

INSTRUCTIONS FOR COMPLETING WISCONSIN'S INDIVIDUALIZED FAMILY SERVICE PLAN

“The IFSP is a promise to children and families—a promise that their strengths will be built on, that their needs will be met in a way that is respectful of their beliefs and values, and that their hopes and aspirations will be encouraged and enabled.”
(McGonigel & Johnson, 1991, p.1)

Background and Acknowledgements

The Wisconsin Birth to 3 Program Individualized Family Service Plan (IFSP) Document and Instructions have been developed as part of a comprehensive statewide effort to provide consistent guidance and materials to county Birth to 3 Programs. This is a key aspect of the Department of Health Services (DHS) accountability to families served by the Birth to 3 Program. A statewide IFSP document provides consistency to families no matter where they live in Wisconsin and helps to facilitate transitions out of the Birth to 3 Program. In addition, the IFSP document responds to requests from county Birth to 3 Programs for a template and process that clearly outlines the elements of the IFSP process required by Part C Regulations of the Individuals with Disabilities Education Act (IDEA), which reflects Wisconsin's mission and Guiding Principles for implementing early intervention including the Evidence-Based Practice of Primary Coach Approach to Teaming in Natural Environments, and other requirements that fit into the IFSP process (e.g., written prior notice, child outcomes). While county Birth to 3 Programs are not required to use this template, programs are encouraged to adopt the Wisconsin IFSP document and use it in its entirety to maintain the integrity and consistency of the IFSP instructions.

THANK YOU

Wisconsin's Birth to 3 Program would like to express sincere appreciation to the members of the IFSP Workgroup for their dedication in developing these IFSP materials. This group dedicated hours to sharing ideas about their program practices to create this document and guidance for Wisconsin's Birth to 3 Program. Throughout their work, they strove to keep children and families in the center of their discussions while also including all of the required Part C Regulations. They continually asked each other these types of questions: "How will this section support evidence-based practice? What is the purpose of this part of the document? Is it required? How can we support new Birth to 3 Program staff in developing meaningful IFSPs?"

Anne Bruss
Service Coordinator
Brown County Birth to 3 Program

Kathy Boisvert
RESource Facilitator
Western Region

Bonnie Erickson
Service Coordinator/Program Coordinator
Columbia County Birth to 3 Program

Elizabeth Wahl
RESource Facilitator, Southern Region
MSSW, CAPSW Professional Development Outreach Specialist

Lisa Kujawa
Service Coordinator
Portage County Birth to 3 Program

Lori Wittemann
State Birth to 3 Program Lead
Department of Health Services

Sheryl Hamilton
Service Coordinator
Racine County Birth to 3 Program

Wisconsin's Birth to 3 Program would like to thank all the Birth to 3 Program staff throughout the state for their suggestions and support on this project. Each county Birth to 3 Program provided direct feedback to the Workgroup based on their experience piloting the IFSP document, discussing the IFSP process with members of the IFSP group, and/or reviewing a section of the IFSP instruction document.

The purpose of these instructions is to guide early interventionists to document necessary IFSP components. Having all team members feel comfortable with the IFSP document is needed to help the conversation flow and to tease out the outcome(s) the family really wants. Each county Birth to 3 Program can add or change/move around parts of the IFSP document to meet their needs. The IFSP document was developed to reflect the most recent evidence-based practices. For further guidance on the IFSP processes and how they support the development of this IFSP document, refer to the WI Birth to 3 Program Practice Guide. It is not currently available but will be soon.

The IFSP document is meant both as a “contract with the family” about what to expect from the Birth to 3 Program, but also as a tool for communication between all the team members. It is a fluid, always-changing document. It is meant to be used to discuss progress, reflect ongoing assessment of child and family and determine when IFSP reviews are needed. It outlines the outcomes and strategies of the team.

In this document the H.R. 1350—108th Congress: Individuals with Disabilities Education Improvement Act of 2004 (2003) will be referred to as IDEA 2004 or 20 USC variable sections. The sections of these laws will be referenced as § 303.XXX or 20 USC § XXXX. The sections of the Wisconsin Administrative Code § DHS 90 will be referenced as §DHS 90.XXX.

The Individualized Family Service Plan (cover page)

Purpose: To identify who this Individualized Family Service Plan (IFSP) belongs to, and to record the name of the service coordinator. This page identifies when the original IFSP was developed and how often and when updates will occur. [§303.344(g)]

Process: Most of this information will come directly from the referral/intake information; enter the information as it is gathered on the referral/intake.

How:

Referral Date: This date documents the date contact was made to the county Birth to 3 Program for a referral. This date marks the beginning of the 45-day timeline for determining eligibility and developing the initial IFSP. For further guidance, refer to the Birth to 3 Program Practice Guide.

Early Intervention Team/IFSP Due Date: This due date is the date the initial IFSP is to be completed which is no later than 45 days from the Referral Date. This is a field that can be used as a “tickler” system.

Initial IFSP Date: This is the date the initial IFSP is written with the family. If an interim IFSP was written with a family, enter the date of the interim IFSP here. For additional guidance about an interim IFSP, refer to the Wisconsin Birth to 3 Program Practice Guide.

Annual IFSP Review Due: This is the anticipated date for the annual IFSP review to be held which can be no later than a year from the Initial IFSP date. See Wisconsin Birth to 3 Program Practice Guide for more information about Annual IFSP reviews compared to other IFSP reviews.

IFSP Review Dates: The dates listed on these lines should be those of the actual date the IFSP was reviewed. The IFSP must be reviewed at least every 6 months and evaluated annually, or more frequently as requested by the family or other team members. The IFSP must be updated within or no later than six months after the previous IFSP review date. [§303.342(b)&(c)] Please refer to the Wisconsin Birth to 3 Program Practice Guide for more information.

