

IFSP INSTRUCTIONS AND INFORMATION

IFSP FORM PAGE 1

IFSP DATE

- Indicate the date the meeting is convened.
- For initial IFSP's this date must be 45 calendar days or less from the date of the referral.

DEMOGRAPHIC INFORMATION

- Complete the demographic information.
- **UIC** – the unique identification code is a distinct ten-digit number assigned to an individual to allow federal and state tracking of the individual's progress through the education system without having to know the name or other personally identifiable information.
- **Native Language** -it is necessary to indicate the language of the child considered for evaluation/assessment.
- **Child's Ethnic Heritage**- the US Department of Education, Office of Special Education Programs requires data to be reported using these specific five ethnic categories along with the question of whether the child is Hispanic/Latino.
 - ✓ **Indication of whether the child is Hispanic or Latino is required** - an indication that the individual traces his or her origin or descent to Mexico, Puerto Rico, Cuba, Central and South America, and other Spanish cultures, regardless of race.
- Separate from the above question, information needs to be provided about the **child's race**. More than one can be selected.
 - ✓ **Asian**- a child having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Sub-continent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
 - ✓ **American Indian or Alaska Native**- a child having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.
 - ✓ **Native Hawaiian or other Pacific Islander**- a child having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 - ✓ **White including Middle Eastern**- a child having origins in any of the original peoples of Europe, the Middle East, or North Africa
 - ✓ **Black or African American**- a child having origins in any of the black racial groups of Africa.

TYPE OF IFSP

- Check the appropriate box to correspond with the type of meeting.
 - ✓ **Interim IFSP** – the purpose of this type of meeting is when a child needs an immediate provision of service before eligibility is determined. The evaluation for eligibility and the Initial IFSP must still be within 45 calendar days from the date of referral.
 - ✓ **Initial IFSP** – for a child who has been evaluated for the first time and determined to be eligible, the Initial IFSP must be conducted within the 45 calendar day timeline unless acceptable family justifications are documented.
 - ✓ **Periodic Review** – IFSP's must be reviewed every six months, or more frequently if conditions warrant or at the family's request, after the Initial and Annual IFSP dates. Parents, Service Coordinator, and as appropriate, Service Providers review the IFSP. The review process includes a determination of the degree to which progress is being made towards achieving the outcomes, and whether modification or revision of the outcomes or services is necessary.

- ✓ **Annual IFSP** – a meeting must be held annually to evaluate the IFSP and, if appropriate, revise its provisions. An Annual IFSP is always due within one year from the date of the Initial IFSP.
- ✓ **Other Review** – these may be held between the Initial IFSP or Annual IFSP and the Periodic Review.
- ✓ **Transition Plan Included** – Transition Plans are part of the content of an IFSP. Indicate which IFSP includes the Transition Plan.

REFERRAL/TRANSFER

- **Date of Referral** – the notification to the local lead agency of a suspected developmental delay or established condition for an infant or toddler, birth to three.
- **Date of Transfer** –if a child with an active IFSP moves from one service area in Michigan into a new service area in Michigan, the date the new service area becomes aware of the child should be documented here. Note: a child with an IFSP coming from another state would be considered a new referral.
- **Referral Source** – the person and/or agency referring the child.
- **Transferred in from what Michigan county**- indicate the county name.

SERVICE COORDINATOR

- You must indicate the Service Coordinator name, agency, address, and phone number.

IFSP TEAM MEMBERS

- **Printed Name and Role** - print the name and role of the IFSP team member or contributor (e.g., evaluator, teacher, speech therapist, family advocate, etc.). The form has prepopulated the roles for the parent(s) and service coordinator. Required participants for Michigan Special Education will be documented as appropriate. For example, the Lead Agency Rep. and LEA Rep. are needed for the transition conference meeting when a toddler is transitioning to part B special education programs/services.
- **Signature**- each IFSP team member/contributor will sign their name if present at the IFSP meeting.
- The federal regulations for part C allow for the evaluator(s) for the eligibility determination to participate either in person or if unable to attend the meeting, arrangements must 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
 - ✓ Making pertinent records available at the meeting
- **Phone/E-mail**- each participant will indicate their phone number and/or email address.

Justification for not completing the initial IFSP meeting within 45 calendar days from the date of the referral:

- For circumstances when an Initial IFSP is not held within the 45-day timeline, a reason for not meeting the timeline is required. If the 45-day timeline will not be met, a box should be checked and the justification should be discussed with the family prior to obtaining a signature on the IFSP.
 - ✓ **Parent/child is unavailable due to exceptional family circumstances** (i.e., parent/child is ill, in the hospital, with other parent, etc.)
 - ✓ **Parent has not provided consent** (i.e. unable to locate parent, or parent wants to wait.)
 - ✓ **Other (specify)** - if another reason exists for why the 45-day timeline has not been met, please include the explanation here.

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*Note: Although an explanation may be provided here, this does not mean that it is an acceptable justification. The only justifications considered acceptable are the first two identified in this section.

- **Explain the justification checked** by providing a more detailed explanation, i.e., if “child unavailable” is checked, then explain that the child was in the hospital.

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ELIGIBILITY

EARLY ON ELIGIBILITY

- **Part C Multidisciplinary Evaluation** - indicate the date in which two separate disciplines obtained supporting evidence to make a determination of eligibility for Part C.
- For a child being found eligible for Part C based on a qualifying **developmental delay**, these pieces must be included in the eligibility determination:
 - Administering an evaluation instrument;
 - Taking the child’s history (including interviewing the parent);
 - Identifying the child’s level of functioning in each of the developmental areas;
 - Gathering information from other sources such as family members, other caregivers, medical providers, social workers and educators if necessary to understand the scope of the child’s unique strengths and needs; and
 - Reviewing medical, educational, or other records
- For those children being found eligible based on an **established condition**, no evaluation for eligibility is required, however a review of documentation supporting that an established condition exists is required.
- If the child has been found eligible for Part C, check all that apply:
 - ✓ **Developmental Delay** – indicate whether they were found eligible based on a 20% delay in one or more of the following areas of their development (or any developmental delay if the child is less than two months of age):
 - Physical/Motor
 - Cognitive/Thinking
 - Communication
 - Social/Emotional
 - Adaptive/Self-Help
 - ✓ **Established Condition** with a high probability of resulting in developmental delay:
 - Congenital Anomalies
 - Chromosomal Anomalies
 - Infectious Conditions
 - Endocrine/Metabolic Disorders
 - Other/Neurological Disorders
 - Vision Impairment
 - Hearing Deficiency
 - Fetal/Placenta Anomalies
 - Exposures Affecting Fetus/child prenatal
 - Exposures Affecting Fetus/child postnatal
 - Very Low Birth Weight
 - Small for Gestational Age
 - Chronic Illness-Other
 - Autism Spectrum Disorder
 - Developmental Delay-Other
 - Mental Health Condition
- If the child has been evaluated for *Early On* and found ineligible, it is not required to hold an IFSP meeting, but Prior Written Notice would be given to the parent/guardian concerning the eligibility determination.

MICHIGAN SPECIAL EDUCATION ELIGIBILITY

- **Michigan Special Education Multidisciplinary Evaluation Information** – if the child has also been evaluated for Michigan Special Education, indicate the MET Summary date and attach a copy of the report to the IFSP.
- If the child has been found eligible for Michigan Special Education, check the box to indicate that the student is eligible, and then check the appropriate box to indicate the specific eligibility category.
 - ✓ Indicate only one area, the primary area, of eligibility. R 340.1705 **Cognitive Impairment**
 - ✓ R 340.1706 **Emotional Impairment**
 - ✓ R 340.1707 **Deaf or Hard of Hearing**
 - ✓ R 340.1708 **Visual Impairment**
 - ✓ R 340.1709 **Physical Impairment**
 - ✓ R 340.1709a **Other Health Impairment**
 - ✓ R 340.1710 **Speech and Language Impairment**
 - ✓ R340.1711 **Early Childhood Developmental Delay**
 - ✓ R 340.1713 **Specific Learning Disability**
 - ✓ R 340.1714 **Severe Multiple Impairment;**
 - ✓ R 340.1715 **Autism Spectrum Disorder**
 - ✓ R 340.1716 **Traumatic Brain Injury**
 - ✓ R 340.1717 **Deaf-Blindness**
- If the child has been evaluated for Michigan Special Education and found ineligible, please check the designated box and provide the rule number of each area of disability considered.

FAMILY DIRECTED ASSESSMENT

RESOURCES, CONCERNS, AND PRIORITIES

- The **Family Directed Assessment** is conducted by personnel trained to use appropriate methods and procedures. The family-directed assessment must:
 - ✓ Be voluntary on the part of each family member participating in the assessment.
 - ✓ Be obtained through the use of an assessment tool and interview.
 - ✓ Include a family-directed identification of priorities, resources and concerns related to enhancing the development of the child.
- **Person interviewed-** identify with whom the interview took place.
- **Date of interview-** this date should reflect the date that the family directed assessment was completed. This may or may not be the same date as the IFSP meeting date as the family assessment might have occurred after the eligibility determination but before the IFSP meeting.
- **Interview conducted by-** identify who completed the interview with the family.
- This section allows space to identify what the family identifies as their resources, their concerns and their priorities.
- The information on this page can be gathered with a variety of tools, such as:
 - ✓ Use of the Routines Based Interview (RBI) or the Assessment, Evaluation, and Programming Systems (AEPS) can be used to gather the content.
 - ✓ A checklist or questionnaire (i.e. MEISR, the Infant Toddler Development Assessment [IDA] Parent Report Forms) can be used to gather initial information that a provider discusses in more detail with a family.

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- ✓ Service areas can develop their own interview tool to use for collecting the information as well.
- The tool used to gather the information for the family-assessment should be documented by checking the appropriate box (es).
- If the family declined to participate in the family directed assessment, the last check box on the page should be marked as well.

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CHILD'S CURRENT DEVELOPMENTAL STATUS

- **Date of Birth**- indicate the child's date of birth.
- **Age** – indicate the child's age at time of evaluation.
- **Adjusted Age (for premature infants)** – service areas must adjust for prematurity up to two years of age when considering eligibility.
- **Present Levels of Development Including Strengths and Concerns (Developmental Evaluation/Family Directed Assessment/Ongoing Assessment)**
- This section has two purposes:
 - ✓ **Documenting Evaluation Information** - the IFSP team should document the evaluation results (i.e. age range, percentage of delay, or the indication of no concern).
- and;
 - ✓ **Documentation of child assessment information** - the IFSP team should briefly summarize the child's skills in each developmental area by listing what they know about the child's various abilities, strengths, and needs (major things that the child can/cannot do) demonstrated through everyday routines and activities.
- **For an Initial IFSP:**
 - ✓ A **health status** must be included. If there is a more detailed report, the See Attached Report should be checked. Indicate the date(s) the report is requested.
 - ✓ The results of the **hearing screen** and **vision screen** or report are recorded here. If there is a more detailed report, the See Attached Report should be checked.
 - ✓ The results of the **fine motor, gross motor, cognitive, communication, adaptive, and social/emotional** evaluations or assessments are recorded here. If there is a more detailed report, the See Attached Report should be checked.
- If an Integrative or MET Report is not completed, a summary of the evaluation results (i.e. age range, percentage of delay or the indication of no concern) must be documented here.
- **For an Annual IFSP:** - when not considering a redetermination of eligibility for the annual IFSP meeting, update the content sections here including present levels of development based on ongoing assessment information.
- The IFSP team should briefly summarize the child's skills in each developmental area by listing what they know about the child's various abilities, strengths, and needs (major things that the child can/cannot do) demonstrated through everyday routines and activities.
- If redetermination of eligibility is being considered, the documentation used for making this decision (i.e. age range, percentage of delay or the indication of no concern) should also be reported.
- **Method/Tool/Date**
- **Name and Title of Evaluator**
- Each section on this page needs to include the following:
 - ✓ **Method/tool** used to determinate eligibility;
 - *Method:* Informed clinical opinion (ICO) may be used as an independent basis to establish eligibility, when other instruments/tools do not establish eligibility; however, in no event may informed clinical opinion be used to negate the results of evaluation instruments/tools used to establish eligibility.

- For children 0 – 2 mos. upon entry to *Early On*, ICO is the recommended methodology.
- For children older than 2 mos. when 20% delay is suspected but traditional tools do not show 20% delay
 - *Tool:* Recommended tools included: Battelle, Bayley III, Brigance, Early Intervention Developmental Profile (EIDP), Early Learning Accomplishment Profile (E-LAP), Hawaii Early Learning Profile (HELP 0-3), Infant Toddler Developmental Assessment (IDA)

- ✓ **Date** – the date the information was obtained or reviewed
- ✓ **Name and Title of Evaluator** – document the person administering the evaluation/assessment
- Documentation of the child's **Developmental History** should be noted here. Results should be noted here or included in the Integrative Report, the MET Report or other documentation of the child's developmental history. If there is a more detailed report, the See Attached Report should be checked.
- The **Observation of Child & Parent Interaction** can be completed during the time of the multidisciplinary evaluation. Results should be noted here or included in the Integrative Report, the MET Report or other documentation of an observation of the child and parent. If there is a more detailed report, the See Attached Report should be checked.
- The results of the assessment of the child, together with the results of the assessment of the family, are the basis for the IFSP Team's determination of which early intervention services would be appropriate to meet the needs of the infant or toddler with a disability and his or her family.

IFSP FORM PAGE 4

EARLY ON IFSP CHILD/FAMILY OUTCOMES

- **Measurable Outcome**- measurable outcomes are the changes the IFSP team, which includes the family, would like to see for the child and/or family as a result of participation in *Early On*.
- Outcomes should have an **acquisition statement/end point** that can be observed (i.e. sleep through the night; eat independently; communicate using a combination of words, signs & simple devices; have mobility to explore the environment; play with brother; have knowledge and resources about...)
- Outcomes should include the context or setting within **everyday routines** and **activities** in which the behavior is expected.
- They should also include **parent priorities** and concerns as well as provider information gained from assessments.
- Look for outcomes to integrate information **across developmental domains** (not be simply an OT or a fine motor goal) and be sure to incorporate language that the parent understands or helped to write.
- **Criteria, procedures, and timelines** are used to determine the degree to which progress toward achieving the outcomes is being made and whether modifications or revision of the outcomes or services are necessary.
 - ✓ **Criteria**- identify a reasonable frequency, duration, or rate for the new skill or behavior so that the family and other team members can know when the outcome is met. It should also state over what amount of time the new skill or behavior will be demonstrated in order to help decide if the outcome has been achieved.
 - ✓ **Procedures**- identify the procedures or methods that will be used to evaluate progress towards achieving the outcome. Examples of procedures may include, but are

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not limited to, documented observation, parent report, and use of a rating scale or an assessment tool.

- ✓ **Time Frame-** if possible, use a special occasion or life event such as a birthday, holiday or a real-life point in time such as when grandma visits this summer or by the time school starts this fall (for the siblings) as the timeline on an IFSP outcome statement.
 - This strategy can assist parents and other care providers in thinking in “real time” about the possibility of achieving outcomes within the context of the big picture of their family life. The time period of six months is meaningful to most early interventionists because it is the maximum time period allowed between reviews of IFSP documents. For most family members and care providers, however, this six-month time period can be ambiguous.

- **Outcome Examples:** #1 and 2 below are child focused outcomes. #3 below is a family focused outcome.

Measurable Outcome	Criteria	Procedures	Time frame
#1. Samantha will drink from a cup during mealtimes, 3x/day.	Samantha drinks 3 oz., no lid, no spilling, during every meal for 5 consecutive days.	Parent report	by 6/1/13
#2. Adin will use a two-word phrase to tell his parents what he wants to eat (e.g. want cookie, more yogurt) during snack time.	At least ten afternoons during a two-week period.	Parent report	By July 4 th family reunion
Measurable Outcome	Criteria	Procedures	Time frame
#3. Karen and Mark will learn about resources and low-cost options so they can obtain a car seat.	They have 5 car seat resources and options within the next month.	Parent report	by 6/1/13

- **Notes -**
 - ✓ **Pre-literacy and language skills** emerge during infancy and, therefore, might be a measurable outcome that is developmentally appropriate for a child served under *Early On*.
 - ✓ **Evaluate progress** towards the outcomes at minimum of every six months.

EARLY INTERVENTION SERVICES

- Identify the service(s) designed to meet the unique needs of the child and the child’s family.
- **Service Code/Provider-** The early intervention services are as follows:
 - ✓ **Assistive technology 816** – services that assist the child to use an assistive technology device;
 - ✓ **Audiology 801** – identification of children with auditory impairments, determination of range, nature and degree of hearing loss and communication functions via audiological evaluations, referral for medical and other related services, provision of services for prevention of hearing loss, provision of auditory training, aural

