or family may need or have found on their own outside of El

TRANSITION PLANNING

Transition happens when the child leaves El. Planning helps the family move smoothly from El to whatever comes next for the child.

- ☐ Begins at first IFSP development meeting
- ☐ Plans for a smooth transition of supports and services for when the child is getting ready to leave early intervention (must occur by age 3) *not all children will need special assistance after leaving El
- □ Includes important dates for transition planning—date for notification and referral to determine eligibility for Part B, Early Childhood Special Education (ECSE) services and date of child's 3rd birthday

TRANSITION PLAN

- ☐ Must be individualized for each child and family and take into consideration the family's priorities and preferences
- ☐ Begins at least 90 days, and up to 9 months, before expected date of transition
- ☐ Includes individualized transition steps to achieve plan
- ☐ If potentially eligible for Part B ECSE, make sure transition conference is scheduled within the required timelines and all required parties (parent(s), service coordinator, and school division representative) are invited

☐ May include information and resources to continue supporting the child's development, links to community resources that may be helpful in the future, and/or other supports and services

WRITTEN PARENTAL PRIOR NOTICE

☐ Must be given to family within a reasonable time (five calendar days) before ITC proposes or refuses to initiate or change the identification, evaluation, or placement of child, or the provision of appropriate early intervention services to your child and your family. Changes can be initiated by family.

Includes:

	Description	of action	heing r	proposed	or r	efused
_	Description	oi action	שוווש ב	ששמטונ	01 11	eiusec

- ☐ The reason for taking the action
- ☐ What steps to take if family disagrees (Availability of procedural safeguards that are available under Part C and the state's mediation, complaint and due process hearing procedures, including a description of how to file a complaint and the timelines for those procedures)

IFSP REVIEW (AT LEAST EVERY SIX MONTHS)

- ☐ Must be held anytime changes are made to the outcomes, short-term goals, or service provision
- ☐ Must include parent(s), any other friend or family member(s) requested by the parent, the service coordinator, and any direct service provider(s) as appropriate
- ☐ Does not have to be face-to-face as long as all participants can provide input
- ☐ New services added must begin with 30 days of family signing IFSP Review

ANNUAL IFSP (MUST BE COMPLETED ANNUALLY)

- ☐ Confirm child meets Virginia Part C eligibility criteria
- Must include parent(s), any other friend or family member(s) requested by the parent, the service coordinator, anyone involved in new or ongoing assessment, and any direct service provider(s) as appropriate
- ☐ Must be a face-to-face meeting
- ☐ Review child's progress in each outcome area since previous IFSP
- ☐ New services added must begin with 30 days of family signing IFSP



The contents of this fact sheet were developed under a grant from the U.S. Department of Education, #H328M140013, in collaboration with the Virginia Department of Education. However, those contents do not necessarily represent the policy of the US Department of Education, and you should not assume endorsement by the Federal Government Project Officer.