Options for this page:

County Birth to 3 Programs may decide to add a county logo or the logo of a contracted provider to the cover page. Counties may also choose to add the child's photo on this page or a graphic that is reflective of the program. Consider how you might want to tailor this page to create prompts for 3 month, 6 month, annual reviews and transition meeting reviews. Some teams have added additional lines for these dates. It is recommended at the initial IFSP meeting that the team determine with the family the next IFSP review date. At each IFSP review, determine the next review date.

Child and Family Information page

Purpose: To introduce the child and family to their early intervention team by sharing demographic and other information about the child and family. While gathering this information, the team begins to understand the child within the context of their family and community. This page begins documentation of family assessment information. [§303.344(b)]

Process: This information is gathered starting with the initial contact and continues throughout the family's participation in the Birth to 3 Program. This page is updated as necessary to reflect any changes.

How:

Parent/Legal Guardian Name Section: You will notice three sections for parent/legal guardian information. There might be circumstances that warrant filling out additional Parent/Legal Guardian sections, such as:

- The child has parents that do not live together.
- The child lives with grandparents or extended family, but the biological mother and/or father are the guardians.
The child lives with foster parents, and the biological parent(s) is/are involved. (Refer to county and state guidance from legal when questions arise regarding legal guardian, ward of state, surrogate parent, or foster parent.)

Relationship to Child: Choose one of the following: Parent, Foster parent, Other relative, or Other

Street, etc.: Includes street address, city, state and zip code (include PO Box information if necessary for mailing).

Phone number: Note the family's home phone number or document if the family does not have a phone.

Alternate Phone number: Consider work phone or cell phone.

Email address: If a family chooses to share their email address, document that information on this line.

Primary Language of Parent(s)/Legal Guardian: List primary language spoken in the home by the family. [§303.342(d)]

Child's Race: Based upon parent report, list one of the following: American Indian/Alaskan Native, Hawaiian/Other Pacific Islander, White, Black/African American, Asian

Child's Ethnicity: Is the child Hispanic? Select Yes or No

Spends Days With: Check the appropriate box and add the name of the child care provider, if chosen, or, if "other" was checked, add information about that person.

List others in the child's home (include pets): This space is to record the names of other people living in the home.

List other important people in the child's life: This space is to record the name(s) of other people who are important in the family's life.

Referral Source/Contact Information: This space is to list contact information of person making the referral to the Birth to 3 Program.

Primary Medical Care Provider/Medical Home: Add the name of the doctor, clinic or other health care provider from whom the child receives his/her primary medical care.

Community Supports: This section highlights the supports the family currently uses by checking the appropriate boxes. This section includes resources from three areas: financial, health and community resources. In reviewing these supports with families, the service coordinator or other team member may identify a program or resource a family is interested in finding more information about. Be sure to list this information on the *Other Services/ Community and Medical Supports* page.

Options for this page:

County Birth to 3 Programs could also record other helpful information (e.g., school district, best times of day to visit). You may also list the child's specialists in the Primary Medical Care Provider/Medical Home space and link to the *Other Services/ Community and Medical Supports* page. County Birth to 3 Programs have the latitude to add supports under the Community Supports section that are specific to their communities.

Understanding the context of the child including the individual's child's interest and what the family likes to do together is key to implementing evidence-based practices. It may be helpful to use *Promoting Young Children's Participation in Interest-Based in Everyday Learning Activities* (http://fipp.org/static/media/uploads/casetools/casetools_vol2_no5.pdf)

If your program is using the *Routines Based Interview (RBI)* process (<http://www.siskin.org/www/docs/112.190>), this part of the IFSP is where some of the information gathered through RBI is documented.

Another helpful tool to consider is *The Family Resource Support Guide* (http://fipp.org/static/media/uploads/casetools/casetool_vol6_no5.pdf)

Summary of Development pages

Purpose: These pages serve multiple purposes: 1) Initial eligibility/team report, 2) Summary of child's current developmental status for the IFSP--these pages offer a description of how the child is functioning in his or her everyday life 3) Documentation of

the Office of Special Education Program (OSEP) child outcomes (evidence, ratings, sources) and 4) Annual summary of assessment results.

This page must be completed as part of the initial eligibility process and on an annual basis. This page is a requirement of the IFSP document.

Process: This information is gathered through the initial and ongoing evaluations and assessments, observations and other methods to learn about the child's development and how the child is functioning in everyday routines.

HOW:

Child's Name, DOB, Age at Evaluation, and Entry/Exit Child Outcome Completed Date (adjusted Age, if applicable): Place on the top of the form.

Information needed at entry or exit: Choose the appropriate box to complete based upon whether this data was gathered to determine entry child outcome ratings or exit child outcome ratings. Enter the date the entry or exit child outcome ratings were determined.

Participants: List who participated in evaluations and/or assessments.

Procedures:

Please check all that apply, listing Assessment Tools and where the information was gathered (e.g., locations such as home, child care etc.)

Complete the next sections at both entry and exit. List the date the information was added to the IFSP.

Health & Vision/Hearing sections:

Document specifics from medical reports, parent input, screenings and observations from evaluators.

THREE CHILD OUTCOME AREAS of Summary of Development:

The next three pages are divided into the three Child Outcome Areas:

1. Positive Social Emotional Skills
2. Child's Use of Knowledge & Skills
3. Child's Independence & Ability to Meet Own Needs

In the narrative section of each of these IFSP pages the team will list the date the page is completed. Describe the child's functional participation in routines and activities and the developmental skills the child demonstrates or does not yet demonstrate for the Child Outcome area. Across these three pages, all five developmental domains should be addressed.

Evidence to Support Child Outcome Process:

In this section, the team documents the specific evidence/statements that support the child outcome rating number given for the child.