- rehabilitation, speech reading, listening device, orientation, and determination of child’s amplification, including selecting, fitting and dispensing appropriate devices and evaluating their effectiveness;
- ✓ **Family training, counseling and home visiting services 802-** includes services provided by social workers, psychologists or other qualified personnel to assist families in understanding the special needs of their child and enhancing his/her development;
- ✓ **Health services 803** – services necessary to enable a child to benefit from other early intervention services;
- ✓ **Medical services 804** –diagnostic or evaluation to determine a child’s developmental status and need for early intervention services - provided by a licensed physician;
- ✓ **Nursing services 805** – assessment of health status for providing nursing care;
- ✓ **Nutrition services 806** – conducting individual assessments, developing and monitoring plans to address the nutritional needs of a child, and making referrals to appropriate community resources regarding nutrition goals;
- ✓ **Occupational therapy 807** – services to address the functional needs of a child related to adaptive development, behavior, play and sensory, motor and postural development;
- ✓ **Physical therapy 808** – services to address the promotion of sensorimotor function, enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status and effective environmental adaptation;
- ✓ **Psychological services 809** – administering psychological and developmental tests, interpreting assessment results, obtaining, integrating and interpreting information about child’s behavior and child and family conditions related to learning, mental health and development, psychological counseling for parents, family counseling, consultation on child development;
- ✓ **Service coordination 818-**this is an entitled service that all families receive. It cannot be the only service the child and family receive. Services provided by a service coordinator to assist and enable an eligible child and their family to receive the services and rights, including procedural safeguards.
- ✓ **Sign language and cued language services 819** – teaching sign language, cued language, and auditory/oral language, providing oral transliteration services, and providing sign and cued language interpretation
- ✓ **Social work services 812** – providing individual and family counseling, working with problems in a child’s and family’s living situation;
- ✓ **Special instruction 813** – design of activities that promote the child’s acquisition of skills, providing families with skills and support related to enhancing the skill development of the child, assisting families in meeting the outcomes in the child’s IFSP;
- ✓ **Speech-language pathology 814** – development of communication skills, appraisal of delays in communication skills, referrals for medical or other professional services as appropriate;
- ✓ **Transportation 811** – includes cost of travel that is necessary to enable a child and their family to receive early intervention services;
- ✓ **Vision services 817** – evaluation/assessment of visual functioning, referral to medical or other professional services as appropriate, communication skills training, orientation and mobility training for all environments.

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- **Supports Outcome #** - indicate the measurable outcome number that the service is addressing.
 - **Frequency**- identify the number of days or sessions that a service will be provided.
 - **Length of Session**- identify the length of time the service is provided during each session.
 - **Service Delivery Method**- identify how the service will be provided.
 - **Intensity**- identify whether the service will be provided on an individual basis or in a group setting.
 - **Location**- indicate the location of the service. There are three possible locations:
 - ✓ **Home** - services are provided in the residence of the child's family and caregivers.
 - ✓ **Community Setting**- early intervention services are provided in a setting where children without disabilities typically are found. These settings include, but are not limited to, child care centers (including family day care, preschools, regular nursery schools, early childhood centers, libraries, grocery stores, parks, restaurants and community centers).
 - ✓ **Other setting**- early intervention services are provided in a setting that is not home or community-based. These settings include, but are not limited to, services provided in a hospital, residential facility, clinic, special education center or classes for children with disabilities.
 - If a child receives a service in both a home or a community-based setting *and also* in "other setting", identify both locations.
 - If any service is provided in "other setting," there must be a justification as to why the intervention could not be achieved satisfactorily in the child's home or community-based setting. The "Yes, justification needed" box, found under the "location" column, must be checked and the justification documented in the corresponding section below.
 - **Projected start date/end date**- indicate the date the service is projected to *begin* and the date it is projected to *end*. Note: Early On services are intended to be offered year-round.
 - **Payor**- identify who is responsible for the payment of each service.
 - **Justification for services not provided in the natural environment**- document the service number for the service not being provided in the natural environment and provide the justification.
 - **Other Supports and Services**: To the extent appropriate, the IFSP may include services, resources, or supports that a child or family needs, but are neither required nor funded by Early On. Examples may include: Children's Special Health Care Services, WIC, etc. Document steps the service coordinator or family may take to assist in securing the needed service(s).
- ✓ Any services proposed, but not accepted by the parent(s), thus not identified on this IFSP.
 - ✓ Any service(s) discussed at the IFSP meeting, but not selected and why.
- **Family Rights/Procedural Safeguards**
 - **Documentation of Language/Mode of Communication**
 - ✓ If applicable, the Prior Written Notice information must be translated orally or by other means to the parent in the parent's native language or other mode of communication.
 - ✓ Document the method used to communicate the information if applicable.

PARENT CONSENT

- Check all that apply;
 - ✓ **I/We, as parent(s)/guardian(s), have had *Early On*, Part C, and/or Michigan Special Education explained to me/us including my/our rights.**
 - This box should be checked as it is a parent/guardian's procedural safeguard to have explained to them the content of what and why they are providing consent.
 - ✓ **I/We have received a copy of our Family Rights/Procedural Safeguards.**
 - The *Early On* service coordinator should have reviewed Procedural Safeguards with parents and given the family a copy of Procedural Safeguards before asking for their consent.
 - ✓ **I/We have helped to develop this plan.**
 - This box should be checked as *Early On* Part C requires the IFSP to be developed by a team, with parents considered as full partners in its creation.
 - ✓ **I/We understand and agree with the content of this plan.**
 - This box will be checked if the parent(s) agree with the content of their IFSP.
 - ✓ **I/We do not agree with this plan.**
 - Parents have due process rights that are explained in the Procedural Safeguards Parent Guidebook. If a parent checks this box, they still can receive the services they are agreeing to. The service coordinator would explain the due process rights of the parent regarding evaluation, eligibility, provision and location of services.
 - ✓ **I/We decline *Early On* services.**
 - ✓ **I/We decline Michigan Special Education services.**
 - Even though a child may be found eligible for both Part C and for Michigan Special Education, both programs are voluntary on the part of the parent. Although rare, a parent may choose to participate in one and not the other. Appropriate boxes should be selected for each.
 - Rarely does a parent decide to reject all services since they are encouraged to be fully involved in developing their IFSP. If a parent decides to decline all services after the IFSP is written, that would be documented by checking both boxes and no services would be provided to the child or family.
- **Parent Signature and Date**- the parent signature here is verifying that they are agreeing to what they have checked in the boxes above.
- **Service Coordinator Signature and Date**- this line contains the designated service coordinator's signature.
- **Other Signature and Date**- this line is available for any other signatures if applicable.

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PRIOR WRITTEN NOTICE

- Notice must be given to the parents of a child eligible under Part C, 7 calendar days before a public agency or service provider proposes or refuses to initiate or change the identification, evaluation, or placement of the child, or the provision of appropriate Early Intervention services to the child and the child's family.
- Check each box as appropriate and document additional information;
 - ✓ We are proposing to initiate the services and placement identified in the Early Intervention Services section of this IFSP. You have the right to accept or decline any of these service(s).
 - ✓ Reason(s) why the identified service(s) are proposed.

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IFSP REVIEW PAGE

- The determination of progress toward outcomes must be reviewed every six (6) months, or more often if a situation warrants or the family requests it.
- Note: The federal regulations allow the IFSP review to be carried out by a meeting or by another means that is acceptable to the parents and other participants.
- **IFSP Date-** enter the date of the IFSP meeting in which the outcomes were developed.
- **IFSP Outcome Review Date-** enter the date outcome progress is being reviewed.
- **Measurable Outcome #-** the corresponding number should match the outcome number from the IFSP outcomes page(s).
- **Measurable Outcome-** list the outcome that is being reviewed.
- **Progress on Criteria-** indicate progress made to date. See examples below.
- **Description of Modifications or Revisions Needed-** identify any modifications or revisions needed.
- **Parent Participation-** the federal regulations allow the IFSP review to be carried out by a meeting or by another means that is acceptable to the parents and other participants. Indicate how the parent participated.
- **Parent Signature & Date-** this signature is for the parent to sign and date that they have participated in the IFSP Review.
 - ✓ Note: If the IFSP review was carried out by another means acceptable to the parents and other participants rather than a meeting, each service area should have a procedure in place for obtaining parent signature.
- **Service Coordinator Signature-** this signature is for the service coordinator to sign and date that they have participated in the IFSP Review.
- **Additional Review** – if applicable, document the signatures of an additional review.

