



5800 Bell ST
Amarillo, TX 79109

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www.esc16.net



Client RBA
Child and Family Information

Child's Name	Sample Child	Client ID	
Date of Birth		IFSP Date	
Parent/Guardian		Medicaid #	

Transition Information

* Planning for transition will help you and your child move smoothly from ECI to whatever comes next for your child. Options after early intervention might include: Head Start, childcare, pre-kindergarten or early childhood special education through the public schools (PPCD).
 * Transition occurs at different times depending on the needs and circumstances of the family. It can occur when you move to another service area within Texas or out of state, when your child no longer meets eligibility requirements for ECI, or when your child turns three. Your service coordinator will help you plan for any of these transitions and develop outcomes and procedures to address them.
 * After your child's second birthday but no later than 30 months of age, you and your IFSP team will develop more specific steps, procedures regarding your child's future transition needs.

Functional Abilities, Strengths, and Needs
Present Levels of Development

Physical Development

Describe child's current health status and pertinent medical history:
Include any medical diagnoses, concerns about child's health and any relevant nutrition information.

Medications:

Date of Last Physical _____ Premature? No Yes If yes, gestational age in weeks _____

Hearing: Describe in functional terms and include any concerns about child's hearing

Vision: Describe in functional terms and include any concerns about child's vision

* On the following pages describe the child's functional abilities in familiar activities in terms of positive social-emotional development, acquiring and using knowledge and skills, and ability to take appropriate actions to get his/her needs met.
 * Summarizing how a child uses skills to function in his/her daily life provides information that assists the team (including the parents) in developing functional IFSP outcomes and procedures to meet these outcomes and so progress can be monitored over time.
 a. Check a box to note whether the ability described is strength or a concern.
 b. Identify the child's functional abilities below with the following codes*:
 A - age-appropriate skills
 O - occasionally age appropriate skills
 I - immediate foundational skills
 N - not age-appropriate or immediate foundational skills

Positive social-emotional skills	Acquiring and using knowledge and skills	Taking appropriate actions to meet needs	Routines	Strength	Need/Concern	Priority	Code
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How your day starts

X	X	X	How does your child let you know he/she is awake? (cognitive, communication and social-emotional)				
	X	X	How does your child get out of bed? (adaptive/self-help and motor)				
X	X		Is your child happy or sad when he/she wakes up? (social-emotional and communication)				

Bathing, dressing, diapering, toileting

	X	X	How does your child help with dressing? (communication, adaptive/self-help and motor)				
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Positive social emotional skills	Acquiring and using knowledge and skills	Taking appropriate actions to meet needs	Routines	Strength	Need/Concern	Priority	Code
Bathing, dressing, diapering, toileting (continued)							
X		X	What does bath time look like for you and your child? Is bath time a fun or stressful time of day? (adaptive/self-help, cognitive, communication, motor and social-emotional)				
	X	X	How does your child let you know that he/she needs a diaper change or needs to use the toilet? (adaptive/self-help and communication)				
Meal times							
X	X	X	What do meal times look like for your child? Is there anything difficult or special about meal times? (adaptive/self-help, communication, motor and social-emotional)				
	X	X	How does your child let you know when he/she is hungry or thirsty, what he/she wants, and when he/she is finished? (adaptive/self-help, cognitive and communication)				

Positive social-emotional skills	Acquiring and using knowledge and skills	Taking appropriate actions to meet needs	Routines	Strength	Need/Concern	Priority	Code
Meal times (continued)							
	X		What are your child's likes or dislikes? How do you know? (communication and nutrition)				
Playtime and other daily activities							
X	X	X	How does your child play? What does he/she like to play with? Are there times that are easier or more frustrating than others? (cognitive, communication, motor and social-emotional)				
X	X		Does your child have the opportunity to be around other children and adults? If yes, how and where does your child interact with them? (cognitive and social-emotional)				
X		X	How does your child act when you take him/her out in public? How does your child respond to separations and transitions? (communication, motor and social-emotional)				

Positive social-emotional skills	Acquiring and using knowledge and skills	Taking appropriate actions to meet needs	Routines	Strength	Need/Concern	Priority	Code
Playtime and other daily activities (continued)							
X	X		How does your child follow directions? Respond to limits? (cognitive, communication and social-emotional)				
X			Are there certain days that look different? If yes, how does your child respond to the changes? (social-emotional)				
Bed time and nap time							
X	X	X	How do you prepare your child for bed time and nap time? How does your child let you know that he/she is sleepy? (adaptive/self-help, cognitive, communication and social-emotional)				
X		X	How does your child fall asleep? How long does he/she sleep? (adaptive/self-help and social-emotional)				
Describe the parent's resources available to meet all developmental concerns and priorities identified above:							