Entry Child Outcome Rating Number:

Using the decision-tree, the team completes the entry child outcome rating number based on scale from 1-7 according to the child's chronological age. This entry rating is to be completed within 60 days of the child being found eligible for Birth to 3 Program.

Exit Child Outcome Rating Number:

Using the decision-tree, the team completes the exit child outcome rating number based on scale from 1-7 according to the child's chronological age. This exit rating is to be completed within the 60 days prior to discharge date for the Birth to 3 Program.

After the completion of the Exit Child Outcome Rating, the team then marks the YES box or NO box under "**Has the child shown...**" This is NOT just a comparison of entry and exit child outcome ratings, but rather if the child has shown any new skills or behaviors while participating in the Birth to 3 Program.

Options for this page:

At IFSP reviews, utilize the pages for capturing ongoing assessment information by specifying the date the information is added. You may choose to add a new page anytime new or updated information is added. A program could choose to develop a "short summary/update page" to add additional things you learn and use it for IFSP reviews (6 months).

These Summary of Development pages integrated with the Early Intervention (EI) Team Report/WI Early Intervention Eligibility Determination page, meet the Birth to 3 Program requirements to develop a report summarizing the results of the evaluation and assessment process. [§DHS 90.08(7)(h); §DHS 90.10(5)(a)] Programs may choose to not use these pages, but instead complete an EI Team report.

This report may or may not meet the requirements to bill funding sources; talk to your County Administration or Program Director.

Programs need to decide the team process for determining entry/exit child outcome ratings; for example, what system is in place, is it integrated into IFSP meeting or team meeting, etc.

It is a county decision whether or not to include OSEP child outcome ratings as part of IFSP. If child outcome ratings and evidence and sources of information are not included as part of the IFSP Summary of Development pages, separate documentation is required in the file to meet Child Outcomes data requirements. The most common alternative is the completion of the Child Outcome Summary form.

Under the location field, you can list the locations the parent described their child's interactions from that location such as child care.

Early Intervention Team Report/WI Early Intervention Eligibility Determination page

Purpose: This page documents whether the child meets the eligibility criteria for Wisconsin's Birth to 3 Program and provides the family with Written Prior Notice regarding this decision.

Process: The members of the Early Intervention (EI) Team discuss their findings and conclusions from initial evaluations and assessments and determine if there is documentation, data or other evidence that the child meets the eligibility requirements of the Wisconsin Birth to 3 Program. Please refer to the Wisconsin Birth to 3 Program Practice Guide for more information.

How:

WPN:

1. Check the appropriate decision regarding the child's eligibility.
2. Check the other decision considered, if discussed.
3. Complete the next section stating how the team determined this eligibility decision.

If the child is eligible for the Birth to 3 Program, check the box indicating how:

- If the child is eligible for the Birth to 3 Program based upon a 25% delay in development, list parental/caregiver input, names of standardized tests, observations, review of records, etc., and the developmental areas the child has a 25% delay. For additional guidance on determination of eligibility refer to the Wisconsin Birth to 3 Program Practice Guide, eligibility section.
- If the child has a diagnosed condition which has a high probability of resulting in a developmental delay that meets eligibility criteria, state the diagnosis and related conditions and the documentation the team has reviewed to verify this diagnosis.
- If the child was determined eligible for the Birth to 3 Program based upon atypical development, list the tools (parental/caregiver input, names of standardized tests, observations, review of records, etc.) used to determine the close to 25% delay, the area of delay, and the aspect that is atypical and affecting the child's overall development.

When you list "Test Results" as a tool, name the testing tools used that found that the child had a delay that met eligibility determination and the scores on these testing tools. If they are not delayed on one tool and are on the other, only list the one that determined the eligibility.

When you list “Observations” as a tool, list any observations you or the team made of the child during the evaluation process that supported you in determining that they are eligible for Birth to 3 Program. (e.g., The child was very difficult for us to understand when they spoke.)

When you list “Parental Input” as a tool, list anything the parent or caregiver told you that supported lead you in determining the child is eligible for Birth to 3 Program. (e.g., Child has a history of chronic ear infections, child gets frustrated when not understood, family history of speech and language problems.)

Checkboxes at bottom of the page/EI Team report continued:

If the child is eligible for the Birth to 3 Program, but the family declines IFSP development, check the appropriate box. If the family agrees to develop the IFSP, nothing is checked in this section.

If a child is found not eligible for the Birth to 3 Program, then the team must offer to re-screen the child within a maximum of six months. There is a section for notes next to this option, which is the place the team can document whether the service coordinator will call the family within six months, whether the family will call the service coordinator if concerns arise, or if the family declined the re-screen opportunity. Through a team discussion with the family, options for community resources or information which might benefit the child and family is listed. Any information that Birth to 3 Program can share with the family to help enhance their child’s development is listed in the last statement. This can be conversations completed as of the date of the EI Team meeting, or handouts that will be given to the family.

Participants in EI Team Meeting (Signature Page):

All participants who are active members in the early intervention team meeting must print and sign the EI Team report. [§DHS 90.08(7)h]

Options for this page:

Since children are not eligible for the Birth to 3 Program based strictly on expressive language delays, but rather for communication delays, for children with a 25% delay in expressive language, it is recommended you use the Late Talker chart found in the Wisconsin Birth to 3 Program Practice Guide and then list the contributing factors.

Tell Us About Your Family page

Purpose: The information on this page is intended to support the development of functional participation based IFSP outcomes and to record information gathered through the family assessment process. [§303.321(c)] This page is not a “checklist” but a place to capture the family’s strengths, concerns, priorities and resources.

This page of the IFSP documents the daily routines and activities occurring with families such as, “starting to go to library hour,” in addition to major events like moving to a new home, as well as the family’s dynamics, what is important to the family, and who is important in this family’s life.

For more information about family assessment, refer to the Wisconsin Birth to 3 Program Practice Guide.

Process: The family and team members discuss various strategies for gathering this information. The information can be recorded at multiple times and in a variety of ways. This information can be gathered through conversations between the family and team members throughout the process including intake, evaluation and the IFSP, family report and sharing, or through the use of a family assessment tool. This page can be updated whenever the IFSP is updated; specifically when the outcomes are being updated. Include all the new information (ongoing changes, insights the family is having regarding the child and their progress) the primary coach has learned about the child and family's interests and routines since the last IFSP review.

How:

Child/Family Assessment Procedure Used: List the tool(s) used to gather information from the child and family during the assessment process.

Complete each section with the most updated and pertinent information known about the child and family. For reviews, use the new date or complete a new Tell Us About Your Family page.

Natural Supports and Resources:

This section of the Tell Us About Your Family page is for describing or naming other people in the family's life that support them, that they appreciate or that they find helpful.

The goal is to identify the supports and resources already available to the family to help them in supporting the child's development. This could be people or resources in the community such as neighbors, church members, etc. Developing an ecomap with the family would be one tool to utilize.

Possible questions to help lead the conversation regarding who/what is important in a families' life are:

- *When something exciting/wonderful happens who is the first person you call and who comes to help?*
- *Who are the people that are helpful to your family?*

Routines and Activities:

This section of the Tell Us About Your Family page is to gather information about the child and family's everyday routines and activities and the child's behavior and interactions with others in those contexts. It is an opportunity for the family to share their child's story and for Birth to 3 Program staff to continue to develop relationships with the family. The conversation usually begins by asking the family to describe what a typical day is like for their family. A good question to start with is "How does your day start?" This information can be helpful when developing participation-based outcomes within the context of everyday learning. Possible questions to help lead the conversation are:

- *How does your family spend the day?*
- *How does your child participate in this activity?*

- *What are other family members doing during the activity?*
- *What is going well for your child and family?*
- *What are the difficult times for your child?*
- *What can the child do on his own (independence) during this activity/time of day?*
- *How does the child communicate and get along with others (social relationships)?*
- *How well is this time of the day working for the family (satisfaction rating)?*

Priorities of the Family:

This section is asking families about their concerns, so outcomes reflect changes the family wants to see happen. By seeking input from families about their interests and priorities, outcomes are related to enhancing a child's participation within an existing or desired activity setting or routine of the family in order to promote child learning, growth and development. Capturing the priorities of families assists in identifying outcomes that are visions of what they would like to see for themselves and/or their child in order to participate in real-life activity settings or events within existing or desired environments with typical people, objects and materials.

Possible questions to help lead the conversation regarding the family's priorities are:

- *What are your concerns?*
- *What are you most proud of?*
- *What are the interests of your child? Your family?*
- *If you had a magic wand, what would you change?*
- *What are some activities you enjoy doing with your child and family?*
- *What are some activities that your family would like to do?*
- *When you wake up in the morning, what is it you worry about?*

Options for this page:

Consider using Routines Based Interview (<http://www.siskin.org/www/docs/112.190>), CORE CONVERSATIONS (http://www.waisman.wisc.edu/naturalsupports/pdfs/CORE_Guide.pdf) or Child Interest Based Activities Checklists (www.fipp.org/publications/casetools) to gather this information.

As best practice, this page should be considered for updating at each IFSP review as a family's routines, activities, and priorities are constantly changing.

You might refer to Home Visit sheets for updates to document on this page from all team members.

Child/Family Outcome page

Purpose: To document the ideas that are important to the family about what they want to see happen for their child and family and to guide the work that Birth to 3 Program will do with the family. IFSP outcomes need to be functional and reflect a child's participation in ordinary everyday routines. The outcomes reflect both child and family outcomes. The functional outcome is a statement of what the family wants to see happen for their child and family. The outcome must be:

Measureable: outcomes are observable or countable; have **criteria:** how will the outcome be measured/what is the standard to measure against, **Procedures:** how will we get the child/family there (strategies) and **timelines:** when is the outcome expected to be completed, progress to be assessed and need for modification determined.

Refer to Wisconsin Birth to 3 Program Practice Guide for further information on IFSP outcomes.

Process:

The outcomes are developed based upon the information from the *Tell Us About Your Family* page and/or are gathered throughout the process as a result of conversations with the family (family assessment) and the evaluation and assessment of the child. [§303.344(c)]

How:

TO BEGIN: Reflect back on discussions with the family. Ask the family if the ideas they brought forward earlier in the process (on the *Tell Us About Your Family* page or from another assessment tool) are still important to them, and, if so, these ideas may become the outcomes. Remember that the information written on this page can reflect both child and family outcomes. You may fill out one or more outcomes pages, depending on team discussions.

Possible questions to help lead the discussion include:

- *What do you want to see happen next?*
- *What would an improvement in that routine look like?*
- *How would your child's day look different if they could?*
- *What is your wish for your child's participation in that part of your day?*

Outcome:

Date: Enter the date the outcome was developed or updated

The culmination of the information documented in the following six areas makes up the IFSP outcome.

Wish of the family around a routine: Write the outcome of the family.

Possible questions to help lead the discussion include:

- *What is your wish for your child regarding the child's participation in an activity or routine?*
- *What is the wish for the caregiver as the learner?*
- *What are the hopes the family has for change?*
- *What do you want to see changed?*
- *What activities or situations do you want your child to participate in?*
- *How would your child's day look different?*
- *What are some things you might need to learn to do?*
- *What are your hopes for change in action, engagement, enjoyment, involvement?*

The participation or activity should be what the family currently does now or wants to do on a regular basis. Consider the situation first before the skill.

What is happening now?

Document from discussions what the child or family is currently doing and what has been tried to change the situation and whether or not it worked. Document the skills or behaviors that the family would like to be different in the future.

Possible questions to guide the discussion include:

- *What's working well?*
- *What have you tried?*
- *What are you hoping to see next?*

When do we hope this will be accomplished? List the date, upcoming event or holiday when the team hopes the outcome will be achieved.

What shall we try?

List the one or two strategies to start to support the parent and child in meeting the outcome; what are some beginning things we can do? This section is not intended to be limited to just strategies that the professionals will be doing, but should consider other strategies that will support the family in achieving this outcome throughout their families routines, natural supports and activities that they already participate. This section should open the door to any opportunity that the child and family can do within their day, within their routines.

Possible questions to guide the discussion include:

- *What shall we try?*
- *How will the initial home visit look?*
- *How are we going to get there?*
- *Where will we start?*
- *Where will our joint planning begin; what will visits look like?*

How are we going to know we are on the right track? Identify what can be observed and is meaningful to the family to show that change has occurred—what will be different, what behaviors the participants, including the child and family, will demonstrate. Family criteria of success may or may not be from a developmental perspective and can include parent report or perception of observed change. It is important to set the criteria based on what's important and meaningful to the family.

How will we measure progress on this outcome? Check all of the procedures that will be used to determine if the outcome is met.

Progress /modification or revisions toward outcome or date accomplished: This is filled out and dated at IFSP reviews or updates when the team, including the family, discusses the progress made toward the outcome. Document the date of the discussion and the progress discussed.

Choose one: Check whether the outcome is accomplished, continued or no longer a priority to the family.

Options for this page:

It may be helpful to take notes about the outcome during the discussion/IFSP meeting completing the actual Child/Family Outcome page of the IFSP when you can summarize the conversation clearly.

Revisions of outcomes for IFSP reviews and evaluations: At each update additional Child/ Family Outcome pages can be added for new outcomes. If work is continuing on previous outcomes, indicate this on the initial Child/Family Outcome page and continue to use this page. You may want to re-order the pages so that the current, active outcomes are viewed first.

See the Tips and Techniques for Developing Participation-Based IFSP Outcome Statements by Rush & Shelden, 2009 and the Wisconsin Birth to 3 Program Practice Guide for more information on IFSP outcome development.

Other things to consider when choosing an IFSP outcome: What is the activity or situation you want the child to participate in? It should be based upon the participation or activity that the family currently does or wants to do on a regular basis- doing now or wants to do better.

Transition Steps page

Purpose: This page documents the written plan with the steps to be taken to support the child and family through transitions and meets the Written Prior Notice requirements for transition and discharge. [§303.344(h)] There are two versions of the Transition Plan page: 1) for when a child is leaving the Birth to 3 Program due to turning three and 2) for all other transitions. Different directions for completion are provided for each version.

F-00989j TRANSITION PLAN— TURNING 3 YEARS OLD

Process: Discussion of transitions occurs throughout a child's involvement with the Birth to 3 Program. These discussions may include multiple people from other agencies or programs or other exploring of options/other programs available in the community for three year olds. Family assessment might help support the development of the plan. A part of the discussion is whether or not the child is 'potentially eligible for local educational agency (LEA) services' and based upon that decision the options available to the family after the age of three. If the child is potential eligibility for LEA services, discussion of referral to the LEA and offering a Transition Planning Conference (TPC) occurs. Discussion of eligibility for other programs (e.g., Head Start, three-year old preschool, Children's Long-Term Support (CLTS) Waivers, Family Support Program, etc.) may occur.

The transition plan page itself is a fluid document that represents a process and may be added to over time. For information on requirements around the development of the transition page of the IFSP, see the Wisconsin Birth to 3 Program Practice Guide.

How:

Date: Enter the one or more dates when a meeting with the family occurred to discuss transition with the family and the plan documented on this page was developed or updated. You may list multiple dates in this section. Transition discussions may happen over several months and during multiple meetings.

What kind of Transition: Check the type of transition

Participants in the transition discussion: List the name and titles of people who participated in the transition discussion with the family.

Potential Eligibility Written Prior Notice: This section is designed to capture the written prior notice (WPN) requirement regarding the decision of "potential eligibility for LEA services". It is completed prior to the child leaving the program for children leaving the program after the age of two years, three months.

After discussing with the team, including the family, the child's potential eligibility for LEA services, the discussion is documented by checking the decision made about potential eligibility and the other options considered. Then document the information (sources) and reasons (data the sources gave you) the decision was made and others were rejected. Offer the family a copy of the Parent and Child Rights brochure (<https://www.dhs.wisconsin.gov/publications/p2/p23134.pdf>).

Refer to Wisconsin Birth to 3 Program Practice Guide, transition section or WPN section.

Transition Options discussed: List the various programs shared with the family as options for services after age three (e.g., Head Start, school, private therapy, preschool, music therapy).

Outcome for the child and family during this transition: To develop the outcome, discuss needs of the child and family. Consider key questions to ask the family about the transition, such as:

- *What kind of transition is this?*
- *What does your family want and hope for your child during this transition?*
- *What factors may be impacting this transition?*
- *What other services/supports would the family like to explore? What are your concerns, fears, excitements and goals for this transition?*
- *What would you like to see happen through this transition?*
- *Who would you like to see support you through this transition?*
- *What additional information do you want to help you through this process?*

Use this information (what the family wants and hopes for their child) to develop the steps or strategies that will be completed to support the transition outcome.

Where will our joint planning begin; steps to accomplish the transition and outcomes: This section is for documenting the steps discussed to support the child AND family through the transition.