▪ IFSP Review Examples:

IFSP Team Meeting Date	Measurable Outcome #	Progress on Criteria	Description of Modifications or Revisions Needed
9/15/13	#1	Samantha has been drinking about 5 oz. from a cup with no lid during every meal for the last month. She does not spill while drinking. Achieved!	N/A
9/15/13	#2	Adin often uses one word attempts and gestures to tell what he wants to eat at snack time.	We will continue with the same outcome and adjust strategies while encouraging Adin to use two-word phrases.
9/15/13	#3	Karen and Mark now have a car seat for Gabriel. Achieved!	N/A

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TRANSITION DOCUMENTATION

- **Transition Plan Date-** this date is the date this transition plan page is created with the IFSP team.
- **Present Eligibility-** check the appropriate box;
 - ✓ **Not Eligible-** this will be checked for a child who has not been determined eligible for, and not receiving, Michigan Mandatory Special Education services, prior to two years, nine months of age (33 months).
 - ✓ **Eligible-** this choice will be checked for a child who has been determined eligible for, and is receiving, Michigan Mandatory Special Education services, by two years, nine months of age (33 months).

TRANSITION PLAN

- Check the box and document the options discussed;
 - ✓ **Review program options after Early On ends-** there should be a minimum of two documented options that were discussed with the parents. Examples might include: Part B preschool special education services/classrooms, Head Start, Great Parents Great Start playgroups, private preschool programs, etc. (No decision on an option has to be made or documented at this time.)
 - ✓ **Review program/service options, if applicable, from the child's third birthday to the end of the school year-** federal regulations require *Early On* to review program/service options for those children who will turn three years old before the end of the school year. Document at least two options reviewed. These options can be the same options as above. (No decision on an option has to be documented at this time.)
- **Step 1: Discussion with parents-** these discussions are regarding matters related to the child's transition. Examples might include: trial bus ride, meeting the new receiving program personnel, specific information about the new setting, or skills that would help their child in the next program.
- **Step 2: Procedures to prepare child-** specify steps to help prepare the child for changes in service delivery and to adjust to a new setting, including activities that the family can carry out. Examples might include: visiting the new location, photos of new location to display at home, label backpack or supplies, adjust bedtime, practice short separations from caregiver, role play/pretend play, or read books about going to school.
- **Transition services have been added to the Early Intervention Services page.** (check if yes)
 - ✓ The identification of any transition services that the IFSP team, which includes the parent, determines necessary to assist a toddler with a disability and his/her family to experience a smooth and effective transition from part C to the child's next program or other appropriate services would be listed on the IFSP service page.

TRANSITION CONFERENCE

- At a minimum, as described in the federal statute, the purpose of the Transition Conference meeting is to: "*discuss any such services that a child may receive*" (e.g., school district special education services and/or other community services for preschool-aged children).
- A Transition Conference meeting **must** be convened, with family approval, for children who are eligible for, and receiving, Michigan Mandated Special Education (MMSE) services prior to 33 months of age.
- The transition conference is to be held at least 90 days but not prior to 9 months before the child's third birthday (by 33 months of age).
- **Reasonable efforts** are made to convene a Transition Conference meeting, with family approval, 90 days to 9 months prior to the 3rd birthday for children who have **not** been determined eligible for, and receiving, Michigan Mandatory Special Education services prior 33 months of age.
- **Conference Date-** this is the date the transition conference meeting was convened. The transition conference meeting and transition plan meeting may be combined into one meeting or held as separate meetings/dates.
- **Transition Conference Participants-** document signature, phone and e-mail.
 - ✓ If the child is eligible for, and receiving, Michigan Mandatory Special Education services prior to age 33 months, the following participants should sign-in under this section; the parent, the service Coordinator, and the Local Educational Agency (LEA) representative.
 - ✓ If the child is not eligible for, and receiving, MMSE services by 33 months of age, if reasonable efforts result in a transition conference meeting, the minimal required participants include: the parent and the service coordinator.

DISPOSITION OF EARLY ON RECORDS/TRANSFER OF EARLY ON INFORMATION

- At the time of transition, parents need to know what will happen to their child's record. The first bulleted point should be discussed with all parents. The second bulleted point is discussed with parents whose child is transitioning to or continuing to receive special education services.
 - ✓ The IFSP record is maintained for a minimum of seven years. (This is a State of Michigan requirement for school records.)
 - ✓ Notification is provided to the LEA and SEA for children who will be eligible for Part B special education services. (This is to ensure that eligible children have an IEP in place by their third birthday.)
 - ✓ Additional Part C information, which may include the most recent evaluation/assessment and IFSP, may be forwarded on to the receiving program. (This will help ensure continuity of services from part C to part B.)