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Child's Name: Sample Child

IFSP Date: 06/11/13

Client ID: 9999

Medicaid #:

CFR Date:

Child and Family Resources and Case Management Needs

Your service coordinator must monitor the implementation of the IFSP and follow up with you to ensure that your child's needs are being adequately addressed. Your assigned service coordinator must:

- * Talk with you on a regular basis to determine if services are being provided in accordance with the IFSP and if your child's goals/outcomes are being met.
- * This includes contacting your child's service providers, or other entities or individuals who can provide information related to your child's needs and related services if needed.
- * Determine if there are changes in your child's needs or status

Your family may have additional concerns related to your child's medical, social, educational or other needs that have not already been identified. We will identify resources and supports to assist you in addressing these concerns. You may choose to identify and address these needs now, at the initial IFSP or at another time. As new needs are identified your service coordinator will add them to this plan.

Need identified – outcome developed	Need identified – outcome declined	No needs initially identified	Resource identified	Areas of Need and Resources Related to the Family's Ability to Enhance the Child's Development	Notes
Check appropriate boxes for each				Medical	
				Medical insurance (CHIP, Medicaid, etc.)	
				Well child check	
				Other medical/dental providers	
				Primary care physician	
				Medical equipment and supplies	
				Medicaid waivers	
				Hearing and/or vision evaluation	
				Prescriptions	
				Immunizations	
				Other medical resources or needs (specify)	
				Educational	
				Child care or Head Start	
				Private therapy	
				Transition	
				Other educational resources or needs (specify)	
				Social	
				* Translation	
				* Transportation	
				Diapers for ECI child	
				WIC (Women, Infant's and Children)	
				SNAP (food stamps)	
				TANF (Temporary Assistance for Needy Families)	
				Clothing for the ECI child	
				Food pantry	
				Other social resources or needs (specify)	
				* Helping family access this service for the ECI child is TCM, providing the service is not	
				Other	



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Child's Name Sample Child

Medicaid #

Client ID

IFSP Date 05/16/13

Parent does not want this outcome to be sent to other agencies

Outcome Met

Child and Family Outcomes

Outcome #	2	Date Added	05/16/13	Target Date	07/16/13
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Measurable Outcome and Criteria

- Developmental
- Educational
- Medical
- Social
-

What do we want to happen within which routines or activities, and how we will measure success?

Test Trainer will be able to use gestures and sounds to indicated what he wants to eat or drink at least once at every meal.

Procedures/Activities to Achieve this Outcome

In what ways will your family and team work toward achieving this outcome? Who will help, and what will they do?



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Transition Steps and Services

Develop specific steps and strategies before the child turns 30 months old to support the child and family to effectively transition from early intervention services to activities, places, or programs the family would like the child to participate in after exiting ECI.

<p>I would like to explore these service options</p> <input type="checkbox"/> Early Childhood Special Education services (Part B) <input type="checkbox"/> Childcare <input type="checkbox"/> Head Start <input type="checkbox"/> Home <input type="checkbox"/> Preschool <input type="checkbox"/> Other <input type="checkbox"/> Private Therapy <input type="checkbox"/> Parent's Day Out <input type="checkbox"/> DARS Autism Program <input type="checkbox"/> Community Centers	<p>I would like to explore these resources</p> <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Medicaid waiver programs <input type="checkbox"/> Counseling <input type="checkbox"/> Advocacy <input type="checkbox"/> Respite Care <input type="checkbox"/> Parent Support Groups <input type="checkbox"/> Other <input type="checkbox"/> Case Management programs <input type="checkbox"/> DARS Blind/Deaf & Hard of Hearing Services Regional Specialist <input type="checkbox"/> Information about child & family rights <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Child Development Information
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Include more specific information below under "additional steps & services"

Steps & Services	Responsible Party	Timeline	Anticipated Date of Completion
<input type="checkbox"/> Provide to the parent an overview of transition concepts and activities	Service Coordinator	No later than 33 months of age	
<input type="checkbox"/> Local Educational Agency & Potentially Eligible for Part B Services My child's Service Coordinator has explained the LEA notification process to me. I understand that limited personally identifying information (child's name & date of birth, parent's names, address, phone, service coordinator's name, and language spoken by my child and family) will be sent to the LEA unless I opt out. I understand I can opt out in writing any time up until the scheduled notification date.	ECI Provider	No later than 90 days prior to child's 3rd birthday	
<input type="checkbox"/> Check here if the child is Potentially Eligible for Part B Services			
If my child is potentially eligible for Part B services: 1. ECI will notify the Local Education Agency (LEA) that my child is potentially eligible unless I opt out	ECI Provider	No later than 90 days before child's 3rd birthday	
<input type="checkbox"/> Check here if parent elects to opt out of LEA notification of potentially eligible regarding this child			
2. With parental agreement, hold a transition conference with LEA representative, parent and ECI team member	IFSP Team	No later than 90 days prior to 3rd birthday	
3. With parental consent, provide additional planning information to the LEA.	Service Coordinator	No later than 90 days prior to 3rd birthday	
4. If available, ECI representative will attend my child's admission, review and dismissal meeting at my request	IFSP Team	By child's 3rd birthday	
Provide me with information, including contact information for other community placement options and resources	Service Coordinator	By child's 3rd birthday	
Assist me with meetings and referrals to other community placement options and resources; make referrals with parental consent	Service Coordinator	By child's 3rd birthday	
Required Additional Steps and Services Specific to My Child and Family	Responsible Party	Timeline	Anticipated Date of Completion



Early Childhood Intervention Services Individual Family Service Plan (IFSP) Grid

Services and supports are determined following the development of functional IFSP outcomes. They are designed to enhance the capacity of the family in supporting the child's development and to promote the child's learning and development through functional participation in family and community activities.

General Information

Child's Name: Sample Child	Client ID:	Services key: AI-Audiological Services BI-Behavioral Intervention CO-Counseling FE-Family Education NS-Nursing Services NU-Nutrition Services	OT-Occupational Therapy PT-Physical Therapy PS-Psychological Services RA-Reassessment SST-Specialized Skills Training ST-Speech Therapy SW-Socail Work Services VI-Vision Services
ECI Program: Region 16 ESC ECI			

Service Information

Service	Discipline of Provider	Expected Frequency	Expected Intensity	Total Auth Visits	Location *	Method	Start Date	End Date	Provider Outside ECI **
Case Management	Service Coordinator's name:				<input type="checkbox"/> Home <input type="checkbox"/> Other <input type="checkbox"/> Community	<input type="checkbox"/> Individual <input type="checkbox"/> Group			<input type="checkbox"/>
					<input type="checkbox"/> Home <input type="checkbox"/> Other <input type="checkbox"/> Community	<input type="checkbox"/> Individual <input type="checkbox"/> Group			<input type="checkbox"/>
					<input type="checkbox"/> Home <input type="checkbox"/> Other <input type="checkbox"/> Community	<input type="checkbox"/> Individual <input type="checkbox"/> Group			<input type="checkbox"/>
					<input type="checkbox"/> Home <input type="checkbox"/> Other <input type="checkbox"/> Community	<input type="checkbox"/> Individual <input type="checkbox"/> Group			<input type="checkbox"/>
					<input type="checkbox"/> Home <input type="checkbox"/> Other <input type="checkbox"/> Community	<input type="checkbox"/> Individual <input type="checkbox"/> Group			<input type="checkbox"/>
					<input type="checkbox"/> Home <input type="checkbox"/> Other <input type="checkbox"/> Community	<input type="checkbox"/> Individual <input type="checkbox"/> Group			<input type="checkbox"/>

Payment arrangements for ECI services on this IFSP (check all that apply):

<input type="checkbox"/> ECI	<input type="checkbox"/> Family Fees	<input type="checkbox"/> Public/Private Insurance
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If the IFSP team determined co-visits are needed, document the justification of how the child and family will receive greater benefit from services being provided at the same time:

* Describe how and why the IFSP team determined the location if services are not provided in the child's natural environment, and how these services will be generalized to support the child's ability to function in his or her natural environment.

** Mark this box if the provider is outside the ECI system, the service is arranged and paid for by the family or their insurance, and the team recommends the service.

Is assistive technology planned as a strategy on the IFSP?

Yes

No

Signatures

The ECI Family Rights Handbook has been reviewed with me.

I participated in the development of this IFSP, and I give informed consent for the DARS Early Childhood Intervention program and service providers to carry out the activities listed on this IFSP.

I understand that my consent is voluntary and may be withdrawn at any time.

I understand that my consent may be given for some services and not for others.

I understand that the consequence of refusing services is that my child or family will not receive the services.

I understand that my signature grants permission for my child to receive services.

I understand that services subject to the Family Cost Share will begin once I have signed my Family Cost Share Agreement.

Family comments:

Parent signature:

Date

Other Team Member Signature	Discipline	Date	Present	Reviewed
Signature:			<input type="checkbox"/>	<input type="checkbox"/>
Signature:			<input type="checkbox"/>	<input type="checkbox"/>
Signature:			<input type="checkbox"/>	<input type="checkbox"/>
Signature:			<input type="checkbox"/>	<input type="checkbox"/>