Who will do what? List the steps to be taken to support this transition for the child and family. This should not be limited to what providers will do, but can also include the things the family will do (e.g., attend meetings, go on tours, give pertinent information as needed). This should directly correlate with the transition outcome--what the family indicated were their wants and hopes for their child and family during this transition.

Be mindful of additional resources that may be available to families during this transition. These could include: Children and Youth with Special Health Care Needs Regional Centers, Public Health Departments, preschools, private/clinical therapy services, community programs, Family Resource Centers, Family Support Program, Children's Long-Term Support Waivers, or other services available in your community or natural support in the family's life such as grandparents.

When? Give a general indication/estimate in this section of the timeline for each of the transition step(s) to be completed.

Other WPN: This section is used if other significant decisions around the transitioning of a child is made. For example, if an LEA requests that the Birth to 3 Program complete exit evaluations that the LEA will then use as the evaluations to determine eligibility for special education services, this section would be completed to document the decision of whether or not the Birth to 3 Program will complete these evaluations. After discussing with the team, including the family, the discussion is documented with the a) decision made, b) other options considered, c) the information (sources) and reasons (data the sources given you) the decision was made and others were rejected. Offer the family a copy of the Parent and Child Rights brochure (<https://www.dhs.wisconsin.gov/publications/p2/p23134.pdf>).

Refer to Wisconsin Birth to 3 Program Practice guide, transition section or WPN section.

Discharge WPN: This section is completed for all children, whenever they exit or discharge from the Birth to 3 Program. All three parts of this section must be completed, including the last day the child will be receiving ANY services (including service

coordination) from the Birth to 3 Program. After discussing with the team, including the family, the discussion is documented with the last day in the Birth to 3 Program, other options considered, the information (sources) and reasons (data the sources give you) the decision was made and others were rejected. Offer the family a copy of the Parent and Child Rights brochure (<https://www.dhs.wisconsin.gov/publications/p2/p23134.pdf>).

If the child is leaving the Birth to 3 Program due to turning three, the “other decision considered” is marked “continuing services after the age of three”. In the space titled, ‘This decision is recommended based upon’, write “WI Birth to 3 Program serves children only until the third birthday.”

Refer to Wisconsin Birth to 3 Program Practice Guide, transition section or WPN section.

If the child is potentially eligible for services through the LEA:

This list is designed to guide actions taken on behalf of the child and family to support the transition to the LEA at age 3. Each item that applies should be checked once completed, with the date completed added, as indicated. This section supports meeting the documentation requirements of Part C Regulations. Completion of the items in this section DOES NOT count as Transition Step or Plan development as required or documented in PPS.

Options for this page: County Birth to 3 Programs can choose to add internal tickler systems for transition timelines. For those exceptional transition circumstances, feel free to move the information around in the document to match with your process.

F-00989k TRANSITION PLAN— OTHER

Purpose: Discussion of transitions occurs throughout a child’s involvement with the Birth to 3 Program. The transition page of the IFSP is designed to be used in other transition situations such as the child coming home from the hospital, moving, declining services or IFSP outcomes being met. These discussions may include multiple people from other agencies or programs or exploring of options/other programs available in the community. Family assessment might help support the development of the plan. Discussion of eligibility for other programs (e.g., Head Start, three year old preschool, CLTS Waivers, Family Support Program, etc.) may occur along with how to reconnect with the Birth to 3 Program if necessary.

The transition plan page itself is a fluid document that represents a process and may be added to over time.

For information on requirements around the development of the transition page of the IFSP, see the Wisconsin Birth to 3 Program Practice Guide.

How:

Date: Enter the one or more dates when a meeting with the family occurred to discuss transition with the family and the plan documented on this page was developed or updated. You may list multiple dates in this section. Transition discussions may happen over several months and during multiple meetings.

What kind of Transition is this: Check the type of transition.

Participants in the transition planning discussion: List the name and titles of people who participated in the transition discussion with the family.

Transition Options discussed: List the resources available to the family. (e.g., LEA, Head Start, preschool, etc.)

Outcomes for the child and family during this transition: To develop the outcome, discuss needs of the child and family. Consider key questions to ask the family about the transition, such as:

- *What kind of transition is this?*
- *What does your family want and hope for your child during this transition?*
- *What factors may be impacting this transition?*
- *What other services/supports would the family like to explore? What are your concerns, fears, excitements and goals for this transition?*
- *What would you like to see happen through this transition?*
- *Who would you like to see support you through this transition?*
- *What additional information do you want to help you through this process?*

Use this information (what the family wants and hopes for their child) to develop the steps or strategies that will be completed to support the transition outcome.

Where will our joint planning begin; steps to accomplish the transition and outcomes: This section is for documenting the steps discussed to support the child AND family through the transition.

Who will do what? This should not be limited to what providers will do, but can also include the things the family will do (e.g., attend meetings, go on tours, give pertinent information as needed). This should directly correlate with the transition outcome-- what the family indicated were their wants and hopes for their child and family during this transition.

Be mindful of additional resources that may be available to families during this transition. Resources could include: Children and Youth with Special Health Care Needs Regional Centers, Public Health Departments, preschools, private/clinical therapy services, community programs, Family Resource Centers, Family Support Program, Children's Long-Term Support Waivers, or other services available in your community during this transition.

When? Give a general indication/estimate in this section of the timeline for each of the transition step(s) to be completed.

Other Written Prior Notice (WPN): This section is used if other significant decisions around the transitioning of a child is made. After discussing with the team, including the family, the discussion is documented with the a) decision made, b) other options considered, c) the information (sources) and reasons (data the sources give you) the decision was made and others were rejected. Offer the family a copy of the Parent and Child Rights brochure (<https://www.dhs.wisconsin.gov/publications/p2/p23134.pdf>).

Refer to Wisconsin Birth to 3 Program Practice Guide, transition section or WPN section.

Discharge WPN: This section is completed for all children, whenever they exit or discharge from the Birth to 3 Program. All three parts of this section must be completed, including the last day the child will be receiving ANY services (including service coordination) from the Birth to 3 Program. After discussing with the team, including the family, the discussion is documented with the last day in the Birth to 3 Program, other options considered, the information (sources) and reasons (data the sources give you) the decision was made and others were rejected. Offer the family a copy of the Parent and Child Rights brochure (<https://www.dhs.wisconsin.gov/publications/p2/p23134.pdf>).

Refer to Wisconsin Birth to 3 Program Practice Guide, transition section or WPN section.

Notes: If this is a transition out of this program and into another one, seek parent consent to send early intervention records, such as a copy of the current IFSP, to the receiving agency. You have the option of requesting a signed release of information from the parents to send records to the receiving agency or by giving a copy of the records to the parent(s) to give to the receiving agency.

Options for this page: County Birth to 3 Programs can choose to add internal tickler systems for transition timelines. For those exceptional transition circumstances, feel free to move the information around in the document to match with your process.

Summary of Services page

Purpose: This page documents the early intervention services proposed by the Birth to 3 Program and offered to the family to meet the Child/Family outcomes developed and meet the Written Prior Notice requirements. [§303.344(d); §303.421]

Process: This page will be completed after the outcomes discussion, as services are identified by the county Birth to 3 Program to support the outcomes written with the family. Teams can continue discussions started during the development of the outcomes by asking the question, “who can help with these outcomes” as well as “which team member(s) are the most appropriate to assist the family in supporting the IFSP outcomes.” Consider the supports already in place as you are determining the early intervention services to propose/offer. The Birth to 3 Program may offer one or more of 17 early intervention services [§303.13], as well as service coordination [§303.34], which is a Core early intervention service provided to all families at no cost.

How:

Person / Agency Responsible / Role: Identify the agency and/or individual who will be providing the support to the family or team via this service. If applicable, list the role the person performs (e.g., Primary Coach, Joint Visitor, Team Member). This is not a required field.

Frequency/Length: The number of visits of the service that will be provided and the length of the visit within a predetermined block of time (e.g., 12, 1 hour visits in 3 months)

Intensity: List whether the service is provided on an individual (one child/one family) or group basis (within a group of children requiring this service).

Method of Delivery: Defines the type of support or delivery of support provided to the family. Most common examples include phone calls, team meetings, direct visit, joint visit, etc.

Setting/Location: The location(s) where the early intervention service will occur. “To the maximum extent appropriate to the needs of the child, early intervention services shall be provided in the child’s natural environments, including home and community settings where children without disabilities participate. A setting other than a natural environment may be used only when early intervention outcomes cannot be satisfactorily achieved for the child in a natural environment. If reasons exist for providing services in settings other than the child’s natural environments, those reasons shall be documented in the child’s IFSP” [§303.26; §303.126; §303.344(d)(1)(ii)] Examples include home, child care, aunt’s house, or community.

Funding Source(s): List payment arrangements in the order of access for each service (e.g., Private Insurance, Medicaid, Parental Cost Share, County Birth to 3 Program, Part C funds).

Anticipated Start/Duration or End Date: The start date is the anticipated date for initiating the service(s). The end date is the anticipated date the service(s) will no longer be provided. See the Wisconsin Birth to 3 Program Practice Guide for guidance on the end date decision.

Service: List the early intervention service(s) as determined by the Birth to 3 Program as necessary and appropriate to meet the IFSP outcomes. The IFSP team lists the services that the Birth to 3 Program is proposing or offering to the family. (The family still needs to consent to one or more services before they can be provided.)

There are 17 possible services to consider offering; see the Services section of the Wisconsin Birth to 3 Program Practice Guide. At any time a Birth to 3 Program may determine services (outside of the 17) necessary to meet the outcomes on the IFSP that are not part of this list. These services identified by the Birth to 3 Program would then be required to be provided and funded by the Birth to 3 Program. These service decisions would be expected to meet the same requirements (evidence-based, team approach, etc.) as all Birth to 3 Program services.

WPN section for services: To complete this section, include 5 components:

1. Service(s) offered: the list of services being offered to the family is documented in the services chart.
2. Services discussed but decided against: list any other choices for services, frequency, intensity, location, etc. that were discussed. Then, summarize the conversation that occurred about which services to offer and not offer.
3. Information used to gather the data: Include details on the sources or how you learned about what you discussed (e.g. from the family assessment we learned...)

4. Reasons for the decisions made and what you learned from the sources (see #3) discussed: (e.g., the family would like sufficient time to try things out before next visits occur) for providing the services offered (e.g., primary coach to come 1x/2wks) and not providing the services declined (e.g., primary coach coming weekly).
5. Rights: Discuss the family's rights regarding these decisions and offer them a copy of the Parent & Child Rights brochure.

First column of services chart: Initial for Consent: Once WPN and rights are given to the family, the family is asked to consent by initialing the one or more services the family consents to receive and signing the Signature page of the IFSP.

Primary Location of Services: Check the location where the majority of Birth to 3 Program services will occur. If it is 50/50, the county Birth to 3 Program chooses one.

Options for this page:

Programs may choose to cost out the plan (determine the cost for each service proposed and total to a “cost of the plan”). This is helpful if the family has an annual parental cost share.

You can add this statement to replace the description of the services page at the top of the Service page if using Primary Coach Approach to Teaming in Natural Environments: “Services and supports are determined following the development of functional IFSP outcomes. They are designed to enhance the capacity of your family in supporting your child’s development and to promote your child’s learning through functional participation in family and community activities. The specialists/services listed above were chosen based on evaluation/assessment information, observations of your child, parental concerns and team discussion about services that will best fit the needs of your family. Specialists designated as ‘Team Support’ are involved only through weekly team meetings as needed, and are there to support both you and your child’s primary coach. If you have any questions about these meetings or would like to participate, please discuss this with your primary coach or your service coordinator.”

Programs may choose to list all team members who work with the child/family including those only involved in team meetings.

Justification for Services provided in locations other than natural environment page

Purpose: This page is used when one or more services are not provided in the natural environment. Under Part C the content of the intervention must be evidence based and provided in the natural learning environment of infants and toddlers.

All services are to be determined based upon the IFSP outcomes. Thus justification for providing a service not in the natural environment must be based upon the IFSP outcomes.

There are other unique and exceptional times when this page may be used (See Options for this Page).

Process: To help complete this section, it is recommended that the team: 1) Use the Child Interest based Checklist or RBI to get a comprehensive picture of how services will eventually be transferred to the child's natural setting, and 2) Brainstorm how to support the same strategies used in the non-natural setting to transition them to the natural setting, immediately or in the near future.

How:

Answer each of the questions on the page.

- (a) **List services and activities:** List the service(s) to be provided in the non-natural setting including location of the services and payment arrangements if any.
- (b) **Team recommendation:** Explain the reasoning for the service not being satisfactorily achieved in the natural environment to meet the child's outcome.

The following elements will support the planning and coordination of the service back to the natural environment (NE).

How will the outcome be met in this setting? Answer the question, what will the service outside of the NE do to meet the IFSP outcome?

What activities will be provided to include this outcome in the child's home and community environment? List the activities and strategies the family can use in their home to continue progress towards this outcome.

What is the plan to transition services back to the child's home and community setting (with time frame)? List the steps to be taken to move the non-Natural Environment service to the NE in the future including:

- **Who will do what?**
- **When?**

Options for this page:

This page could also be used when a service is recommended but the Birth to 3 Program does not have a therapist on staff therefore the program is offering the family to go to a private therapy agency in the interim.

Examples: Parent group for the Hanen Speech Program, supervised visit with a parent at a human services agency instead of the foster care home, child in the hospital, playgroups for specialized experiences.

Other Services/Community and Medical Supports page

Purpose: This section documents other services the child and family currently participate in. This section also includes a plan for a family to access other services they wish to obtain as appropriate and describes who will help, as well as the steps planned/taken to link families to those services.

These services are not required to be funded by the Birth to 3 Program. These may be services the family is already accessing or may be additional supports identified. Identifying other services and assisting families in making links to these desired services contributes to the support of families. While Birth to 3 Program staff can make these links, families should be informed that access to them cannot be guaranteed.

Process: Information is gathered throughout the child and family assessment processes and identified by the family or the rest of the team. (e.g., Tell Us About Your Family, RBI, child interest surveys, etc.). This does not apply to routine medical services such as immunizations and well-baby care unless a child needs those services and they are not otherwise available or being provided. [§303.344(e)]

How:

Think about educational, medical, financial, social, etc.

Possible questions to guide the discussion include:

- *What services from other programs or agencies is the family participating in?*
- *What supports or services are they receiving informally from friends/family?*
- *What other services or supports is the family looking for?*
- *Are there formal or informal supports needed to support the family?*

Services family is currently receiving: List the services the child/family is currently receiving outside of the Birth to 3 Program.

Services needed: List any services the IFSP team has determined would add support for the family that the family would like to pursue.

Steps to be taken: Describe the steps the team or family will take to assist the child and family in securing these services.

Common examples of other services include, but are not limited to: housing assistance, WIC referrals and child care resources. Examples of medical services are immunization and well-baby services for families who have no confirmed medical provider or referral to medical resources for concerns not met by existing providers.

Box: IFSP team discussion found that no medical or other...

If no other services have been identified through team discussions, please document this by checking the small box on the bottom of the page and add any comments for a description.

Options for this page:

The service coordinator can complete the section “Services family is currently receiving” to the best of their ability/knowledge of the family, prior to the IFSP meeting.

Team Signature page

Purpose: To obtain parental consent for the IFSP, including the services they initialed on the Summary of Services page, and to ensure that the family has read and understands their rights and procedural safeguards. [§303.420]

Process: To assure the appropriate person, the legal guardian, is consenting to the IFSP plan and services, use the Part C Regulations definition of parent [§303.27]. In addition to getting signatures, take this opportunity to review and discuss parent and child rights and ensure that the parents understand them. Make sure the family knows that services are voluntary. The family should also be informed that they can revoke their consent at any time. The family can request an IFSP meeting at any time to discuss changing or modifying the plan. It is also a good time to remind families that team members will have access to the IFSP to guide their involvement with the family. The IFSP will also become a part of the child’s early intervention record that the Birth to 3 Program would share with others, only when the family signs consent to share the record.

How:

Signature Line: Review, with the family, the four items listed above the signature line, making sure parents understand what each item means. Encourage parents to read the items and ask questions for clarification. Have document signed and dated by at least one parent. Both parents can print and sign if they are at the IFSP meeting. The purpose of the third signature line is for a parent’s signature when the IFSP has been reviewed and updated.

Other IFSP Team Member Statement and Signatures: Signatures of other team members are not required by law. The name and title of anyone who has been involved with the development of the plan (through presence at meeting, phone presence, or report) or will be a member of the child/family’s IFSP team (whether Birth to 3 Program staff or other important people in the supporting the child’s IFSP) may be listed here to indicate who has worked together to develop the plan. Some programs find it useful to add phone numbers or email.

Options for this page:

If the rights statement is in a checkbox format, the parent/guardian checks or initials each box before signing.

This page can be used to document the participants at the meeting, to document that all team members have reviewed the IFSP outcomes, or to assure communication about the plan is shared by all team members.

A new Team Signature page may be used each time the IFSP is updated.