

GETTING TO KNOW THE INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP)

Use this worksheet to familiarize yourself with your child’s Individualized Family Service Plan (IFSP). You will be better prepared to support your child when you review the IFSP draft before meeting with the IFSP team for the first time.

1. Read the IFSP draft before the IFSP meeting

Be sure to ask for a copy of the IFSP draft with enough time to look it over before the meeting.

I requested a copy of the IFSP draft on .

The amount of time a family needs for review also might depend on whether the document is translated into a language besides English. Under state and federal law, parents have the right to information about their child’s education in a language they can understand.

Yes, I require that the IFSP be translated to .

I requested translation of the IFSP on .

No, I do not require that the IFSP be translated to another language.

2. Review your child’s present levels and needs.

Read the evaluation data about your child’s current strengths, weaknesses, and abilities.

Developmental Area	Strengths	Weaknesses	Abilities
Physical	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cognitive	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social-Emotional	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Communication	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Adaptive	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

What are his/her needs resulting from the developmental delay or disability?

3. Read the family priorities and concerns for accuracy.

The Individualized Family Service Plan (IFSP) is a whole family plan, with the child's primary caregivers as major contributors to its development and implementation. Carefully read the sections that refer to family priorities and concerns. Write down anything you would like to add or change.

The IFSP includes goals, and progress is monitored to determine whether the plan is supporting appropriate outcomes. The plan is reviewed every six months and is updated at least once a year but can be reviewed at any time by request of parents or other team members.

As you think of additional concerns and priorities, list them here to return to at the next meeting. Consider requesting a meeting before the six-month review for urgent or time-sensitive goals.

4. Review any recommended resources.

Explore the resources provided in the IFSP and make note of those you want to return to:

5. Consider the major results/outcomes expected of your child.

Note any that may require breaking down a skill into smaller tasks to learn (or "chunking") and any questions or concerns you may have about specific goals.

6. Identify the services, including frequency and duration.

If an infant or toddler is eligible, early intervention services are designed to meet the child’s individual needs. Read through the IFSP and identify your child’s services.

The services might include, but are not limited to:

Frequency:

Duration:

<input type="checkbox"/> Assistive technology (devices a child might need):	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Audiology or hearing services		<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Speech and language services		<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Counseling and training for a family member		<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Medical services		<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Nursing services		<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Nutrition services		<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Occupational therapy		<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Physical therapy		<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Psychological services		<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Other:	<input type="text"/>	<input type="text"/>	<input type="text"/>

7. Review the location(s) of service delivery.

Services are typically provided in the child’s home or other [natural environment](#), such as daycare. They may also be offered in a medical hospital, a clinic, a school, or another community space. Any services provided outside the child’s natural environment require a statement explaining the rationale for the placement.

My child’s early intervention services will be provided at the following location(s):

8. Identify the source of funding or payment for services.

Washington State provides most early intervention services at no cost to families of eligible children. Some services covered by insurance are billed to a child’s health insurance provider, with the signed consent of a family caregiver. The early intervention system may not use health care insurance (private or public) without express, written consent.

Part C of the IDEA requires states to provide the following services at no cost to families: [Child Find](#) (outreach and evaluation), assessments, IFSP development and review, and service coordination.

- Yes, they are costs for .
- Yes, and I have given permission to bill my insurance.
- No, there are no costs.

9. Save your Family Resource Coordinator (FRC)’s information.

Name: Phone:

Email: